DEPT. 65

JOB- 13

REEL- 56

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12 DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00776

CERTIFICATE OF DEATH.

74-001 E 00776

REGISTERED No. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N Chester ST., WARD 6 V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary O. Fields

(a) RESIDENCE NO. 13 N Chester ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 27, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. City

PARENTS

10 NAME OF FATHER James Fields

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. City

12 MAIDEN NAME OF MOTHER Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. City

14 Informant Frank A. Hall

(Address) 13 N. Chester St

15 Filed JUL 30 1925 ..... 19 ..... ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1925, to July 28, 1925, that I last saw h.. alive on July 27, 1925, and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. mos 25 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) E. B. Britton, M. D.

July 29 1925 (Address) 7716 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newcathedral cem

DATE OF BURIAL 8/1 1925

20 UNDERTAKER Robert Brokerson

ADDRESS Baltimore Hollins St

Dec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00777

E 00777

113

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S. Bond Street ST., 3 WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geneva . Zajanc

(a) RESIDENCE NO. 618 S. Bond Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb. 7 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
		5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Frank . Zajanc

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Rosalia Maniecka

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mr. Frank . Zajanc

(Address) 618 S. Bond Street

15 JUL 30 1925 ROBERT R. KRAUTER, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30/25

17 I HEREBY CERTIFY, That I attended deceased from July 25 , 1925 , to July 30 , 1925 , that I last saw her alive on July 29 , 1925 , and that death occurred, on the date stated above, at 1250 A m.

The CAUSE OF DEATH* was as follows:

Entero - Colitis

(duration) yrs. mos 1 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? C. I. S.

(Signed) John G. Krager, M. D.

, 19 (Address) 2627 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: July 30 1925

20 UNDERTAKER: John H Weber ADDRESS: 1803 Bank St

...c.—1-10-21—M&T—1500 Blks.

00778

HEALTH DEPARTMENT—CITY OF BALTIMORE E 00778

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.....

(If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD V

2-FULL NAME William Boone

(a) RESIDENCE NO. 206 Montgomery ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | 4 COLOR OR RACE Colored. | 5 Single, ~~Married~~, Widowed, ~~or Divorced, (write the word)~~

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4-1925

7 AGE | Years | Months 2 | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Howard Boone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elenor Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

JUL 20 1925

14 Informant Robert P. Harrison, 206 Montgomery

15 Filed ..... , 19 ..... Burial Permit Clerk Registrar

THIS MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1925, to July 14, 1925, that I last saw him alive on July 14, 1925, and that death occurred, on the date stated above, at 2.50 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No. What test confirmed diagnosis? Clinical

(Signed) K. W. Gallery, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY | DATE OF BURIAL JUL 20 1925, 19

20 UNDERTAKER ..... ADDRESS .....

...eg—12-23-21—E.B.R.S.—400 Bks.

00779 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00779

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore city Hospitals (T.B.) St., 225 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Richard McCloud .....

(a) Residence No..... 222 S. Green st. ..... St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) 1904

8-AGE. 21 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Dishwasher

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Unknown

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), North Carolina

PARENTS

10-NAME OF FATHER, Frank McCloud

11-BIRTHPLACE OF FATHER (city or town) (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Liddie Birghs

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), North Carolina

11- (Informant)..... Hospital Records .....

(Address).....

15- Filed ..... 192 ..... Robert P. Harrison, Registrar.

Burial Permit Clerk

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 24, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 11 ..... 19 25 to July 24 ..... 19 25.

that I last saw him alive on ..... July 24 ..... 19 25.

and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLane Jr., M. D.

7-24, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. PUBLIC CEMETERY

DATE OF BURIAL. ....., 19....

20-UNDERTAKER, Commissioner Health

ADDRESS JUL 30 1925

E 00780 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00780

CERTIFICATE OF DEATH. Registered No. C 200

1-PLACE OF DEATH Body found in area Lexington St.
City of BALTIMORE: (No. 2400 Block W. Lexington St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and the ward. Write out No. 18.)

2-FULL NAME Unknown
Residence in Baltimore: No. Unknown (St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. Unknown — Body found July 20 1925
(Month) (Day) (Year)

7-AGE. About 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) S. W. P. Sta
(Address) Balto, Md

15- JUL 30 1925 Robert P. Harrison Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Body found July 20 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, Autopsy or Inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Strangulation by unknown party or parties
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) Thos. R. Noonan M. D.
July 27 192 5 (Coroner)
(Address) Courtland

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, 19

20-UNDERTAKER, Commissioner Health, ADDRESS JUL 30 1925
For Wm. S. Wood, M.D.

...r.—1-12-25—M&T—100 Bks.

E 00781

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00781

CERTIFICATE OF DEATH. 198

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Bay View ST., WARD) 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Bolton

(a) RESIDENCE NO. 830 Osterd ST., W WARD 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write this word)
F	W	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Bolton

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Not Known

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed JUL 1925, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide

Stab Wound of Breast

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. 1 ds.

(Signed) G C Stader, M. D.

(Coroner.)

July 17, 192 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL JUL 1925

20 UNDERTAKER

ADDRESS

Robert J. Emerson
Burial Permit Clerk

Deputy Commissioner of Health.

THE MORGUE.

ec.—1-10-21—M&T—1500 Blks.

00782

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00782

CERTIFICATE OF DEATH.

112

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Gorse & Southern Aves ST., WARD)

2-FULL NAME Fredk Schewang

(a) RESIDENCE NO. Gorse & Southern ST.,

(Usual place of abode) WARD

Length of residence in city or town where death occurred 74 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 17 1849

7 AGE: Years 76 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: 040

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Lena Benhook

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Chas D Forsell Conc & Southern Gardens

Robert P. Harrison, Registrar

JUL 30 1925 .19

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 18 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1925, to July 18, 1925, that I last saw h[illegible] alive on July 17, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute gastritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms

(Signed) Chas D Forsell, M. D.

July, 1925 (Address) Conc & Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Commissioner of Health.

ec.—1-10-21—M&T—1500 Bks.

00783

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00783

CERTIFICATE OF DEATH.

31

REGISTERED NO. -11

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1945 Herbert ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E Blessing

(a) RESIDENCE No. 1945 Herbert St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of None

7 DATE OF BIRTH (month, day, and year) November 13, 1875

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	8.	15.	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 30

(b) General nature of industry, business, or establishment in which employed (or employer) D

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) York Penna.

PARENTS

10 NAME OF FATHER Jacob Blessing

11 BIRTHPLACE OF FATHER (city or town) York Pa

(State or country) Penna.

12 MAIDEN NAME OF MOTHER Caroline Snyder

13 BIRTHPLACE OF MOTHER (city or town) Penna.

(State or country)

14 Informant Catherine Brown

(Address) 1945 Herbert St

15 Filed JUL 30 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/29. 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-1, 1925, to 7-29, 1925.

that I last saw h[illegible] alive on 7/25, 1925,

and that death occurred, on the date stated above, at 4.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W. J. Bryant M. D.

7/29, 1925 (Address) 1918 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Manchester P. C. DATE OF BURIAL July 30 1925

20 UNDERTAKER Josiah Joyce ADDRESS 1918 Madison Ave

Josiah Joyce

Cor.—1-12-23—MAT—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00784

CERTIFICATE OF DEATH. 100-001

E 00784

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3902 Lloyd Ave ST., WARD) 6-V

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robb. D. Buckingham

(a) RESIDENCE NO. 3902 Lloyd Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 2-9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 1, 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	29	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER Albertus S. Buckingham

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Helen B. McKay

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Albertus Buckingham
(Address) 3902 Lloyd Ave

Filed 1925 192 Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, and that said deceased came to his death by (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis Bronchio-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) no history of contagion

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner)

July 30, 1925 (Address) 2 West Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	July 30 1925

20 UNDERTAKER Harry N. Lennon ADDRESS 1702 Ridgewood Ave

(John J. Caton)

...—1-12-25—M&T—100 Bks.

E 00785 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00785

CERTIFICATE OF DEATH. X 66

REGISTERED NO.....

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Central Police Station ST., WARD) 4-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J J Caton

(a) RESIDENCE NO. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	about			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Policeman
(b) General nature of industry, business, or establishment in which employed (or employer) City
(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Michael Caton

11 BIRTHPLACE OF FATHER (city or town) Washington D.C.
(State or country)

12 MAIDEN NAME OF MOTHER Roslin Curran

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant
(Address)

15 Filed 30 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Diseases

(duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Daley M. D.
(Coroner.)

July 30, 1925 (Address) 1645 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. State In the City ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington DC

DATE OF BURIAL 7/31 1925

UNDERTAKER Ebenezer Sons

ADDRESS 307 Eastern Ave

E 00786 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00786

CERTIFICATE OF DEATH. 188-003

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St., Ward 26

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Biddison

(Residence in Baltimore: No. 63 Balto. Ave Raspburg St.; yrs. 42 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Use word.)
male	white	married

6-DATE OF BIRTH. August 4 1882
(Month) (Day) (Year)

7-AGE. 42 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Automobile Mech.
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Jesse Biddison

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Anna Zang

13-BIRTHPLACE OF MOTHER, (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annetta Biddison (Wife)

(Address) Raspburg

15- Filed 1925 Robert P. Harrison, 192 Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29-25
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia
(While cranking automobile, was struck in abdomen by crank handle accidental) (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Ruptured viscus-peritonitis (Duration) yrs. mos. 20 ds.

(Signed) J. H. Ballen M. D.
(Coroner)
7-30 1925 (Address) 508 E Fayette

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Olive Cemetery Randalletown	Aug. 1st 1925
20-UNDERTAKER.	ADDRESS
Frederick Lashbrook & Sons	Fullerton Md.

193227
pec.—1-10-21—M&T—1500 Bks.

MARR

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00787.

E 00787.

CERTIFICATE OF DEATH.

44

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST., ... (WARD) B-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Marr Sr.

(a) RESIDENCE NO. 2017 Woodbury Ave ST., ... WARD 13

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of: Susie E. Marr

6 DATE OF BIRTH (month, day, and year): April 1-1852

7 AGE: Years 73; Months 3; Days 28; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inspector

(b) General nature of industry, business, or establishment in which employed (or employer): Electrical Dep't.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Levie Marr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza Wilmsett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): Records Johns Hopkins Hospital

15 Filed ..... 19..... Registrar

30 1925

Robert P. Harrison,

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1925, to July 29, 1925, that I last saw him alive on July 29, 1925, and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Intestinal Obstruction

(duration) ..... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? Yes Date of July 25

Was there an autopsy? No

What test confirmed diagnosis? Path Exam

(Signed) Warfield M. Swan, M. D.

7/29, 1925 (Address) Hy. H. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys (Hampden)

DATE OF BURIAL: July 31 1925

20 UNDERTAKER: Horace H. Burgee

ADDRESS 3631 Falls Rd.

00788 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00788

CERTIFICATE OF DEATH. 7/4-001 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., Ward 7-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion Dewalt

Residence in Baltimore: No. 700 N. Montford Ave St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): married

6-DATE OF BIRTH: ..... 1..... (Month) (Day) (Year)

7-AGE: 30 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: At home (b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Washington D.C.

PARENTS.

10-NAME OF FATHER: Kersey

11-BIRTHPLACE OF FATHER, (State or Country):

12-MAIDEN NAME OF MOTHER: Annie Johnson

13-BIRTHPLACE OF MOTHER, (State or Country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hopkins Hospital

(Address).....

15- Filed JUL 30 1925 Robert P. Harrison, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Base of Brain)

(Autopsy at hospital)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Fuller M. D. (Coroner.)

7-30-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Washington Ltd. DATE OF BURIAL, Aug 1 1925

20-UNDERTAKER, W. J. Tichnor & Son ADDRESS 508 E. North Ave

Spec.—3-24-14—M. & T.—2000 Bks.

Mc Guinn

HEALTH DEPARTMENT—CITY OF BALTIMORE

00789

CERTIFICATE OF DEATH.

74-001 E 00789

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Carlton ST. | WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza McGuinn

(Residence in Baltimore: No. 1010 Carlton St.; 9 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1857 (Year)

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Purveyor of Herbs
(b) General nature of industry, business, or establishment in which employed (or employer) 42

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Moses Carter

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Katie Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Fulcher (Sister)

(Address) 2006 N. Park Ave Phila Pa

15- JUL 31 1925 ROBERT A. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 29 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1925, to July 29 1925, that I saw her alive on July 28 1925, and that death occurred, on the date stated above, at 1-20 A.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. E. Daugherty M. D.

July 30, 1925. (Address) 1625 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem — DATE OF BURIAL, 7/31/25

20-UNDERTAKER Daniel Easton — ADDRESS 916 Bennett

c.—6-9-19—H. P. Co.—1000 Bks.

00790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/23

E 00790

REGISTERED NO.....

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 2245 Washington Blvd ST.; WARD 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elnora Priscilla

(a) RESIDENCE. NO. 2245 Washington Blvd ST.; WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Infant

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14 1925

7 AGE — Years: no; Months: 2; Days: 16; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Frank Priscilla

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Medley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Frank Priscilla

(Address): Mt Winans

15 Filed ....., 19.....

Registrar

ROBERT A. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1925, to July 30, 1925, that I last saw her alive on July 30, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Intus colitis

(duration) no yrs. no mos. 8 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Rob Lane, M. D.

July 30, 1925 (Address) Lakeland.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 31 1925

20 UNDERTAKER: Thos Fields — ADDRESS: 1200 N Fremont

Spec.—1-10-21—M&T—1500 Bks.

E 00791 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002 E 00791

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1209 Jefferson ST., WARD) 2

2-FULL NAME Baby Howard Rugdon

(a) RESIDENCE NO. 1209 Jefferson ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1¼ ds. How long in U. S., if of foreign birth? yrs. mos. 1¼ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 28, 1925

AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Howard Rugdon

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Ida Booze

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant (Address) Ida Booze Rugdon 1207 Jefferson st

15 Filed JUL 31 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1925, to July 28, 1925, that I last saw him alive on July 28, 1925, and that death occurred, on the date stated above, at 6:00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Jno. S. Allen, M. D.

July 29 1925 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemtery — DATE OF BURIAL: July 31 1925

20 UNDERTAKER: Mrs James H. Dennis per J. T. C. Nelson — ADDRESS: 1303 Presstman st

Spec.—1-10-21—M&T—1500 Bks.

00792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-6 9

E 00792
REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1145 Woodyear ST., WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Burke

(a) RESIDENCE NO. 1145 Woodyear ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 3 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1		21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1145 Woodyear St Baltimore Md

PARENTS
10 NAME OF FATHER Thomas Burke
11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md.
12 MAIDEN NAME OF MOTHER Hattie Johnson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md.

14 Informant (Address) Father 1145 Woodyear St

15 Filed JUL 31 1925 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-29, 1925, to 7-29, 1925, that I last saw him alive on 7-29, 1925, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:
Bronchial pneumonia (duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) Whooping Cough (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at place of death
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Examination
(Signed) Frank C. Saunders, M. D.
, 19 (Address) 11 W N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemtery — DATE OF BURIAL July 31 1925

20 UNDERTAKER Wm Jas F. Dennis for F. B. Nelson — ADDRESS 1303 Presstman St

Spec.—1-10-21—M&T—1500 Blks.

E 00793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00793

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 513 So. 14th St., 26 WARD)

2-FULL NAME Laura L. Hamilton

(a) RESIDENCE NO. 513 S. 14th ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: William T. Hamilton

7 DATE OF BIRTH (month, day, and year): Aug. 2-1859

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Wm. J. Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): don't know

14 Informant: Laura L. Armstrong

(Address): 602 E. 15th St

Filed JUL 31 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23. 1925. to July 30. 1925.

that I last saw her alive on July 29. 1925.

and that death occurred, on the date stated above, at 6:A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

7/31 1925 (Address) 1937 Eastlake Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery — DATE OF BURIAL: Aug 2 1925

20 UNDERTAKER: Finkler + Finkler — ADDRESS: 1739 E. Eager St

Spec.—1-10-21—M&T—1500 Bks.

Maitzel

00794

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00794

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2293 McElderry ST., WARD) 7

REGISTERED NO.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christena Maitzel

(a) RESIDENCE NO. 2293 McElderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Maitzel

6 DATE OF BIRTH (month, day, and year): Aug 12-1831

7 AGE: 94 Years; 11 Months; 14 Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Edward Maitzel

(Address): 1612 E 33rd St

15 Filed JUL 31 1925 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925, to July 29, 1925, that I last saw h alive on July 28, 1925, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 7 ds.

Myocardial Insufficiency

CONTRIBUTORY (Secondary)

Senility (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm B Faupel, M. D.

7-30-25 (Address) 18 W Pat Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Aug 1 1925

20 UNDERTAKER: Wm T. Hartley — ADDRESS: 8150 N. Washington

6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00795

CERTIFICATE OF DEATH.

00795

90

1 PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 706 W. Lexington ST.: ..WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeremiah Kaufman.

(a) RESIDENCE. NO. 706 W. Lexington ST., ..WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Dr Millard

6 DATE OF BIRTH (month, day, and year) Jan. 6, 1850

7 AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
75	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John G. Kaufman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary E. Dr. Millard.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant John Kaufman. (Address) 706 W Lexington

15 Filed JUL 31 1925 19.. ROBERT N. KRAUTER, Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1925.

17 I HEREBY CERTIFY, That I attended deceased from July 1 , 1925 , to July 30 , 1925 ; that I last saw h in alive on July 29 , 1925 ; and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) Chas. S. Reistad M. D.

, 19 (Address) 1730 Linden Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug. 1st 1925
20 UNDERTAKER Josiah Suter	ADDRESS 1606 North Ave

per.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00796

CERTIFICATE OF DEATH.

90

E 00796

REGISTERED NO.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

E 00796

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3500 E. Pratt ST. (WARD) 26-6

2-FULL NAME Philip Klingelhoefer

(a) RESIDENCE NO. 3500 E. Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec 29-1896

AGE Years 28 | Months 7 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER John Klingelhoefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Mrs Schild

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Godfred Klingelhoefer (Address) 3500 E Pratt

15 Filed JUL 31 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1925 to July 30, 1925.

that I last saw him alive on July 29, 1925.

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Decompensation with Pulmonary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. Allen Jorgeman M. D.

, 19 (Address) 2040 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartzben | DATE OF BURIAL 8/1 19 25

20 UNDERTAKER J. J. Moran | ADDRESS 300 E Balto St

Spec.—1-10-24—M&T 1500 Blks.

E 00797 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 31 E 00797.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Evertt

(a) RESIDENCE NO. 411 N. Bond st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Martine Evertt

7 DATE OF BIRTH (month, day, and year) 1891

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER ? Evertt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Hester Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records

(Address) Md.

15 Filed JUL 31 1925 ROBERT R. KRAUTER, Registrar

Chief Record Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1925

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1925, to July 29, 1925, that I last saw him alive on July 29, 1925, and that death occurred, on the date stated above, at 11.40 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis and peritonitis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) W. O. McLaren M. D.

7-29-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. at Bury cemetery

DATE OF BURIAL Aug 1st 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 orleans st

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43

E 00798

E 00798

REGISTERED NO.

1-PLACE OF DEATH St. Josephs Hospital (If death occur[red] in hospital or in[stitu]tion, give its N[ame] instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver ST., WARD 13)

2-FULL NAME Charles M. Prentiss

(a) RESIDENCE NO. 841 woodward ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Sept 1863.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Samuel K. G. Prentiss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Massachusetts

12 MAIDEN NAME OF MOTHER Susanna Kibler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co md

14 Informant Mrs Sarah L. Prentiss

(Address) 841 woodward st

15 Filed . . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/10/25 . 1925 . to 7/28/25 . 1925.

that I last saw h[im] alive on 7/28/25 . 1925.

and that death occurred, on the date stated above, at 11.40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of jaw.

(duration) 1 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) secondary anemia.

(duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. R. McConnell M. D.

. 19 (Address) St Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL July 31 1925

20 UNDERTAKER Jos Jacobsons Sons

ADDRESS 2078 Pa.

JUL 31 1925 ROBERT R. KRANTZ Registrar Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

00799 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00799

CERTIFICATE OF DEATH. 113

REGISTERED NO. ...

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Mames ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanislaw Karzenowski

(a) RESIDENCE NO. 1624 Mames ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): —

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 13 1924

7 AGE: Years — Months 8 — Days 17 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Michial Karzenowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Janina Skwarzinski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Michial Karzenowski 1624 Mames St

15 Filed JUL 31 1925 ROBERT R. KRAUSE Registrar
Docket Permit Check.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1925, to July 30, 1925, that I last saw h[illegible] alive on July 24, 1925 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Stomach diarrhea

... (duration) ... yrs. ... mos 8 ds.

CONTRIBUTORY (Secondary) ...
... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Fred A. Rice, M. D.

7/31, 1925 (Address) 245 B'dway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Aug 1 1925

20 UNDERTAKER F. W. Ozazewski — ADDRESS 1980 Eastern Ave

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00800

CERTIFICATE OF DEATH.

90 E 00800

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Myrtle Ave ST.) (WARD) 17

2-FULL NAME Robert L. Hendley

(a) RESIDENCE NO. 507 Myrtle Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary V. Hendley

DATE OF BIRTH (month, day, and year): August 16 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer): Hutzler Bros.

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Alabama

10 NAME OF FATHER: Nelan Hendley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Alabama

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

PARENTS

14 Informant: Mary V. Hendley

(Address) 507 Myrtle Ave.

15 Filed OCT 31 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23 1925 to July 28 1925

that I last saw him alive on July 28 1925

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Tabular Dis. Heart

(Cardiac Degeneration)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Hans E. Warner, M. D.

, 19 (Address) 1176 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: 10/31 1925

20 UNDERTAKER: Mrs R. A. Elliott — ADDRESS: 1225 Baltimore

Spec.—1-10-21—M&T—1500 Bks.

00801 E 00801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. ST., WARD 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ullman

(a) RESIDENCE NO. 220 N. North Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years — Months — Days — If LESS than 1 day, ... hrs. or min.: 4/2

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md

PARENTS

10 NAME OF FATHER William Franz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Elis. Hillen ?/25/25

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Relative

(Address): [illegible]

15 Filed JUL 31 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1925 to July 30, 1925, that I last saw her alive on July 30, 1925, and that death occurred, on the date stated above, at 3:00 p. m.

The CAUSE OF DEATH* was as follows:

Uremia, Carcinoma bladder

Lues, myocardial degeneration

Endocarditis, aortic

(duration) 2? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy, ? Blood

(Signed) Chas. W. Mahoney M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shaarei Shalom Cemetery

DATE OF BURIAL: Aug 1/25

20 UNDERTAKER: J. Ahrens & Co

ADDRESS: 331 Park Ave.

over

0802 M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 00802

CERTIFICATE OF DEATH. 129

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., WARD W-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Fried

(a) RESIDENCE NO. 1832 E. Pratt ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Lard Fried

6 DATE OF BIRTH (month, day, and year) Aug 25 - 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Barbet L. Fried

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Untera

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs J. Lifshutz

(Address) Baltimore Md

15 Filed JUL 31 1925 ROBERT R. KRAUTER, Registrar

Special Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/27, 1925, to 7/30, 1925, that I last saw her alive on 7/28, 1925, and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Thrombosis Fibrachial art. 1 day

Acute nephritis (duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Philip Jacobson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	July 31 1925

20 UNDERTAKER Jack Heins, 1139 E. Oreo ADDRESS

over

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00803

E 00803

CERTIFICATE OF DEATH.

57

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 240 S Exeter ST., WARD)

2-FULL NAME Vincent Gingrino

(a) RESIDENCE NO. 240 S Exeter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anita Gingrino

DATE OF BIRTH (month, day, and year) May 5 1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Italy
(State or country)

PARENTS

10 NAME OF FATHER Gabriel Gingrino

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Carmela Chirolora

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Anita Gingrino
(Address) 240 S Exeter

15 JUL 31 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1925

17

I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to July 29, 1925, that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 7:50 P. m.

The CAUSE OF DEATH* was as follows:

Arteria - Sclerosis

Diabetes Mellitus

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) V. Artigiani, M. D.

, 19 (Address) 294 N Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 1 1925
20 UNDERTAKER	ADDRESS
Wendell Offel & Son	378 Aisq.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00804

CERTIFICATE OF DEATH.

E 00804

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Gutierrez

Residence in Baltimore: No. 328 S. Bond St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	single

6-DATE OF BIRTH. July (Month) 14 (Day) 1924 (Year)

7-AGE.	If LESS than 1 day.
1 yrs. 0 mos. 16 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Frank Gutierrez

11-BIRTHPLACE OF FATHER, (State or Country): Spain

12-MAIDEN NAME OF MOTHER: Anna Debald

13-BIRTHPLACE OF MOTHER, (State or Country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Guterrez

(Address) 328 S. Bond

15- FILED JUL 31 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jupy (Month) 30-25 (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Toxemia Gastro-intestinal indigestion.

(Convulsions)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Pertussis

(Duration).....yrs.....mos.....ds.

(Signed) J S H Pollitzer M. D. (Coroner.)

7-31-25 192.... (Address) 508 E. North Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Timothy's — DATE OF BURIAL, July 31, 1925

20-UNDERTAKER, Kendall Keppler — ADDRESS 3/8 Arnold

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00805

CERTIFICATE OF DEATH.

9 E 00805

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 257 South East Ave ST., WARD) (If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kenneth Chas. Wise

(a) RESIDENCE NO. 257 South East Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 25 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~

(b) General nature of industry, business, or establishment in which employed (or employer) ~

(c) Name of employer ~

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John O. Wise

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna B. Pommel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) John C. Wise 257 S. East Ave.

15 Filed JUL 31 1925 HUBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1925

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1925, to July 31, 1925, that I last saw h/m alive on July 31, 1925, and that death occurred, on the date stated above, at 7.35 A.M. m.

The CAUSE OF DEATH* was as follows:

Whooping cough

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Wheaton, M. D.

, 19 (Address) 4239 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer. DATE OF BURIAL: Aug 1. 1925

20 UNDERTAKER: Lilly and Zeiler ADDRESS: 4038 S. Wolfe St.

Dec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00806

E 00806

CERTIFICATE OF DEATH.

44

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Leona Ave.& Bucks Lane ST., (WARD)

2-FULL NAME Israel H.Disney,

(a) RESIDENCE NO. Leona Ave.& Bucks Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word)
Male	White	Married

6a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Sarah A.Disney,

6 DATE OF BIRTH (month, day, and year) Jurie 7.1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired House Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER SnowdenJ.Disney,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co.Md.

12 MAIDEN NAME OF MOTHER Jermina E.Rutter,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore CO.Md.

14 Informant (Address) MrsSarah E.Disney, Leona Ave.& Bucks Lane

15 Filed JUL 31 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUL 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1925, to July 29 1925, that I last saw him alive on July 29 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James D. Akehurst, M. D.

7/31, 1925 Address 4017 Park Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Druid Ridge Cem. DATE OF BURIAL AUG 1 1925

20 UNDERTAKER Geo W Little ADDRESS 2708 EDMONDSON AVE.

Godris

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9+1-001

E 00807.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 00807.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St. Joseph's Hosp ST., ... WARD)

2-FULL NAME Marchena Godris

(a) RESIDENCE NO. Reason Ave Arbutus ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. 11 ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5, 1885

7 AGE — Years: 39 | Months: 5 | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: general house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia Lithuania

PARENTS

10 NAME OF FATHER John Wensewitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Amelia Prisgint

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant (Address) Peter Godris 650 W. Lombard St.

15 Filed JUL 31 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1925

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1925, to July 29, 1925, that I last saw h.. alive on July 29, 1925, and that death occurred, on the date stated above, at 8 10 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? St. Jo.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings

(Signed) J. Lowry, M. D.

7-29 1925 (Address) St. Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Aug 3 1925

20 UNDERTAKER: Mary Strelbaucken ADDRESS: 425 S. Paca St.

(Hubert E. Jones)

HEALTH DEPARTMENT---CITY OF BALTIMORE E 00308

00308

CERTIFICATE OF DEATH

113

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 E Hamburg ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hubert E. Jones

(Residence in Baltimore: No. 318 E. Hamburg St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April 17, 1925 (Month) (Day) (Year)

7-AGE: yrs. 3 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Hubert L. Jones,

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Agnes Kimpel,

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hubert L. Jones

(Address) 318 E. Hamburg St

15- Filed 1925 Robert F. Harrison, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 31, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1925, to, July 30 1925,
that I saw h.... alive on July 30 1925,
and that death occurred, on the date stated above, at 1.15 a.m.
The CAUSE OF DEATH* was as follows:
Gastro Enteritis.

(Duration) yrs mos ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) A. Hamm M. D.

July 31, 1925. [Address] 1251 Hanover

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Aug 1st 1925

20-UNDERTAKER: C. Schlemm Son — ADDRESS 1131 Hanover

E 00809

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00809

CERTIFICATE OF DEATH.

161-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1032 E Monument St., Ward) 10-2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Elodia Woodson

(Residence in Baltimore: No. 1032 E Monument St.; yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. col

5-Single, Married, Widowed, or Divorced, (Write the word.)

6-DATE OF BIRTH. July 29 (Month) 1 (Day) 1921 (Year)

7-AGE. about 3 yrs. mos. ds. If LESS than 1 day, hrs. or.... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John Woodson

11-BIRTHPLACE OF FATHER. (State or Country). Md

12-MAIDEN NAME OF MOTHER. Lavinia Wilson

13-BIRTHPLACE OF MOTHER. (State or Country). Petersburg Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lavinia Woodson

(Address) 1032 E Monument

15. 31 1925 Robert P. Harrison, 19.. Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 29 (Month) (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH was as follows:

Pneumonia - probably 7th & ninth gestation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Wallen M. D. (Coroner.)

7-30 192.5 (Address) 508 E Fayette

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).

At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. 19

20-UNDERTAKER. Baltimore City Health Dept.

ADDRESS JUL 31 1925

Dr. for a record

Spec.—12-23-21—E.B.R.S.—400 Bks.

E 00810

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00810

CERTIFICATE OF DEATH.

904

1-PLACE OF DEATH

City of BALTIMORE: (No. Smith Ave Mt Washington Ward) Registered No.

2-FULL NAME Catherine A. Starr

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. Smith Ave Mt Washington Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word) Widowed

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Dennis F. Starr

7-DATE OF BIRTH (month, day and year) Nov 8, 1854

8-AGE. 70 yrs. 8 mos. 21 ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm. Hyland

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Quinn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-Son. (Informant) Mr Geo. E. Starr

(Address) Mt. Washington

15-Filed 1925 192 Robert F. Leslie Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 29, 1925

17-I HEREBY CERTIFY, That I attended deceased from June 25 1925 to July 29 1925

that I last saw h. W. alive on July 28 1925

and that death occurred, on the date stated above, at 11.9 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion

Contributory (Duration) yrs. mos. ds.

(Secondary) (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Coagulation Pressure

(Signed) Thos J Kelly M. D.

7/30, 1925 (Address) 4 Gramont Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Mary Govans — DATE OF BURIAL, Aug 1, 1925

20-UNDERTAKER, Edmund W. Conkle — ADDRESS 724 E Eager St.

...sc.—6-9-19—H. P. Co.—1000 Bks.

E 00811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00811

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 3100 Orleans ST.; WARD 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ann Thurmont

(a) RESIDENCE. No. 3105 Orleans ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 2nd 1852

7 AGE: Years 72 | Months 9 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Julius C Short

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Rhoda Hooker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Theodore M Thurmont

(Address) 3105 Orleans St

15 Filed 3 1 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1924, to July 29, 1925, that I last saw h alive on July 28, 1925, and that death occurred, on the date stated above, at 1 30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) E H Ashbaugh M. D.

, 19 (Address) 3101 Orleans St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Aug 1 1925

20 UNDERTAKER Jos Joerdens + Son ADDRESS 27 S Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00812

E 00812

CERTIFICATE OF DEATH.

44

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1510 Poplar Grove ST.; (WARD) 16 T

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Hardt

(Residence in Baltimore: No. 1510 Poplar Grove St. Left ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 26, (Day) 1857 (Year)

7-AGE, 68 yrs. 2 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butcher
(b) General nature of industry, business, or establishment in which employed (or employer)..... Own Self

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Hardt

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Katie Hardt

(Address) 1510 Poplar Grove St

15-

Filed ..... 191.....

1925 (Robert F. Harrison) Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1925, to July 31 1925, that I saw him alive on July 30 1925, and that death occurred, on the date stated above, at 7 45a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Robt C Blade M. D.

7/31, 1925 (Address) 1014 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't

DATE OF BURIAL, Aug 3, 1925

20-UNDERTAKER William Cahoon

ADDRESS E Balto

pec.—1-10-21—M&T—1500 Blks.

E 00813

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00813

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2711 W Lafayette Ave ST., WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan O'Brien

(a) RESIDENCE NO. 2711 W Lafayette ST., WARD 10

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph F.

7 DATE OF BIRTH (month, day, and year): Aug 2, 1865

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	60	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ga.

PARENTS

10 NAME OF FATHER: John Lowe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

12 MAIDEN NAME OF MOTHER: Mary Coprid

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga.

14 Informant (Address): Joseph F. O'Brien 2711 W Lafayette Ave

15 Filed ..... 19 ..... Registrar

31 1925 Robert P. Harrison Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1925, to July 30, 1925, that I last saw h[illegible] alive on July 30, 1925 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

myocardial degeneration 7

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. E. Dennissy, M. D.

July 31 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: 1925 19

20 UNDERTAKER: Wm Cook Co. E. A. Cox

ADDRESS

Spec- 12-23-21—E.B.R.S.—400 Bks.

E 00814 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00814

CERTIFICATE OF DEATH.

Registered No. 14164

1-PLACE OF DEATH

City of BALTIMORE: (No. 1708 Park Ave. St., 14 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Henry Bennett

(a) Residence No. 1708 Park Avenue St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6-If married, widowed, or divorced HUSBAND of (or WIFE of): Sophia Bennett

7-DATE OF BIRTH (month, day and year): Mar. 19- 1827

8-AGE. 98 yrs. 4 mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Patrick Henry Bennett

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Rosie Thompson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore, Md.

14- (Informant): William F. Bennett

(Address): 1132 Forrest Place

15- Filed 1925 Robert F. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 31 - 1925

17- I HEREBY CERTIFY, That I attended deceased from 7/30 19 to 7/31/25 19

that I last saw him alive on 7/31/25 19

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Old age

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L W Suddess M. D

7/31/25 19 (Address) 321-2-25 St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 8/3- 25

20-UNDERTAKER: Black & Crane & Son

ADDRESS: 118 W. Mt Royal Ave.

pec.—1-10-21—M&T—1500 Blks.

00815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00815

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs. Hopes Retreat ST., 90 WARD 7

2-FULL NAME Patrick Garvey

(a) RESIDENCE No. Mrs. Hopes Retreat ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm Hand 86

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Mrs. Hopes Retreat

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Garvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Nora O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Hopes Reunds.
(Address) Robert P. Harrison,

15 [illegible] 19 Burial Permit Clerk. Registrar

8 1 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to July 29, 1925, that I last saw h[illegible] alive on July 29, 1925, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows: —

Chronic myocarditis
(Cardiac Asthma)

about (duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Dees, M. D.

, 19 (Address) Mrs. Hopes Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 8/1/25 19

20 UNDERTAKER John J Baker & Son — ADDRESS 1918 Light

Spec.—1-10-21—M&T—1500 Blks.

00816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 00816

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Murray

(a) RESIDENCE NO. 15 Hill st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron worker

(b) General nature of industry, business, or establishment in which employed (or employer) 8/29

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records

(Address) W. T. H.

15 Filed 7-31, 1925 Robert F. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1925, to July 28, 1925, that I last saw him alive on July 28, 1925, and that death occurred, on the date stated above, at 3.35 p. m.

The CAUSE OF DEATH* was as follows:

fibroid pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal bronchopneumonia

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McFane Jr. M. D.

7-29 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem DATE OF BURIAL 8/1/25

20 UNDERTAKER J. J. Bokey Sons ADDRESS 318 Light

Spec.—1-10-21—M&T—1500 Bks.

Williamina

E 00817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00817

CERTIFICATE OF DEATH.

122-002

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 2410 Annual Ave ST., WARD) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Georgina Stephens

(a) RESIDENCE NO. 2410 Annual Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

6a If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ Henry Howard Stephens

6 DATE OF BIRTH (month, day, and year) Dec 10-1843.

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Glasgow (State or country) Scotland

PARENTS

10 NAME OF FATHER John Fleming.

11 BIRTHPLACE OF FATHER (city or town) Kilwinning (State or country) Scotland.

12 MAIDEN NAME OF MOTHER Jane Brown

13 BIRTHPLACE OF MOTHER (city or town) Glasgow (State or country) Scotland.

14 Informant Vera M. Hammond. (Address) 2410 Annual ave.

15 Filed 1-1925, 19 Robert P. Harrison Registrar

Burial Forest Park

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 - 1925

17 I HEREBY CERTIFY, That I attended deceased from July 8 - , 1925, to July 31 , 1925; that I last saw her alive on July 31 , 1925; and that death occurred, on the date stated above, at 4:25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemmorhage.

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Atrophic Cirrhosis of Liver (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical Signs.

(Signed) Chester Riland, M. D.

7-31-1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Aug 3rd 1925

20 UNDERTAKER Wortham Bros

ADDRESS 1723 W. Lafayette Ave

r.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00818

00818

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Y OF BALTIMORE: (No. Chas on & Lexington St ST., WARD) 10

2-FULL NAME Mrs Cook

(a) RESIDENCE NO. ~~Chas~~ 1931 Rivz st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 5 yrs. 5 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

married widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, and year) Feby 24 1874

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	24	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

IRTHPLACE (city or town) Balt Md
(State or country)

10 NAME OF FATHER John H Cook

11 BIRTHPLACE OF FATHER (city or town) Balt. Md
(State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) ~~Balt~~
(State or country)

Informant Chas L. Cook
(Address) 1931 Rivz St

Filed 1925, 192

Robert P. Harrison,
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest, autopsy or inquiry.~~ thereon and from the evidence obtained by said ~~Inquest, autopsy or inquiry.~~ find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) 2 hours

CONTRIBUTORY (Secondary) Don't Know

(duration) yrs. mos. ds.

(Signed) W A Gonce, M. D.
(Coroner.)

7-31, 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Aug 1st 1925

20 UNDERTAKER F. B. Wappet ADDRESS 850 N. Bakr St

Spec.—1-10-21—M&T—1500 Bks.

00819 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00819

CERTIFICATE OF DEATH. 202

1-PLACE OF DEATH

REGISTERED NO. 10-72

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 929 E Madison ST., (WARD)

2-FULL NAME Chas. Yates

(a) RESIDENCE NO. 929 E Madison ST., WARD

(Usual place of abode) (If non-resident give city or towo and State)

Length of residence in city or town where death occurred 12 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): M.

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Jennie Yates

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE: Years 63 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Builder

(c) Name of employer

9 BIRTHPLACE (city or town) (State or couotry): Atlanta Ga.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or towo) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Jennie Yates (wife) 929 Madison St

15 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1924 to July 29, 1925, that I last saw h alive on July 28, 1925 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Cerebro-Syphilis

acute for 8 mos ds.

(duration)

CONTRIBUTORY (Secondary) Trauma on head (cause) leg broke (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Trauma while at work

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Lab.

(Signed) R J Yahney, M. D.

7/30 1925 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery DATE OF BURIAL: Aug 1 1925

UNDERTAKER: Jos. I. H. Rochester ADDRESS: 1413 Jefferson

Spec.—1-10-21—M&T—1500 Blks.

E 00820 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00820

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST., WARD) 7-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A Smith

(a) RESIDENCE No. 626 N. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Jane Hicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Records (Address)

15 1925 19 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1925, to July 28, 1925, that I last saw him alive on July 28, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) J. Lindsay Miller, M. D.

7/30, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Upper Marlboro Md. DATE OF BURIAL Aug 1 1925

20 UNDERTAKER Wm J. G. Locke ADDRESS 1302 Jeffer

00821 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00821

CERTIFICATE OF DEATH. 74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 111 Mt Clare Alley (St.) Ward) 13

2-FULL NAME John H. Lessner

Residence in Baltimore: No. 111 Mt Clare Alley St. (yrs. 7 mos. ds.)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. June 23rd 1862 (Month) (Day) (Year)

7-AGE. 63 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Conrad Lessner

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Barbara Schott

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry J. Lessner

(Address) #12 N. Chapel St.

15-

Filed - 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30th 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Foreman M. D. (Coroner.)

July 31st 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Aug 1 1925

20-UNDERTAKER, Geo J. Smith ADDRESS 1532 Hollins St

Spec.—1-10-21—M&T—1500 Blks.

E 00822

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00822

CERTIFICATE OF DEATH. 74-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) WARD) BALTIMORE CITY HOSPITALS ST., WARD) 2

2-FULL NAME Maggie Cooper

(a) RESIDENCE NO. 225 Dallas ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellsworth Cooper

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 56 yr. Months Days If LESS than 1 day, ...hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Balt. City Hospitals Records (Address)

15 1925 ..... 19 [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 1925

17 I HEREBY CERTIFY, That I attended deceased from July 8 , 1925, to July 29 , 1925, that I last saw h alive on July 29 , 1925, and that death occurred, on the date stated above, at 2 P .m.

The CAUSE OF DEATH* was as follows:

Left hemiplegia

(Cerebral Hemorrhage)

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

7/31, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury

DATE OF BURIAL: Aug 1 1925

20 UNDERTAKER: John W Henderson

ADDRESS 1502 E monument

Spec.—1-10-21—M&T—1500 Blks.

E 00823

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00823

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Carrollton Ave. WARD) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Louis Massenburg

(a) RESIDENCE NO. 1015 Carrollton Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) ~~Wife of~~ Annie C. Massenburg

6 DATE OF BIRTH (month, day, and year) August 6, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) 0/14

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sussex Co. Virginia

PARENTS

10 NAME OF FATHER Samuel Massenburg

11 BIRTHPLACE OF FATHER (city or town) Sussex Co. (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sippie Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Annie C. Massenburg (Address)

15 1925 . 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1925

17

I HEREBY CERTIFY, That I attended deceased from July 20 . 1925 . to July 30 . 1925 .

that I last saw him alive on July 30 . 1925 .

and that death occurred, on the date stated above, at 2 P . m.

The CAUSE OF DEATH* was as follows:

~~Acute Myocarditis~~

Cardiac Asthma

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. L. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 8-1-1925

20 UNDERTAKER Dame Easton

ADDRESS 916 Pine.

Cor.—1-12-23—M&T—100 Bks.

00824

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00824

CERTIFICATE OF DEATH.

182

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE, No. West St. & East Falls Ave, ST., WARD) 1

2-FULL NAME Wm a Tate

(a) RESIDENCE No. 1035 N Eutaw St ST., WARD 11

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colord	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Dan Tatum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

PARENTS

12 NAME OF MOTHER Chas Dan Tatum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Sarah Tate
(Address) 1035 N Eutaw St

15 Filed , 192 Registrar
1 - 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning accident, (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) asphyxia (duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

July 31 1925 (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wellford's Whf. DATE OF BURIAL 8/1/1925

20 UNDERTAKER Daniel Easton ADDRESS 916 Bare

Spec.—1-10-21—M&T—1500 Bks.

E 00825

HEALTH DEPARTMENT—CITY OF BALTIMORE E 00825

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1005 Light ST., WARD 1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Thomas Jones

(a) RESIDENCE NO. 1005 Light St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L Jones

6 DATE OF BIRTH (month, day, and year) Jan 29 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Iron Worker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Robert Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Margaret Seward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Emma L Jones (Address) 1005 Light St

15 AUG - 1925 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/20 1920, to 7/30 1925

that I last saw h alive on 7/30 1925

and that death occurred, on the date stated above, at 4 45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Hollander M. D.

, 19 (Address) 1340 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Aug 3 1925
20 UNDERTAKER	**ADDRESS**
John F. Denny	715 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00826

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00826

CERTIFICATE OF DEATH.

65-002

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3421-University Place St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... GEORGE FERDINAND WAGNER

(a) Residence No.... 3421-University Place St., 12 Ward Resident

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 45 yrs. 11 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elmore S.Wagner

6-DATE OF BIRTH (month, day and year) Aug-5-1879

7-AGE. 45 yrs. 11 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Manager

(b) General nature of industry, business, or establishment in which employed (or employer)..... Printers' Inks

(c) Name of employer..... Ault-Wiborg Co of N.Y.

9-BIRTHPLACE (city or town)..... Jersey City

(State or Country)..... New Jersey.

PARENTS.

10-NAME OF FATHER, Henry F.Wagner

11-BIRTHPLACE OF FATHER (city or town) Frankfurt

(State or Country), Germany

12-MAIDEN NAME OF MOTHER, Emily Gee

13-BIRTHPLACE OF MOTHER (city or town)..... London

(State or Country). England

14- (Informant)..... Mrs.Elmore S.Wagner (wife)

(Address)..... 3421-University Place, City

15- Filed..... 192.... Robert P. Harrison, Registrar.

Burial Permit Clerk

- 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-31-25.

17- I HEREBY CERTIFY, That I attended deceased from July 16 19 25 to July 31 19 25.

that I last saw him alive on July 30 19 25

and that death occurred, on the date stated above, at. 9 A. M.

The CAUSE OF DEATH* was as follows:

Hodgkin's Disease. About 7 months.

Spinal cord and brain manifestations. Since July 3, 1925.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho- pneumonia.

3 days. (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray treatment.

(Signed) Jimmy F. Hoar, M. D.

, 19 (Address) 9 E N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. WOODLAWN CEMETERY.

DATE OF BURIAL. AUG-3-25. 19....

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

E 00827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162 E 00827

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 643 Wayne ST., (WARD) 7

2-FULL NAME Baby Boy Mason

(a) RESIDENCE NO. 643 Wayne ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 min How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-31-25

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: (illegible)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Earl Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Clara Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Clara Mason
(Address) 643 Wayne St. JOHNS HOPKINS HOSPITAL

15 Aug 1925, 19 Robert P. Bartlett, Registrar
~~Wm. S. Jarrett Clerk.~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-31 1925

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1925, to July 31, 1925, that I last saw him alive on July 31, 1925, and that death occurred, on the date stated above, at 10:55 A m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) /

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

7-31, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

AUG 1 1925

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00828 E 00828

CERTIFICATE OF DEATH. 11-001

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1937 N. Edew ST., (WARD) 1

2-FULL NAME John Marshall

(a) RESIDENCE NO. 103 N. Edew ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/17/1881

7 AGE: Years 44 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER Freeman Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant. (Address) Mrs Flora Marshall 1037 N. Edison Street

15 Filed ..... 19..... Burial Permit Clerk Registrar

1-1025

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925 to July 30 1925

that I last saw h[illegible] alive on July 30, 1925

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(To my Knowledge)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) La Grippe & Cold

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Test

(Signed) J. H. Walters, M. D.

19 (Address) 821 N. Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va

DATE OF BURIAL: 7/1 1925

20 UNDERTAKER: Mrs. Robert A. Elliott

ADDRESS 1225 Ashland Av

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-091

E 00829

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2442 Oak St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Archie Stokes

(a) Residence No.... 2442 Oak St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, Col | 5-Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) July 29 1923

7-AGE. ..... yrs. ..... mos. 2 ds. | If LESS than 1 day, ... hrs. or ..... min.*

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Md

PARENTS.

10-NAME OF FATHER, Archie Stokes

11-BIRTHPLACE OF FATHER (city or town)..... Virginia
(State or Country),

12-MAIDEN NAME OF MOTHER, Ocia Johnson

13-BIRTHPLACE OF MOTHER (city or town)..... Virginia
(State or Country),

11- (Informant) William Stokes
(Address) 2437 Oak St

15- Filed..... 192.. Robert P. Harrison, Registrar.

~~1925~~ Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 31. 1925

17- I HEREBY CERTIFY, That I attended deceased from July 29, 1925 to July 31, 1925
that I last saw h[illegible] alive on July 31, 1925
and that death occurred, on the date stated above, at 1:30 P. m.
The CAUSE OF DEATH* was as follows:

Premature Birth and Congenital Debility Cause of Premature Birth Unknown.
Uterine Gestation ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam
(Signed) P. Garland Edgecliff-Smith M. D.
July 31, 1925 (Address) 1534 E. Biddle St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Laurel Cemetery	August 1925
20-UNDERTAKER, Mrs RA Elliott	ADDRESS 1735 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

E 00830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00830

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

REGISTERED NO. 50-2

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodor Matthew Mikutovitch b. S.S.R.

(a) RESIDENCE NO. St Vincents Nurses Home 1225 E Eager St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 14 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	60	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer b. S.S.R.

(b) General nature of industry, business, or establishment in which employed (or employer) 165

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Records of St James Church

(Address) 1225 E Eager St

15 Filed ....., 19 ..... Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30 1925

17

I HEREBY CERTIFY, That I attended deceased from 7/10/25, 1925, to 7/30, 1925, that I last saw h... alive on 7/30, 1925, and that death occurred, on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH* was as follows:

Cerebro Meningitis

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinomatosis

(duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? ..... Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Clement M. Mowe M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Aug 3rd 1925
20 UNDERTAKER	**ADDRESS**
Henry Hoech & Son	201 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 00831 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X/35 E 00831

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob E. West

(a) RESIDENCE NO. Seaford, Del. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Whi

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mrs Mary E. West

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE: 73 yrs.

Years	Months	Days	If LESS than 1 day, ...hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Sussex Co. Del.

PARENTS

10 NAME OF FATHER: Jacob. West

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del.

12 MAIDEN NAME OF MOTHER: Ann Walls

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Del.

14 Informant: Mrs. Virgil Moore

(Address): Denton, Md.

15 AUG 2 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1925 to Aug 1, 1925, that I last saw h alive on July 31, 1925 and that death occurred, on the date stated above, at 1:15 A m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy

(duration) 1 yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 27, 1925

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Frederick C. Snyder, M. D.

Aug 1, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Denton Md

DATE OF BURIAL: Aug 3, 1925

20 UNDERTAKER: Wm J Tucker & Sons

ADDRESS: Norfolk Va

00832

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00832

CERTIFICATE OF DEATH.

114

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2130 E. Lombard St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isidor Miller

Residence in Baltimore: No. 2130 E. Lombard St; yrs. 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. July (Month) 31 (Day) 1923 (Year)

7-AGE. 2 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Wolf Miller

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Sarah Leighton

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Levis

(Address) 1439 E Baltimore St

15- AUG 2 - 1925 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug (Month) 1 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or Inquiry.) Thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

Duration yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

(Signed) J. C. Blades M. D.

Aug 1/25 (Coroner) 1423 N Bond

(Address)

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL. Northwood Cem. DATE OF BURIAL, Aug 2 1925

20-UNDERTAKER. Jack Levis ADDRESS 1439 E Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00833

CERTIFICATE OF DEATH.

E 00833

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3816 Woodland ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Breschkin

(a) Residence No. 3816 Woodland ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Breschkin

6-DATE OF BIRTH (month, day and year) 1869

7-AGE. 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Russia

PARENTS:

10-NAME OF FATHER, Ruben Breschkin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Dinkins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Mrs. Breschkin

(Address) 3816 Woodland ave

15- Filed Aug 2 1925 ROBERT R. KRAUER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 31 1925

17- I HEREBY CERTIFY, That I attended deceased from July 20 1925 to July 30 1925

that I last saw him alive on July 30 1925

and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

(Duration) Chronic yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cordis Dilation

(Duration) yrs. 5 mos. ds.

18-Where was disease contracted if not at place of death? 2

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Milton H. Cumming M. D.

July 31 1925 (Address) 3 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Helmsley Jewish Cem. DATE OF BURIAL. Aug 2 1925

20-UNDERTAKER Jacob Lewis ADDRESS 1439 E. Eager st

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00834

CERTIFICATE OF DEATH.

X 160

00834

REGISTERED NO. 2607

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 371 S. 14th ST., WARD)

2-FULL NAME Elizabeth A Hughes

(a) RESIDENCE NO. 371 S. 14th ST., WARD Wilkesbarre Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) May 27-1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	5	

OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Wilkesbarre Pa
(State or country)

PARENTS

10 NAME OF FATHER Lloyd Hughes

11 BIRTHPLACE OF FATHER (city or town) Pa
(State or country)

12 MAIDEN NAME OF MOTHER Ruth Reese

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

14 Informant Lloyd Hughes
(Address) 371 S 14th

15 Filed AUG 2 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1925, to Aug 2nd, 1925, that I last saw her alive on Aug 2nd, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. 2 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Jad, M. D.

, 19 (Address) 4704 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilkesbarre Pa — DATE OF BURIAL Aug 4 1925

20 UNDERTAKER John Merrick — ADDRESS 610 Orleans

Spec.—1-10-21 M&T 1500 Bks.

E 00835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 74-001

E 00835

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 S. Ellwood Ave ST., 1 WARD)

2-FULL NAME Barbara Mauler

(a) RESIDENCE No. 912 S. Ellwood ave ST., 1 WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 7 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Mauler.

6 DATE OF BIRTH (month, day, and year) Dec. 12th 1881

7 AGE: Years 43 | Months 7 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) at Home.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co.
(State or country)

PARENTS

10 NAME OF FATHER John Kolb.

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Rosie Eisenreich

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant George E. Mauler.
(Address) 912 S Ellwood ave.

15 Filed AUG 2 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to July 30, 1925, that I last saw her alive on July 30, 1925, and that death occurred, on the date stated above, at 1.05 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bromwhar M.D.

7-30 1925 (Address) 3037 Odonnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem — DATE OF BURIAL: Aug 3rd 1925

20 UNDERTAKER: Lilly & Zeller — ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

183389

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00836

CERTIFICATE OF DEATH

E 00836

REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1900 ST., WARD 7-1)

2-FULL NAME Carrie Richarts

(a) RESIDENCE NO. Woodlawn, Balto Co., ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Richarts

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	"	"	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Louis Seiff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Carnelia Bollinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Records
(Address) Johns Hopkins Hosp.

15 Filed . 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1925, to July 30, 1925, that I last saw her alive on July 30, 1925, and that death occurred, on the date stated above, at 3 40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic rheumatic endocarditis
Mitral Stenosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen M. D.

July 31, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17-A PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Aug 2 1925

20 UNDERTAKER H. E. Hughes — ADDRESS First St. Broadway

Cor.—1-12-25—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00837.

00837.

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore Liberty ST., WARD 14

2-FULL NAME Jos L. Snyder

(a) RESIDENCE NO. 501 E Fort Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 10 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	49			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stock Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Bath City
(State or country)

PARENTS

10 NAME OF FATHER A. Snyder

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Mary Jessop

13 BIRTHPLACE OF MOTHER (city or town) Bath
(State or country)

Informant (Address) Emma Snyder 501 E Fort Ave

AUG 2 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or inquiry.)~~ thereon and from the evidence obtained by said ~~(Inquest, autopsy or inquiry.)~~ find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) yrs. mos. ds. Don't Know

CONTRIBUTORY (Secondary) Don't Know

(duration) yrs. mos. ds.

(Signed) W. H. Zumbrun, M. D.
Coroner.

8/2, 1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Valley Crest Mem Co. DATE OF BURIAL 8/3 1925

20 UNDERTAKER J. J. Talbot & Sons ADDRESS 1312 Pa Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00838

CERTIFICATE OF DEATH.

7/4-001 E 00838

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Myrtle Ave ~~ST.~~ WARD 17-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma J. Gatewood

(a) RESIDENCE NO. 1302 Myrtle Ave ~~ST.~~ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 30. 1873

7 AGE: Years 52 Months 1 Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Stranger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Esther Gatewood

(Address): 1302 Myrtle Ave

15 AUG 2 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to July 30, 1925, that I last saw h[illegible] alive on July 30, 1925, and that death occurred, on the date stated above, at 9:30 P.m.

The CAUSE OF DEATH* was as follows:

Pregnancy Central Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): None Known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) R. Lee Clark, M. D.

7/31, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL 8/2/25

20 UNDERTAKER: [illegible] GEORGE H. HOLLAND — ADDRESS 1631 DRUID HILL AVENUE

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

8 3100 E 00839 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00839

CERTIFICATE OF DEATH. 122-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. ST., (WARD) 3

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J Sauge

(a) RESIDENCE NO. 424 N Payson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rogers Co (Address) 2936

15 AUG 2 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1925

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1925, to July 31, 1925, that I last saw h[illegible] alive on July 31, 1925 and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the liver over

(duration) yrs. 3½ mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of June 25th over

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Manuel Leyte Lualdi M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Aug 3 1925

20 UNDERTAKER: Jos Joerdens Son ADDRESS: 2073 E. Pra

pec.—1-10-21—M&T—1500 Blks.

E 00840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 00840

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 861 N. Lombard St (ST.,) (WARD) 17-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T Durney,

(a) RESIDENCE No. 861 N. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of: Emma Durney

6 DATE OF BIRTH (month, day, and year): Sept 11 1852

7 AGE: 73 (Years / Months / Days) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Junk Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore

9 BIRTHPLACE (city or town) (State or country): Balt.

PARENTS

10 NAME OF FATHER: Richard Durney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs Durney 861 W Lombard St

15 Filed 8-2-1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30, 1925.

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1925, to July 30, 1925, that I last saw him alive on July 30, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Analysis etc.

(Signed) J. Chesselton, M. D.

8/1/25 (Address) 8881 N. Loudon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 8-3-1925

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun Hollins

E 00841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00841

CERTIFICATE OF DEATH.

16-003

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... John Robert Hunter

(Residence in Baltimore: No. 3526 Frederick Ave St.; yrs. mos. ds.)

NO-1

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	Single

6-DATE OF BIRTH. May 1922, 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
3 yrs. 2 mos. 12 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

9-BIRTHPLACE. (State or Country). Balto.Md

PARENTS.

10-NAME OF FATHER. Joseph M. Hunter

11-BIRTHPLACE OF FATHER. (State or Country). Balto.Md

12-MAIDEN NAME OF MOTHER. Mary B. Hster

13-BIRTHPLACE OF MOTHER. (State or Country). Balto.Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Pearl E. Huster

(Address)..... 3526 Frederick Ave

15-

Filed ..... 192.... Registrar.

AUG 7 - 1925 ROBERT R. KRAUSE

Clerk Circuit Court.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 31-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to hos death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery (Not yet classified, autopsy at hospital)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J S Mc Nally M. D. (Coroner.)

8-1-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	Aug 3 1925

20-UNDERTAKER. Harry A Amacost ADDRESS 4204 Ridgewood Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

73 E 00842 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 6 S. Potomac St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Guercio

(a) Residence No. 6 S. Potomac St., Ward

(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Guercio

7-DATE OF BIRTH (month, day and year): March 8th 1858

7-AGE: 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Rare.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Italy

PARENTS.

10-NAME OF FATHER: Joseph Guercio

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Agnes Guglielizza

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Italy

14-(Informant): Samuel V. Guercio

(Address) 6 S. Potomac St

15-Filed AUG 2 - 1925 ROBERT J. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 31, 1925

17-I HEREBY CERTIFY, That I attended deceased from June 21 19 25 to July 31 19 25

that I last saw h. alive on July 31 19 25

and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Final paralysis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac paralysis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. P. Culley M. D

19 (Address) 811 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 4th 1925

20-UNDERTAKER: Frank V. Espetone — ADDRESS: 1800 E. 32nd st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00843 49 E 00843

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 DeCalvin ST., WARD 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Gruinger

(a) RESIDENCE NO. 1411 DeCalvin St, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? 35 yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Teresa Kalchs

6 DATE OF BIRTH (month, day, and year): April 28 1859

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	66	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer): Elevator

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Martin Gruinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Teresia Gruinger

(Address) 1411 DeCalvin St

AUG 2 - 1925

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1925, to Aug 1, 1925;

that I last saw h alive on July 31, 1925;

and that death occurred, on the date stated above, at 2:40 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Bladder and Prostate Gland.

about 1 yrs. mos ds. (duration)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert Brack, M. D.

, 19 (Address) 1412 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill.

DATE OF BURIAL: Aug 4 19 25

ADDRESS

20 UNDERTAKER: Chas L Lewis

1501 Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00844

CERTIFICATE OF DEATH.

113 E 00844

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 Lawson ST., 3 (1) WARD) NP 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin L Cairns

(a) RESIDENCE NO. 1312 Lawson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Infant

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Sept 16 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	-	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer /

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George Cairns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Jennie Owings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Jennie Cairns (Address) 1312 Lawson St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1925, to Aug 1, 1925, that I last saw h[illegible] alive on July 31, 1925, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Same (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Miles Stafford, M. D.

8/2, 1925 (Address) 1319 Eighth St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. DATE OF BURIAL Aug 3 1925

20 UNDERTAKER Chas L. Sherman ADDRESS Baltimore, Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00845

CERTIFICATE OF DEATH.

129

00845

REGISTERED NO.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Jackson ST., 24 WARD)

2-FULL NAME Wilbert F. Sack

(a) RESIDENCE NO. 503 Jackson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Sayer

6 DATE OF BIRTH (month, day, and year) May 7, 1852.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Rail Road work

(c) Name of employer Balto & Ohio R.R. Co

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Simons Bell

11 BIRTHPLACE OF FATHER (city or town) Balto Co. (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Walters

13 BIRTHPLACE OF MOTHER (city or town) Balto Co. (State or country) Md.

14 Informant Mrs. Ellen Bell (Address) 503 Jackson

15 Filed ... 19... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30, 1925

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to July 30, 1925, that I last saw h[illegible] alive on July 29, 1925, and that death occurred, on the date stated above, at 2:10 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Selerotic Heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) H. B. Smith M. D.

19 (Address) 629 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Aug 3 1925

20 UNDERTAKER Thos L Stevens — ADDRESS 1011 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00846

CERTIFICATE OF DEATH. 16-003 E 00846

REGISTERED NO.

1-PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lombard & Greene STS., WARD) 16

2-FULL NAME Frank Walker Nichols Jr.

(a) RESIDENCE NO. 3000 Littleton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21 1924

7 AGE: Years 1 Months 1 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Frank Walker Nichols

11 BIRTHPLACE OF FATHER (city or town) (State or country) Texas

12 MAIDEN NAME OF MOTHER Lilian D. Hipsley

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md (State or country)

14 Informant Mr. Frank W. Nichols Sr (Address) 3000 Littleton Rd.

15 Filed AUG 2 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1925

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1925, to Aug 1, 1925, that I last saw him alive on Aug 1, 1925, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Thos. J. Cronan Jr., M. D.

, 19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: Augt 1925

20 UNDERTAKER: Wm Hutchinson — ADDRESS: North Ave

Spec.—1-1-21—M&T—1500 Bks.

00847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 122-002 E 00847

REGISTERED NO. 16

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1018 N. Fulton Ave. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgianna Carter

(a) RESIDENCE NO. 1018 N. Fulton Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas N. Carter

6 DATE OF BIRTH (month, day, and year): Nov. 25 1847

7 AGE — Years: 77 — Months: 8 — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kingsale-Wicklow Co. Ire.

PARENTS

10 NAME OF FATHER: John Campbell Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Jane Kinsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs. Lillie M. L. Carter

(Address) 1018 N. Fulton Ave.

15 Filed AUG 2 - 1925 19 ROBERT R. KRAUER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to July 31, 1925; that I last saw h alive on July 31, 1925; and that death occurred, on the date stated above, at 9.17 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Malen W Shook M. D.

(Address) Aug 1, 1925 1046 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. — DATE OF BURIAL: Aug. 5 1925

20 UNDERTAKER: Wm J. Tickner & Sons. — ADDRESS: North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Q0848

CERTIFICATE OF DEATH. X45 / B 0848

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jessie Cheney

(a) RESIDENCE NO. Astor Court Apts. ST. WARD Devon Col.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Cheney.

6 DATE OF BIRTH (month, day, and year) July 16 — 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rochester N.Y.

PARENTS

10 NAME OF FATHER Wm Burr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Vermont.

14 Informant Mrs. Cheney - Patient.
(Address)

15 AUG 2 - 1925 ROBERT R. KRAUTER, Registrar

Chief Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to Aug 1, 1925.

That I last saw h-er alive on Aug 1, 1925

and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum
(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart.
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of July 17-25

Was there an autopsy? No.

What test confirmed diagnosis? Operation - Clinical Evidence

(Signed) Earl Koon, M. D.

, 19 (Address) Maryland General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Denver Col. DATE OF BURIAL Aug 7 1925

20 UNDERTAKER Harry A. Witzig ADDRESS 1531 W. Lombard

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00849

CERTIFICATE OF DEATH.

49 E 00849

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1504 E. Washington ST., (WARD) 3

2-FULL NAME George Daphne Sr

(a) RESIDENCE No. 1504 E. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~. (~~write the word~~): married

5a If married, widowed, or divorced: ~~(or) WIFE of~~ HUSBAND of: May Sachse

6 DATE OF BIRTH (month, day, and year): Sept 12 1879

7 AGE: 117 — Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

088

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Sachse

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lena Krauss

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary Sachse

(Address): 1504 E Washington St

15 Filed AUG 2 - 1925

ROBERT R. KRAUTER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1922 to July 30, 1925.

that I last saw him alive on July 30, 1925

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cancer of the Prostate Gland

(duration) 2 yrs. 8 mos ds.

CONTRIBUTORY (Secondary): Endocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1924

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Geo L. Zimmerman M. D.

Aug 1, 1925 (Address) 2864 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Aug 3 1925

20 UNDERTAKER: Robt J Turner Inc — ADDRESS: 962 E Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00850 CERTIFICATE OF DEATH. 101-001 E 00850

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 651 W. Mulberry ST., WARD 1

2-FULL NAME Major Nash

(a) RESIDENCE NO. 651 W Mulberry ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Bethelem Steel Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Ernest Hampton Sparrows Pt

15 Filed AUG 3 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/31 19 25

17 I HEREBY CERTIFY, That I attended deceased from 7/30, 1925, to 7/31, 1925, that I last saw him alive on 7/31, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Dr Francis M. D.

8/1, 1925 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hanneville Va — DATE OF BURIAL 8/3/1925

20 UNDERTAKER: Dame Easton — ADDRESS 9/6 Pa ave

Spec.—1-10-21—M&T—1500 Blks.

Gurnell.

E 00851

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00851

CERTIFICATE OF DEATH.

1113

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 920 McCulloh ST., WARD 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gurnell

(a) RESIDENCE NO. 920 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March '25

7 AGE Years — Months ✓ Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED ✓

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Francis Gurnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary Bryant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Francis Gurnell (Address) 920 McCulloh

15 Filed AUG 3 - 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 27, 19 25, to Aug 2d 19 25.

that I last saw him alive on Aug 18th, 19 25,

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Work Case Book

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed A. Lee Clark, M. D.

(Address) 924 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Lawn

DATE OF BURIAL 8/3/25

ADDRESS 9/6

20 UNDERTAKER Daniel Easton

Cor.—1-12-23—M&T—100 Bks.

E 00852 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00852

CERTIFICATE OF DEATH. 185

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 663 W Lexington St ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliz Ann Knight

(a) RESIDENCE NO. 663 W Lexington St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 4-1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	27	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore City
(State or country)

10 NAME OF FATHER John F Frazier

11 BIRTHPLACE OF FATHER (city or town) MD
(State or country)

12 MAIDEN NAME OF MOTHER Margaret McCann

13 BIRTHPLACE OF MOTHER (city or town) MD
(State or country)

PARENTS

14 Informant Mrs Randal Williams
(Address)

15 Filed AUG 3 - 1925 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-1 — 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or inquiry.)~~ inquiry thereon and from the evidence obtained by said ~~(Autopsy or inquiry.)~~ find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Fell down Steps

(duration) yrs. mos. ds.

(Signed) H K Grenel, M. D.
(Coroner.)

8, 3, 1925 (Address) 117 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug 4 1925
20 UNDERTAKER Wm Cook	ADDRESS 502 E North

Rec. 6-9-19—H. P. Co.—1000 Blks.

E 00853 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00853

CERTIFICATE OF DEATH. 129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 889 W. Fayette ST.: (WARD) (If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Vessel

(a) RESIDENCE. NO. 889 W. Fayette ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Coffee Roaster
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, city

PARENTS

10 NAME OF FATHER Zacks Vessel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. A. Co. Md.

14 Informant S. J. Conway
(Address) Va. Co. Company

15 Filed —— . 19 —— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1925

17 I HEREBY CERTIFY, That I attended deceased from July 8 . 1925 , to Aug 2 . 1925 ; that I last saw h in alive on July 29 . 1925 ; and that death occurred, on the date stated above, at 12-42 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

uncertain (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jas L. Stooper , M. D.

, 19 (Address) 762 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemet	Aug 5 1925
20 UNDERTAKER	ADDRESS
Rue Book	502 E North.

ROBERT H. KRAUTER, Burial Permit Clerk.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00854

CERTIFICATE OF DEATH.

90 E 00854

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3819 Arabia Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotta D. Schaub

(a) Residence No. 3819 Arabia Ave St., Ward

(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frederick Schaub

6-DATE OF BIRTH (month, day and year): Mar. 26-1880

7-AGE: 44 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Fredmand Petsch

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto. Md

12-MAIDEN NAME OF MOTHER: Mary Helemane

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto. Md.

14- (Informant): Mary Petsch

(Address): 3819 Arabia Ave

15- AUG 3 - 1925 ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 7-31-25

17- I HEREBY CERTIFY, That I attended deceased from 7-1-25, 19..., to 7-31-25, 19..., that I last saw h[illegible] alive on 7-31-25, 19..., and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Ulcerative Carcinoma

Cause intermediate — Acute

Toxemia Uremia — Months

Hypertension (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Fred Kuzneff M. D.

, 19 (Address) 806 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County DATE OF BURIAL: Aug 3, 1925

20-UNDERTAKER: William G. Schaffer ADDRESS 1 Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00855

CERTIFICATE OF DEATH.

113

E 00855

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1922 N. Castle St. Ward) 8-1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olive A. Swift

(Residence in Baltimore: No. 1922 N. Swift St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: MAR 23-25 (Month) (Day) (Year)

7-AGE: yrs. 4 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS:

10-NAME OF FATHER: Charles Swift

11-BIRTHPLACE OF FATHER, (State or Country): Crisfield Md

12-MAIDEN NAME OF MOTHER: Elizabeth Harrison

13-BIRTHPLACE OF MOTHER, (State or Country): Crisfield Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Chas Swift (mother)

(Address) 1922 N. Castle St

15- AUG 3 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, AAug 2-25 (Month) (Day) (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entero-colitis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) malnutrition-artificially fed. (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Ruth M. D. (Coroner.)

8-3-25 192.... (Address) 508 E. Nora Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cem Harford Rd DATE OF BURIAL: 8/3 1925

UNDERTAKER: George J Ruth ADDRESS: 1730 Harford Ave

00856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 00856

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1922 N Castle St ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Elmer J Swift

(Residence in Baltimore: No. 1922 N. Castle ..... St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (write word.)
male	white	single

6-DATE OF BIRTH. ..... Mar 23-25 ..... 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
.....yrs. 4 mos. 8 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Charles Swift

11-BIRTHPLACE OF FATHER, (State or Country). Crisfield Md

12-MAIDEN NAME OF MOTHER. Eliz. Harrison

13-BIRTHPLACE OF MOTHER, (State or Country). Md Eliz. Harrison

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mrs. Eliz. Swift (mother)

(Address) ..... 1922 N. Castle St .....

15- AUG 3 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. ..... Aug 1-25 ....., 192..... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entero-colitis-

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Malnutrition- artifi.....

ciapt. fed. .....(Duration).....yrs.....mos.....ds.

(Signed) ..... M. D. (Coroner)

8-3-25 192....(Address) 508 E. North Av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Harford Rd	8 3 ..... 19.25

20-UNDERTAKER,	ADDRESS
George J Ruth	1738 Harford Ave

rec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00857

E 00857

CERTIFICATE OF DEATH.

X 10

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST.; WARD) K-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Hunter.

(a) RESIDENCE. NO. 953 McDonough ST.,

WARD. South Carolina

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 7 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: mail

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14-1920

7 AGE: Years 5 Months 0 Days 19 — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: David Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Lelia Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant: Father + mother.
(Address) 933 McDonough St

15 Filed AUG 3 - 1925, 19 ROBERT R. KRAMER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 2 1925

17

I HEREBY CERTIFY, That I attended deceased from July 29, 1925, to aug 2, 1925, that I last saw him alive on aug 2, 1925, and that death occurred, on the date stated above, at 9:05 A m.

The CAUSE OF DEATH* was as follows:

Diphtheria, tonsillar, pharyngeal & laryngeal

(duration) — yrs. — mos. 9-10 ds?

CONTRIBUTORY (Secondary) Measles - 2 weeks. Lobar pneumonia.

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Cultures.

(Signed) B Macgowan, M. D.

8/2/1925 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery — DATE OF BURIAL: Aug 3 1925

20 UNDERTAKER: Jos. J. H. Rochester — ADDRESS: 143 Jefferson St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00858 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 00858

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3624 Parkheights Ave St.) Ward) 15-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thersa Alvigi

(a) Residence No. 3624 Parkheights ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, ~~Married~~, Widowed, or ~~Divorced~~. (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Pasquel Alvigi

6-DATE OF BIRTH (month, day and year) March 16th 1860

7-AGE. 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Tobia Guarento

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Josephine Gatta

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14-

(Informant) Lena Michetto

(Address) 812 N Lakewood Ave

AUG 3 - 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 31 1925

17- I HEREBY CERTIFY, That I attended deceased from July 1 1925 to July 31 1925

that I last saw h... alive on July 31 1925

and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Artigiani M. D

, 19 (Address) 2940 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents — DATE OF BURIAL, Aug 3rd 1925

20-UNDERTAKER, Frank V. Pepetone — ADDRESS 1800 E 32nd St

Spec.--1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00859

CERTIFICATE OF DEATH.

Colored 91-10F 00859

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 730 Arlington ST., WARD) 19

2-FULL NAME Mrs Mary E Inderrieden

(a) RESIDENCE NO. 730 Arlington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced (or) WIFE of: James Inderrieden

6 DATE OF BIRTH (month, day, and year): Jan 14, 1881

7 AGE: Years 44 Months 5 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Urbana Va

PARENTS

10 NAME OF FATHER: N. Tomlinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Urbana Va

12 MAIDEN NAME OF MOTHER: M.E Tomlinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Urbana Va

14 Informant: Josephine Thomlinson

(Address) 209 W. Lafayette Ave Towson Park

AUG 3 - 1925

ROBERT R. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 - 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15th, 1925, to Aug 1st, 1925, that I last saw her alive on Aug 1, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH was as follows:

Val disease of Heart.

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Aortal Aneurism (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ballard R Smith, M. D.

, 19 (Address) 709 Arlington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Eastwood — DATE OF BURIAL: Aug 4 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

Spec. 1-10-21 M&T 1500 Blks.

00860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 00860

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 West 35 ST., WARD) 13-4

2-FULL NAME John B. Beck

(a) RESIDENCE NO. 812 West 35 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6-1890

7 AGE: Years 34 Months 8 Days 20 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) D

(c) Name of employer D

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ernst Beck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant J E McCauley

(Address) 812 W. 35th

15 Filed AUG 3 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1st 1925

17 I HEREBY CERTIFY, That I attended deceased from July 30 1925 to Aug 1 1925

that I last saw h alive on Aug 1 1925

and that death occurred, on the date stated above, at 6:55 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical sign

(Signed) C. F. Humbert M. D.

Aug 2, 1925 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Aug 4 1925

20 UNDERTAKER Wm Cook — ADDRESS 512 E Nor

Spec. 1-10-21—M&T—1500 Blks.

00861

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00861

CERTIFICATE OF DEATH.

86-001

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St.. WARD) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Romain Parsons

(a) RESIDENCE NO. 5213 St. Charles St. Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	7	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Harvey E. Parsons

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth Sears

13 BIRTHPLACE OF MOTHER (city or town) D.C.
(State or country)

14 Informant .....
(Address) .....

15 AUG 3 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-1-1925

17 I HEREBY CERTIFY, That I attended deceased from 5-28, 1925, to 8-1-, 1925,

that I last saw h alive on 8-1-25, 1925

and that death occurred, on the date stated above, at 2.32 P m.

The CAUSE OF DEATH* was as follows:

Otitis media; mastoiditis

(duration) yrs. 2 mos 14 ds.

CONTRIBUTORY (Secondary) Hemolytic Streptococcus infection (duration) yrs. 2 mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 28 July

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine — DATE OF BURIAL Aug 5 1925

20 UNDERTAKER W. H. Cook — ADDRESS 502 Park Ave.

Spec.—1-10-21—M&T—1500 Blks.

E 00862 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

E 00862

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3974 Elmora ST., (WARD) 26-H

2-FULL NAME Ella Batchelor

(a) RESIDENCE NO. 3974 Elmora ST., (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: James E. Batchelor

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 80 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): James Batchelor 3974 Elmora Ave

15 Filed AUG 3 - 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 - 1925

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1925, to Aug 1, 1925, that I last saw h[illegible] alive on July 31, 1925, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis with dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry C. Agurs, M. D.

Aug 19 25 (Address) 3640 Rolandave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: Aug 3 1925

20 UNDERTAKER: Ehrenworth Son — ADDRESS: 1617 Chestnut St

For.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00863

CERTIFICATE OF DEATH.

90 E 00863

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3626 Ash. ST. 43 WARD) D-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma J. Cassort

(a) RESIDENCE No 3626 Ash st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lee A Cassort

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Lee A Cassort
(Address) 3626 Ash St

Filed AUG 3 - 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH was as follows:

Tabetes
Disease of Heart
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (Not given) yrs. mos. ds.

(Signed) John Morrissey M. D.
(Coroner.)

Aug 4, 1925 (Address) 3632 Rolandale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden DATE OF BURIAL Aug 5 1925

20 UNDERTAKER Chenoweth & Son ADDRESS 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

183309 E 00864

HEALTH DEPARTMENT—CITY OF BALTIMORE E 00864

CERTIFICATE OF DEATH.

X 1784

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., WARD) 1

2-FULL NAME Edom D. Parson.

(a) RESIDENCE NO. Same Glenn Jenon Florida WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Loretta M. Parson

6 DATE OF BIRTH (month, day, and year) Sept 5 1870

7 AGE Years 54 Months — Days — If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Distributor

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Thaston N. Parson

11 BIRTHPLACE OF FATHER (city or town) Ohio (State or country)

12 MAIDEN NAME OF MOTHER Mary J. Baker

13 BIRTHPLACE OF MOTHER (city or town) Ind (State or country)

14 Informant (Address) Family

15 Filed ... 19 ... Registrar

E 3 1925 ROBERT R. KRAMER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1925

17 I HEREBY CERTIFY, That I attended deceased from July 26 1925, to Aug 1 1925, that I last saw him alive on Aug 1 1925, and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH was as follows:

Hyperpyrexia Coma

Illness left Cerebrum

(duration) 1 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 7-26-25

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy. Oper.

(Signed) Julian D. Hauff M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Va. DATE OF BURIAL Aug 4 1925

20 UNDERTAKER Chas D. Mitchell ADDRESS 120 N. Eutaw

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00865

CERTIFICATE OF DEATH.

90 E 00865

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., WARD) 11-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bennie Aaronson

(a) RESIDENCE NO. 139 No Hamilton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City Md
(State or country)

PARENTS

10 NAME OF FATHER Louis Aaronson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Perelman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Jack Louis
(Address) 1439 E Baltimore St

15 Filed AUG 3 • 1925 19 ROBERT R. KRAUSER, Burial Permit Clerk. Resident

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1925

17 I HEREBY CERTIFY, That I attended deceased from July 30-25, 19 ..., to Aug 2-25, 19 ...,

that I last saw him alive on Aug 2-25, 19 ...,

and that death occurred, on the date stated above, at 1:35 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Valvular Disease

Aortic Insufficiency

Mitral Insufficiency and Stenosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical signs. Symptoms

(Signed) I. Weld Selinger M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Cemetery	Aug 3 19 25

20 UNDERTAKER Jack Louis ADDRESS 1439 E Baltimore St

Cor.—1-12-23—M&T—100 Blks.

E 00866

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00866

CERTIFICATE OF DEATH.

X 90

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7 Light ST., (Boarding House) WARD) 4-1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Frightman

(a) RESIDENCE NO..... ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year)

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) ~~Dr. Hoffman~~
(c) Name of employer

10 BIRTHPLACE (city or town) Germany
(State or country) New York

PARENTS

11 NAME OF FATHER John Frightman
12 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)
13 MAIDEN NAME OF MOTHER Amelia Faulhaber
13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Herman Frightman
(Address) N. Y.

15 Filed AUG 3 - 1925 192.. ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8, 2 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(inquest, autopsy or inquiry.)~~ thereon and from the evidence obtained by said (inquest, autopsy) find that said deceased came to his death ~~(upon or inquiry.)~~ on the day stated above.

The CAUSE OF DEATH* was as follows: 1

Valvular Heart disease

(duration) Duration yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Forsyth, Coroner, M. D.

8, 3, 1925 (Address) 117 W. Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence City.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rest. York.

DATE OF BURIAL Aug 8 1925

20 UNDERTAKER S. Lemmon Bro

ADDRESS 1117 E. Balto St

Spec.—6-9-19—H. P. Co.—1000 Bks.

00867 E 00867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1214 Eutaw Place ST.: WARD

2-FULL NAME Mary Mary Walters

(a) RESIDENCE. (Usual place of abode) No. Sykesville ST., WARD. Sykesville (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Walters

6 DATE OF BIRTH (month, day, and year) Oct. 3, 1897

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) unknown.

PARENTS

10 NAME OF FATHER Thomas Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Alice Selby (Address) Sykesville

15 AUG 3 - 1925 19 Registrar ROBERT R. KRAUTER.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1925

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1925, to Aug 2, 1925, that I last saw h.e alive on August 2, 1925, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

uremia, septicaemia (Operation)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) acute uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of July 30th

Was there an autopsy? no

What test confirmed diagnosis? Blood count & urine

(Signed) J. N. McLaud M. D.

19 (Address) 1214 Eutaw place

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Freedom M. E. Cemetery — DATE OF BURIAL: Aug 4 1925

20 UNDERTAKER Carroll & Son — ADDRESS S. F. Ellis & Sons Reisterstown

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

00868 — 129 — E 00868

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1506 Linden ave ST., WARD)

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannie Courtney Darnell

(a) RESIDENCE No. 1506 Linden ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (~~write~~ the word): Widow

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of: John Wesley Darnell

6 DATE OF BIRTH (month, day, and year): Aug 29 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74		11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Harmlin Courtney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mary H. Williams 809 Linden ave

Filed AUG 3 - 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 2 1925

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to Aug 2 1925, that I last saw her alive on Aug 1, 1925, and that death occurred, on the date stated above, at 12.10a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary): Gastric insufficiency

(duration) — yrs. — mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pelteson, M. D.

, 19 (Address) 517 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Orford Pa — DATE OF BURIAL: Aug 4 1925

20 UNDERTAKER: Robt J Turner Jr — ADDRESS: 1342 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

Q0869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 00869

1-PLACE OF DEATH

REGISTERED No.....

CITY OF BALTIMORE: (No. 126 Aisle Ave. ST., WARD)

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James M. Christie

(a) RESIDENCE No. 126 Aisla Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Christie

6 DATE OF BIRTH (month, day, and year) Meh. 12, 1850.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Christie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Nancy McClung

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Belle M. Christie

(Address) 126 Aisla Ave

15 Filed AUG 3 - 1925 ROBERT R. KRAUTER, Registrar

Special Permit [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1925

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1925 to July 31, 1925.

that I last saw h[illegible] alive on July 30, 1925.

and that death occurred, on the date stated above, at [illegible] M.

The CAUSE OF DEATH* was as follows:

Exhaustion + Trauma

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carl Sumner, M. D.

7/31, 1925 (Address) 4706 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Aug 3 1925
20 UNDERTAKER	ADDRESS
Wm C. Black	927 N Broadway

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00870

CERTIFICATE OF DEATH.

7/4-001

E 00870

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1800 N. Caroline ST., (WARD) 6-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia S. Forrester

(a) RESIDENCE No. 1800 N. Caroline ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry C. Forrester

6 DATE OF BIRTH (month, day, and year): Oct. 1876

7 AGE: Years 48 Months 9 Days If LESS than 1 day, hrs. or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Henry Schelhaase

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Fishack

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Jos. Jay Ist

(Address) 1810 E. 28th St.

15 AUG 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31 19 25

17

I HEREBY CERTIFY, That I attended deceased from June, 1925, to July 31, 1925,

that I last saw her alive on July 31, 1925,

and that death occurred, on the date stated above, at 11 a m

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypertension (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W W Pearce, M. D.

Aug 3, 1925 (Address) 205 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	Aug. 3, 1925
20 UNDERTAKER	ADDRESS
Margaret G. Flynn	1477 Light St.

Spec.—1-10-21—M&T 1500 Bks. E871

00871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 E 00871

REGISTERED NO. 16-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chris. C. Graham

(a) RESIDENCE NO. 500 N. Highland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edw. Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Baltimore City Hospitals Records

AUG 3 - 1925

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1925

17 I HEREBY CERTIFY, That I attended deceased from July 3 1925 to Aug. 1 1925.

That I last saw him alive on Aug 1 1925.

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Enteritis (non specific

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller M. D.

8/1 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Aug 4 1925
20 UNDERTAKER	ADDRESS
Henry Hoerle Son	1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00872

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 539 N. Washington ST., WARD) 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor C. Campbell

(a) RESIDENCE NO. 539 N Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Thomas J. Campbell

6 DATE OF BIRTH (month, day, and year) July 2 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Patrick J. Gannon

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Marie E. Carr

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant Wm. Thomas J. Carr

(Address) 539 N. Washington Ave

15 Filed AUG 3 1925 19 HUBERT F. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1925 to Aug. 1 1925

that I last saw her alive on July 31, 1925

and that death occurred, on the date stated above, at 8 10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. H. Hayden M. D.

8/1/25 19 (Address) 1216 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Aug. 4 1925

20 UNDERTAKER: Henry Hoech Son — ADDRESS: 1301 E Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00873

CERTIFICATE OF DEATH.

49

E 00873

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1827 W. Franklin St., ... Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Cora Virginia Dennis

(a) Residence No. 1827 W. Franklin St., ... Ward (If non-resident give city or town and State)

(Usual place of abode) Resident

Length of residence in city or town where death occurred 59 yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? 59 yrs. 4 mos. 20 ds.

NO-5

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Dennis

6-DATE OF BIRTH (month, day and year) March 14 1866

7-AGE, 59 yrs. 4 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER Andrew Wilson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER Lucy Booker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Maryland

14-

(Informant) Miss E. Mildred Dennis

(Address) 1827 W. Franklin St. (daughter)

15-Filed AUG 3 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 31st 1925

17-I HEREBY CERTIFY, That I attended deceased from July 21st 1925 that I last saw h... alive on July 31st 1925

and that death occurred on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Uterus

Metastasis Pelvis & Ileum

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Dr Lynn Redy Eastown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Geo. H. Kleinemer M. D.

(Address) 530 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery

DATE OF BURIAL Aug 3 1925

20-UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

00874

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00874

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1019 Bennett Place St., (Ward) 29

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Groome Straughn

(a) RESIDENCE NO. 1019 Bennett Place ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of John Straughn

6 DATE OF BIRTH (month, day, and year) Sept 9 1838

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	11	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Easton (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER Groome

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Mrs Julia Fletcher
(Address) 1019 Bennett Place

15 3 - 1925 , 19 Robert F. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1925

17

I HEREBY CERTIFY, That I attended deceased from July 10 , 1925 , to Aug 2 , 1925 , that I last saw her alive on Aug 2 , 1925 , and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Senile Cystitis

(duration) — yrs. — mos 23 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) Unknown ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) Charles Gilpin, M. D.

Aug 3, 1925 (Address) 1111 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Easton, Md.	Aug 3 1925
20 UNDERTAKER H. E. Hughes & Bro	ADDRESS N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

Eva Nowak.

00875

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00875

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5045. Rose ST., WARD 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Nowak

(a) RESIDENCE NO. 5045. Rose ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/1/25

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Edward Nowak

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Barbara Szczerowska

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Mother
(Address) 507 S. Rose St.

15 Filed 1925 Aug 3 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/3 1925

17

I HEREBY CERTIFY, That I attended deceased from 8/1, 1925, to 8/3, 1925,

that I last saw h.... alive on ....., 19....,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Premature birth.

Duration of pregnancy between 6 & 7 months

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Heart failure & cardiac

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Ivy N Quattlebaum, M. D.

(Address) 1623 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. DATE OF BURIAL Aug 3rd 1925.

20 UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann

Spec- 12-23-21—E.B.R.S.—400 Bks.

E 00876 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00876

CERTIFICATE OF DEATH. 161-002

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1129 Sharp St St., ... Ward) 10-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Spence

(a) Residence No. 1129 Sharp St St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): August 1, 1925

7-AGE: 0 yrs. 0 mos. 1 ds. If LESS than 1 day ..... hrs. or ..... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore, Md.

PARENTS:
10-NAME OF FATHER: George Edward Spence
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Jamaica
12-MAIDEN NAME OF MOTHER: Leah Lucinda Lynch
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Jamaica

14-
(Informant)
(Address)

15- Filed 3 Aug 1925 192 Robert E. Barr, Jr. Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): August 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from August 1 1925 to ..... 19..... at Childs Hd
that I last saw her alive on August 1 1925
and that death occurred, on the date stated above, at 1:45 A m.
The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bessie L. Moses M. D
, 19 (Address) 2324 Eastern Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL ..... 19....
20-UNDERTAKER	ADDRESS

AUG 3 - 1925

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

18 3289 E 00877 — CERTIFICATE OF DEATH. — 113 — E 00877

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp ST., (WARD) 14-1

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Wallo

(a) RESIDENCE NO. 2112 Brunt St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 3 | Months 4 3 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER Edward Wallo

11 BIRTHPLACE OF FATHER (city or town) (State or country): S C.

12 MAIDEN NAME OF MOTHER ? Wallo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Rel 2112 Brunt St

15 Filed , 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25 , 1925 , to July 28 , 1925 , that I last saw him alive on July 28 , 1925 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diarrhea Prot Dysentery

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) C. O. Scott, M. D.

8-1-, 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL

20 UNDERTAKER — ADDRESS

Commissioner of Health — AUG 3 - 1925

Harry P. Harrison
Asst. Chief Clerk

3-1925

E 00878 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00878

CERTIFICATE OF DEATH. 182

1-PLACE OF DEATH

City of BALTIMORE: (No. Stone Quarry Gwynn Falls Park Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry A. Kettler

(Residence in Baltimore: No. 3733 Catonsville Rd St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. May (Month) 10 (Day) 1916 (Year)

7-AGE. 9 yrs. 2 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS:

10-NAME OF FATHER. Charles H Kettler

11-BIRTHPLACE OF FATHER, (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Amalia R. Dietterich

13-BIRTHPLACE OF MOTHER, (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amalia R. Kettler

(Address) 3733 Catonsville Rd

15- Filed AUG 3 1925 Robert P. Harrison, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July (Month) 27 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell in Quarry hole

(Duration) yrs. mos. ds.

(Signed) Chas. S. Norton M. D.

(Other)

Aug 2nd 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Western Cemetery Aug 3 1925

20-UNDERTAKER. ADDRESS

F.O. Wagner 855 W. Balto St

Cor.—1-12-23—M&T—100 Blks.

(Lake Drive & Linden Av)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00879

CERTIFICATE OF DEATH

00879

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Record Office ST., Lakeside Driveway WARD 10

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara M. Lindsay

(a) RESIDENCE NO Record Office ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem.	C	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 14 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
			19	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Beer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER John Lindsay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Catherine Beckler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

Informant Mrs. Lindsay
(Address) Record Office

Died Aug 3 1925 [illegible] Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Convulsions (Coroner)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Morrissey (Coroner) M. D.

Aug 2 1925 (Address) 563 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Aug 3 1925
20 UNDERTAKER Charles Alexander	ADDRESS 1406 Druid Hill Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00880 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00880

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1334 Cleveland St., Ward) 2 W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horace Nathan Creel

(a) Residence No. 1334 Cleveland St. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: Col

5-Single, Married, Widowed, or Divorced, (Write the word.)

If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 3 1871

7-AGE, ... yrs. 10 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER Horace Creel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Mills

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mrs. E. Creel

(Address) 27 W. Lanvale St.

15- Filed ..... 192 ..... Registrar.

Roberts PJ Harrison

S - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 8/3/25

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Aug 3 1925.

that I last saw him alive on Aug 2 1925

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Interstitial Gastritis

(Duration) ..... yrs. 1 mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. Reed Dawson, M. D.

, 19 (Address) 1334 Cleveland St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: MT Auburn Cem — DATE OF BURIAL: 8/4/1925

20-UNDERTAKER: Dame Keating — ADDRESS: Balto

Cor.—1-12-23—M&T—100 Bks.

E 00881

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00881

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 S Bond ST., WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm A Wright

(a) RESIDENCE NO. 122 S Bond ST., WARD 4

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colod	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Herbert Johnson

(Address) 916 Pelham Ave

15 Filed Aug 3 1925, 192.... Registrar

Burial Permit issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos 1 ds.

Cardiac Failure

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

(Signed) C C Slade, Coroner, M. D.

Aug 3/20/25 192.... (Address) 24 S Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 8/5/1925

20 UNDERTAKER Dunn Earhart — ADDRESS 96 Cen

Spec.—1-10-21—M&T—1500 Blks.

E 00882

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00882

CERTIFICATE OF DEATH. 155

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE, (No. 300 Calvert ST., C WARD)

REGISTERED NO. 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeanette Schultz. - 25-

(a) RESIDENCE, No. 42 Myrtle St. - ST. [redacted] WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single. -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Maryland. - (State or country)

PARENTS

10 NAME OF FATHER Rev. Michael Schultz.

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Nellie Meurer.

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Joseph Ebert (Address)

15 Filed 3-1-1925, 19 [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1925

17

I HEREBY CERTIFY, That I attended deceased from July 30, 1925 to Aug 1, 1925.

that I last saw her alive on Aug 1, 1925

and that death occurred, on the date stated above, at 8.50 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Intra-muscular injection

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Tuberculosis right Thigh

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home -

Did an operation precede death? Yes Date of July 31, 1925

Was there an autopsy? No. -

What test confirmed diagnosis? Clinical. -

(Signed) H. P. Bryant, M. D.

, 19 (Address) Mercy Hospital -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem	8/4/25
20 UNDERTAKER	ADDRESS
Engel & Finley Fulton V	Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 00883

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00883

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., BALTIMORE CITY HOSPITALS WARD) 3

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Meyers

(a) RESIDENCE NO. 673 Calverton Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	79 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Charles Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Baltimore City Hospitals Records

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1925

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1925 to Aug. 3, 1925.

that I last saw h[illegible]ive on Aug 3, 1925,

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

8/3, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL Aug 5 1925

20 UNDERTAKER Geo W Little — ADDRESS 7780 Edmondson Ave

Spec.—1-10-21—M&T—1500 Blks.

E 00884 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00884

CERTIFICATE OF DEATH. 52

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3034 Harlem Ave. ST., WARD) 10

2-FULL NAME Robert Marvin Hennemann

(a) RESIDENCE NO. 3034 Harlem Ave. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 6 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	13	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER Geo H. Hennemann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER Edith O. Brundage

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant Geo H. Hennemann
(Address) 908 Harlem Ave

Filed AUG 3 1925, 19 Robert F. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 2 1925

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1925, to Aug. 2, 1925, that I last saw him alive on Aug. 2, 1925, and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic poly arthritis
(Still's Disease)

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Fred B Smith, M. D.

(Address) 11 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Loudon Park — DATE OF BURIAL AUG 4 1925, 19

20 UNDERTAKER Geo W Little — ADDRESS 1760 EDMONDSON AVE.

Spec. 1 19 21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00885 CERTIFICATE OF DEATH. X 118-001 E 00885

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST., WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles. R. McCarthy.

(a) RESIDENCE NO. 1119 H. St. ST., WARD Sparrows Point. Md.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male. | 4 COLOR OR RACE White | 5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary McCarthy.

6 DATE OF BIRTH (month, day, and year) Sept 28.-97

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
32	32.	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Ind. Steele Co

9 BIRTHPLACE (city or town) (State or country) ~~Scotland~~ Penn.

PARENTS

10 NAME OF FATHER Wm McCarthy.

11 BIRTHPLACE OF FATHER (city or town) Scotland. (State or country)

12 MAIDEN NAME OF MOTHER Mary Adamson.

13 BIRTHPLACE OF MOTHER (city or town) Scotland (State or country)

14 Informant (Address) Mary McCarthy 1119 H. St Sparrows Pt.

15 [illegible] Robert F. Harrison Registrar

8-1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1925

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1925, to Aug 1, 1925, that I last saw h. alive on Aug 1, 1925, and that death occurred, on the date stated above, at 1 25 A m.

The CAUSE OF DEATH* was as follows:

Shock - following Operation - (over)

(duration) yrs. mos 8 hrs.

CONTRIBUTORY (Secondary) Cardiac Anemia. (duration) yrs. mos. 1 mo. 1a

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July 31.

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) James H. Nelson, M. D.

19 (Address) So. Balto Gen'l Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pittsburg, Pa.

20 UNDERTAKER J. J. Moran

DATE OF BURIAL 8/4/ 1925

ADDRESS 3000 E. Balto St.

Spec.—1-10-21—M&T—1500 Bks.

E 00886

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00886

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1517 E. Chase ST., WARD)

2-FULL NAME Joseph P. McLaughlin

(a) RESIDENCE No. 1517 E. Chase ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 12, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Andrew McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Abby Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. W. Tucker

(Address) 1422 33rd St, N.W. Wash. D.C.

15 Filed 3 1925, 19 Robert P. Harrison,

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3 1925

17

I HEREBY CERTIFY, That I attended deceased from July 11, 1924, to ....., 19....

that I last saw h— alive on July 13, 1925,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue and pharynx

(duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? General examination

(Signed) Robert E. Fuchs, M. D.

, 19 (Address) 1418 Eutaw Place, City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL Aug 3, 1925

20 UNDERTAKER Margaret A. Flynn

ADDRESS 1422 Eutaw St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00887. HEALTH DEPARTMENT—CITY OF BALTIMORE E 00887

CERTIFICATE OF DEATH. 74-001

Registered No. 73

1-PLACE OF DEATH

City of BALTIMORE: (No. 1357 Hull St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary E. Burns

(a) Residence No. 1357 Hull St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. Burns

6-DATE OF BIRTH (month, day and year) Jan. 24, 1858

7-AGE. 67 yrs. 6 mos. 8 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer). Housewife

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Philip Kelly

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Bridget Kelly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant). Mary Burns

(Address) 1357 Hull St.

15- Filed 8-1925 1925 Robert F. J. Harrison Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 3. 1925

17- I HEREBY CERTIFY, That I attended deceased from June 10 1925 to Aug 3 1925

that I last saw h... alive on Aug 2 1925

and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Nephritis chron

(Duration) ...yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Roth, M. D.

8-3, 1925 (Address) 1202 W. North

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National Cem. DATE OF BURIAL. Saturday 5 1925

20-UNDERTAKER. Margaret A. Flynn ADDRESS 1422 Light St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00888

CERTIFICATE OF DEATH.

45

E 00888

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3504 Edgewood Road St. Ward 24) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roberta Rebecca Fiske

(a) Residence No. 3504 Edgewood Road, Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? 72 yrs. 8 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Fiske

6-DATE OF BIRTH (month, day and year) Nov-15-1852

7-AGE, 72 yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9-BIRTHPLACE (city or town) Baltimore (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, John B. Stewart

11-BIRTHPLACE OF FATHER (city or town) Churchville (State or Country) Harford Co. Md.

12-MAIDEN NAME OF MOTHER, Rebecca Walton

13-BIRTHPLACE OF MOTHER (city or town) Churchville (State or Country) Harford Co. Md.

11- (Informant) Mr. F. S. Fiske-(Son)

(Address) 3504 Edgewood Road.

15- Filed AUG 4 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 1st 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug, 1924 to Aug 1st, 1925, that I last saw h alive on Aug 1st, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Smith M. D.

Aug 2, 1925 (Address) 4309 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL Aug 4, 1925

20-UNDERTAKER STEWART & HOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

E 00889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 00889

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1239 William St. St.,..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret House.

(Residence in Baltimore: No. 1239 William St. St.; yrs. 30 mos. ------- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Female	White.	Married

6-DATE OF BIRTH: September 11, 1890 (Month) (Day) (Year)

7-AGE. 34 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Annapolis, Md

PARENTS

10-NAME OF FATHER: Thomas Sherbert.

11-BIRTHPLACE OF FATHER, (State or Country): Maryland.

12-MAIDEN NAME OF MOTHER: Catherine Lind.

13-BIRTHPLACE OF MOTHER, (State or Country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton House.(husband)

(Address) 1239 William St.

15-

Filed AUG 4 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

Aug. 4th. 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem.	August 5 1925

20-UNDERTAKER.	ADDRESS
Wm. C. Welch & Son	2334 Jefferson St.

Spec.—1-10-21—M&T—1500 Bks.

E 00890 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 31 E 00890

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 804 N Rose ST., WARD) 17

2-FULL NAME Robert L. Burnenstein

(a) RESIDENCE NO. 804 N. Rose ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ The Late Bessie R Burnenstein

6 DATE OF BIRTH (month, day, and year) July 27-1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	—	6.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): 93

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John J. Burnenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Fannie Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Fannie Burnenstein

(Address) 804 N Rose St

15 Filed AUG 4 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25 1925, to Aug 2, 1925.

that I last saw h[illegible] alive on August 2 1925

and that death occurred, on the date stated above, at — 1 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas H Goodbrough M. D.

, 19 (Address) 2923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 6 1925
20 UNDERTAKER	ADDRESS
Russ C. Miller Sr	2587 Jeff

FION IS very important

Spec.—1-10-21—MAT—1500 Blks.

E 00891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 00891

REGISTERED No. 20

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Kappa Dukeland ST., 24 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Stradtman

(a) RESIDENCE NO. 1811 Covington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 11 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lola R. Stradtman

6 DATE OF BIRTH (month, day, and year): Aug 31-1887

7 AGE — Years: 37 — Months: 11 — Days: 2 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steam fitter

(b) General nature of industry, business, or establishment in which employed (or employer): 060

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: George Stradtman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Kramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. L. Stradtman

(Address): 1811 Covington

15 AUG 4 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 3 19 25

17

I HEREBY CERTIFY, That I attended deceased from July 7, 19 25, to August 3, 19 25, that I last saw him alive on August 3, 19 25, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Diabetis mellitus

Pulmonary tuberculosis

Ulcerative rectal abscess

(duration) yrs. 6 mos de.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. 2 de.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) G. H. Mitchell, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 8/5 1925

20 UNDERTAKER: J. Fred McCully

ADDRESS: 130 E Fort

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00892

CERTIFICATE OF DEATH.

90

E 00892

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2727 Jefferson ST., WARD)

2-FULL NAME Nicholas W Straub.

(a) RESIDENCE NO. 2727 Jefferson ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Baer

6 DATE OF BIRTH (month, day, and year): May 11 1852

7 AGE — Years: 73 — Months: 2 — Days: 21 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Nicholas Straub

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothea

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Amelia Straub

(Address) 2727 Jefferson St

AUG 4 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 - 1925

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to August 1st, 1925; that I last saw h[illegible] alive on August 1st, 1925. and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Chronic Valvular Heart Disease

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) E. H. Meyer Jr., M. D.

(Address) 1520 E 33rd st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Aug 7 1925

20 UNDERTAKER: John Merrick

ADDRESS: 810 Eutaw St

Spec.—1-10-21—MAT—1500 Bks.

182809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 38 E 00893

00893

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., (WARD)

2-FULL NAME William Thomas

(a) RESIDENCE NO. Pikesville P. O. Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margie Thomas

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 49 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Charles Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margaret Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Records
(Address): Johns Hopkins Hospital

15 AUG 4 - 1925 ROBERT R. KRAUTER, Registrar
Chief Permit Clerk.

THIS IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 3 1925

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1925, to August 3, 1925, that I last saw him alive on August 3, 1925, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Gastric Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen, M. D.

Aug 3rd, 1925. (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville

DATE OF BURIAL: Aug 4 1925

UNDERTAKER: Jas. E. Wright

ADDRESS: 864 Mary

Spec.—1-16-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00894

CERTIFICATE OF DEATH. X 152

E 00894
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Vincents Inf Asy WARD) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Lee Harman

(a) RESIDENCE NO. St Vincents Inf Asy WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 2/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Sykesville (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Manchester (State or country) Co

14 Informant St Vincents Inf Asy (Address)

15 Filed AUG 4 1925, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 2 1925

17

I HEREBY CERTIFY, That I attended deceased from March, 1925, to August 3, 1925,

that I last saw her alive on August 2, 1925,

and that death occurred, on the date stated above, at 8 9, m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Furunculosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. R. Goldborough, M. D.

, 19 (Address) 2925 St Paul St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Aug 5 1925

20 UNDERTAKER Martin Fahey & Son ADDRESS 1921 North ave

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00895

CERTIFICATE OF DEATH.

89

E 00895

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3726 Virginia Falls Road ST.; WARD)

2-FULL NAME George Alfred Davis

(a) RESIDENCE No. 3726 Virginia Falls Road ST.; WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 9 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mae M. Davis

6 DATE OF BIRTH (month, day, and year) Dec 9th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk Balto City Courts

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto City Courts

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Wm H Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Virginia Linthicum

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mae M. Davis (Address) 3726 Virginia Falls Road

15 Filed AUG 4 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1925

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1925, to Aug 2, 1925, that I last saw him alive on Aug 1, 1925, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration (myocarditis)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Angina pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. exam.

(Signed) Fortus C. Baggett M. D.

19 (Address) 1015 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 8/5/25

20 UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Eastern

Spec.-1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00896 90 E 00896

REGISTERED NO.....

E 00896
1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4510 Maine ave ST., Zanesville WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosina Marie Thorne

(a) RESIDENCE NO. 4510 Maine ave ST., Zanesville WARD 24

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Michael Thorne

6 DATE OF BIRTH (month, day, and year) Aug 9/1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House

(b) General nature of industry, business, or establishment in which employed (or employer) work

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Augustus Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Edgar R. Hershman

(Address) 4510 Maine ave

15 Filed AUG 4 1925 19... ROBERT P. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Aug 2, 1925, that I last saw h[illegible] alive on Aug 2, 1925, and that death occurred, on the date stated above, at 9:15a m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration
+ arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gall stones

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clarence Smith M. D.

8/4, 19 25 (Address) 427 N Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 8/5/25 19

20 UNDERTAKER Geo. Huber & Son — ADDRESS 3503 Edmondson ave

Spec—1-10 2;—M&T—1500 Bks.

Marie Ross.

E 00897.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32 E 00897

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a Hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1104 Vilmer Ave ST., WARD 17

2-FULL NAME Marie Ross

(a) RESIDENCE NO. 1102 Wilmer ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos Eugene Ross

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE: Years 43 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balt. City Baltimore

PARENTS

10 NAME OF FATHER: —

11 BIRTHPLACE OF FATHER (city or town) (State or country): U. S. State

12 MAIDEN NAME OF MOTHER: Sarah Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U. S. State

14 Informant (Address): Albion Ross 1102 Wilmer Ave

AUG 4 - 1925

ROBERT R. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 4th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 28th, 1925, to August 4th, 1925, that I last saw he alive on August 4th, 1925, and that death occurred, on the date stated above, 11:40 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis meningitis.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pernicious Anemia (duration) yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) R. Le Ellis, M. D.

(Address) 924 Mass. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	August 4 1925

20 UNDERTAKER: Mark A. Elliott ADDRESS 1225 Eutaw

E 00898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7-4-001 E 00898

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 915 Peach Alley. St., Ward) W5-1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Butler.(C)

(Residence in Baltimore: No. 915 Peach Alley. St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Female	Colored	Single.

6-DATE OF BIRTH. Do not know. 1..... (Month) (Day) (Year)

7-AGE. 56 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS:

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucius Webster.(C)

(Address) 915 Peach Alley.

15. AUG 4 - 1925 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

Aug. 4, 1925 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Mt. Zion ct — DATE OF BURIAL, Aug 6 — 1925

20-UNDERTAKER, J. L. Brauns Son — ADDRESS 108 N Monty St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00899

CERTIFICATE OF DEATH.

57

E 00899
Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 863 W. Saratoga St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie Stewart

(a) Residence No. 863 W Saratoga St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced—HUSBAND of (or) WIFE of Frank Stewart deceased

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Tennessee

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Ruth Stafford

(Address) 863 W Saratoga St

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 2, 25

17- I HEREBY CERTIFY, That I attended deceased from July 27 1925 to Aug 2 1925

that I last saw h. alive on Aug 1 1925

and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 1½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

8/3 1925 (Signed) H S McCard M. D.

(Address) 2005 O'Dell av

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Zion ct — DATE OF BURIAL, Aug 5 — 1925

20-UNDERTAKER, W. W. Brown & Son — ADDRESS 106 W Monty

Spec—12-23-21—E.B.R.S.—400 Eks.

E 00900

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00900

CERTIFICATE OF DEATH.

X 90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 510 Court ad 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Clara Hill -

(a) Residence No.... 510 Court ad Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 10 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Col	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jim Hill -

6-DATE OF BIRTH (month, day and year) — 1865

7-AGE.	If LESS than 1 day,
60 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work @ Home.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Culpepper Virginia

PARENTS.

10-NAME OF FATHER, John Griffin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Culpepper Virginia

12-MAIDEN NAME OF MOTHER, Lucy Mason

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Culpepper Virginia

11- (Informant) Irving a Cole

(Address) 510 East of

AUG 4 - 1925

ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug - 3 - 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug - 2 1925 to Aug - 3 1925

that I last saw h[illegible] alive on Aug - 3 1925

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) — yrs. — mos. 1 ds

CONTRIBUTORY (Secondary) Chr Myocarditis -

(Duration) yrs. [illegible] mos. [illegible] ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? not Date of

Was there an autopsy? no.

What test confirmed diagnosis? none

(Signed) Dr J F Henderson M. D

8/5, 1925 (Address) 22 W - Lee

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mt Zion ct	Aug 6, 1925

20-UNDERTAKER,	ADDRESS
S. A. Brown's Son	108 N Mount st

Spec.—1-10-21—M&T—1500 Bks.

E 00901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

144

E 00901

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital ST., (WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (Mrs William White) Josephine White

(a) RESIDENCE NO. 115 1/2 Cedar ave WARD 17

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth 18 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr William White

6 DATE OF BIRTH (month, day, and year) Aug 5, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Wm James Cardwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Josephine Cardwell

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mrs William White (Address) 115 1/2 Cedar Ave, Roland Pk

15 AUG 4 - 1925 Filed ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2, 1925

17 I HEREBY CERTIFY, That I attended deceased from 1.30 AM Aug 2, 1925, to 10 PM Aug 2, 1925, that I last saw her alive on Aug 2, 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Placenta Previa

(duration) — yrs. — mos. 28 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home of deceased

Did an operation precede death? Yes Date of Aug 2, 1925

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Jos. H. Nat Wilkerson, M.D.

, 19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Aug 5 1925

20 UNDERTAKER Horace F. Burgee ADDRESS 3631 Falls Rd.

SECTION 14 very important—See instructions

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00902

CERTIFICATE OF DEATH.

49

E 00902

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2121 St Clair Lane St., Ward) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Horace Missel

(a) Residence No..... 2121 St Clair Lane St., Ward.....

(Usual place of abode) (If not a resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 27 1914

7-AGE. 11 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... School boy

(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

(c) Name of employer..... 0

9-BIRTHPLACE (city or town) (State or Country), Minnesota

PARENTS.

10-NAME OF FATHER, George Missel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Catherine Kuchenmeister

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md.

11- (Informant).. George Missel

(Address)... 2121 St Clair Lane

AUG 4 - 1925

ROBERT R. KRAUTER, Registrar.

Filed.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 3. 1925

17- I HEREBY CERTIFY, That I attended deceased from July 1 1925 to Aug. 3 1925

that I last saw him alive on Aug. 2 1925

and that death occurred, on the date stated above, at 12 29 P.M.

The CAUSE OF DEATH* was as follows:

Sarcoma of Femur

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of

Was there an autopsy? No.

What test confirmed diagnosis? Speciamin + Laboratory

(Signed) Herbert C Blake M. D.

19 (Address) 1014 N. Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Carmel Cem. — DATE OF BURIAL. Aug 6 1925

20-UNDERTAKER. Henry Sander Son Inc. — ADDRESS 1710 East 11

Herbert Blake M. D. 1014 N. Lafayette Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 00903

CERTIFICATE OF DEATH.

38 E 00903

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: No. 1122 N. Mount ST., WARD 6-3

2-FULL NAME Frank Ackerman

(a) RESIDENCE NO. 4015 Monford Ave. WARD 6

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

109 N. Belnord Ave.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie Ackerman

6 DATE OF BIRTH (month, day, and year) June 18, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck driver

(b) General nature of industry, business, or establishment in which employed (or employer) Hauling

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Nicholas Ackerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Buchmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs Thomas E. Watson 109 N. Belnord Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 4 1925, to Aug. 2 1925.

that I last saw h[illegible] alive on Aug. 2 1925.

and that death occurred, on the date stated above, at 11 25 P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Syphilitic cirrhosis of liver (duration) yrs. 5 mos. 6 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clin. data

(Signed) Edward L. Mead, M. D.

, 19 (Address) 16 E Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL Aug 6 1925

20 UNDERTAKER Henry Sander Sons Inc — ADDRESS 1710 Pleasant

TION is very important. Be sure

Spec.—1-12-23—M&T—500 Blks.

E 00904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00904

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 Marine Hospital Ft) 3/4 Remington ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter ~~Ericsson~~ Eriksson 13

(a) RESIDENCE NO. 3024 Berkshire Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs. Peter Ericsson

6 DATE OF BIRTH (month, day, and year) Dec 26, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63		7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sea Captain

(b) General nature of industry, business, or establishment in which employed (or employer) Sea going

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs. Ida S. Eriksson (Address) 3024 Berkshire Road

15 AUG 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Aug 2, 1925, that I last saw him alive on Aug 2, 1925, and that death occurred, on the date stated above, at 4 10 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Abscess chest wall 6 wks

Cellulitis arm (duration) yrs. mos. few ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Drainage Abscess about 6 wks ago Date of

Was there an autopsy? No

What test confirm diagnosis? Microscopic

(Signed) H Feather M. D.

(Address) USMarine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Aug 5 1925

20 UNDERTAKER Henry Sanders Son Inc. — ADDRESS 1720 Pearl St

Spec.–12-23-21–E.B.R.S.–400 Bks.

E 00905 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00905

CERTIFICATE OF DEATH

74-001

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 36 E. Spring Ave St., Raspeburg Ward) NW

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Baumbach

(a) Residence No. 36 E. Spring Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Baumbach

6-DATE OF BIRTH (month, day and year) Dec 1, 1865

7-AGE. 59 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Clothing Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 15 years

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country). Malta Md

PARENTS.

10-NAME OF FATHER Andrew Baumbach

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Elizabeth Stein

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Annie E. Baumbach (Address) 36 E. Spring Ave

15- AUG 4 - 1925 ROBERT R. KRAUTER Registrar. Deputy Health Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) August 1925

17- I HEREBY CERTIFY, That I attended deceased from 1920 to Aug. 28 1925

that I last saw h alive on 19

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) yrs. 6 mos. ds

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 5 yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustave A Dietz M. D.

8/2/ 1925 (Address) Overlea

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery — DATE OF BURIAL. Aug 4 1925

20-UNDERTAKER. Henry Sander Sons — ADDRESS. 1710 Eliza St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00906

CERTIFICATE OF DEATH.

7/4-001 E 00906

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 w North Ave ST.) WARD 15-9

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary R. Hewell.

(a) RESIDENCE No. 2409 w North AVE ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white. | 5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Wm O Hewell

6 DATE OF BIRTH (month, day, and year) February 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	✓	✓	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: house work
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Wm Meyrsinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Mary Cadwford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Wm O Hewell
(Address): 711 E 36th St

15 Filed AUG 4 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

cerebral Hemorrhage

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) no other contributory

(duration) ... yrs. ... mos. ... ds.

(Signed) D. T. Hennessy M. D. (Coroner.)

Aug 4, 1925 (Address) 2 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 4th 1925
20 UNDERTAKER: John Cowan & Son Co, J. J. Cowan,	ADDRESS: 701 Holliday St

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00907

CERTIFICATE OF DEATH.

90

E 00907

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 729 Sterling St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Crawford

(a) Residence No. 729 Sterling St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fe

4-COLOR OR RACE: B

5-Single, Married, Widowed, or Divorced, (Write the word.): married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): 1886

7-AGE. 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED: house work

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): Md. D.

PARENTS.

10-NAME OF FATHER: John F. Griffin

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md. D.

12-MAIDEN NAME OF MOTHER: Mamie Robson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): V. a.

11- (Informant) Birta Bairle

(Address) 729 Sterling st.

15- AUG 4 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 8-2-1925

17- I HEREBY CERTIFY, That I attended deceased from July 12, 1925 to July 29, 1925 that I last saw h[illegible] alive on July 29, 1925 and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Ch Myocarditis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) D. L. Hornstein M. D.

8/4, 1925 (Address) 733 Asquith St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery — DATE OF BURIAL: aug 5 1925

20-UNDERTAKER: Edward Bryan — ADDRESS: 651 orleans st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00908

CERTIFICATE OF DEATH. 161-002

REGISTERED No. E 00908

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Lemmon ST., WARD) 6-

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Sewell

(a) RESIDENCE No. 1606 Lemmon ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 4 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 19 1925

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
—	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Johns Hopkins Hospital.
(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Freddie Garner

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Sewell

13 BIRTHPLACE OF MOTHER (city or town) Kent Island
(State or country) Md.

14 Informant Johns Hopkins Hospital.
(Address)

15 Filed ROBERT R. KRAUTER, AUG 4 - 1925 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1925

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1925, to Aug 3, 1925.

that I last saw him alive on Aug 2, 1925

and that death occurred, on the date stated above, at 6 00 A m.

The CAUSE OF DEATH* was as follows:

Intra-cranial hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. E. Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery

DATE OF BURIAL Aug 5 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St.

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00909

CERTIFICATE OF DEATH. X 135

E 00909

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Brown

(a) RESIDENCE NO Buckeystown Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nina Brown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Ephraim Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Nina Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Thomas P Rice

(Address) Frederick Md.

15 Filed AUG 4 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 3 1925

17

I HEREBY CERTIFY, That I attended deceased from July 25 1925, to August 3 1925, that I last saw him alive on August 3 1925, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Prostatic hypertrophy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilitation heart.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 29, 1925

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) R S Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR~~ REMOVAL	DATE OF BURIAL
Frederick F. Catholic Hope Hill Cem Md	Aug 5 1925
20 UNDERTAKER	ADDRESS
Thomas P Rice.	Frederick Md

TION is very important. See instructions on back

Spec.—1-10 21—M&T—1500 Blks.

E 00910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 00910

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 Fleet ST., WARD) 3

2-FULL NAME Martin Birlat

(a) RESIDENCE NO. 1933 Fleet ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 99 yrs. ... mos. — ds. How long in U. S., if of foreign birth? 39 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Mary Birlat.

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 63 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Colour Poland

PARENTS

10 NAME OF FATHER: Luke Birlat

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Mrs Mary Birlat (wife)
(Address) 1933 Fleet St

15 Filed AUG 4 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 1925

17 I HEREBY CERTIFY, That I attended deceased from May 5 1925 to Aug 1 1925 that I last saw him alive on Aug 1 1925 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. 4 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rydzewski M.D.

19 (Address) 1301 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Hamilton Cem.

DATE OF BURIAL: Aug. 5. 1925

20 UNDERTAKER: M F Sadowski

ADDRESS: 905 N. Ann

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

E 00911 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00911

CERTIFICATE OF DEATH. 31

REGISTERED NO. 2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Ma Jene Hosp. ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Rowe

(a) RESIDENCE NO. #3 Lewiston Rd ST. WARD F

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3¼ yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER J. C. Rowe.

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Mary O. Rill

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) md

14 Informant Mrs. J. C. Rowe (Address) #3 Lewiston Rd

15 AUG 4 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/3 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/21, 1925, to 8/3, 1925

that I last saw h[illegible] alive on 8/3, 1925

and that death occurred, on the date stated above, at 2. P. m.

The CAUSE OF DEATH* was as follows:

J. B. Pulmonalis - a

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) J. B Meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? none Clinical Symptoms

What test confirmed diagnosis?

(Signed) Jno C Tompkins, M. D.

, 19 (Address) Mt Wash Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Lutheran Arcadia DATE OF BURIAL Aug 6, 1925

20 UNDERTAKER William Cook ADDRESS 502 E North Ave

TION is very important. See instructions on back.

Spec.—1-10-21—M&T—1500 Blks.

E 00912

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00912

CERTIFICATE OF DEATH. 159-003

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD) —

2-FULL NAME Anita Hargrave

(a) RESIDENCE NO. 2118 Barclay ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1925

7 AGE — Years: ..... Months: 4 Days: ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Vincent Hargrave

11 BIRTHPLACE OF FATHER (city or town) (State or country): Michigan

12 MAIDEN NAME OF MOTHER: Barbara Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Records (Address): Johns Hopkins Hospital

15 AUG 4 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Aug 3, 1925, that I last saw her alive on Aug 3, 1925 and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Multiple Congenital Anomalies

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) [illegible] M. D.

Aug 3, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug 5 1925

20 UNDERTAKER: Windell Duffy & Son — ADDRESS: 3733 N

TION is very important. See instructions on back

Spec.—1-10-21—M&T—1500 Bks.

E 00913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 00913

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1111 Argyle Ave ST., WARD) 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Whittington

(a) RESIDENCE NO. 1111 Argyle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Whittington

6 DATE OF BIRTH (month, day, and year): Mar. 15-1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Henry T. Wash

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Richard Whittington 1111 Argyle Ave

AUG 4 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 1925

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1925, to Aug 1, 1925, that I last saw her alive on July 31, 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows: Acute Phthisis Pulmonaris

(duration) yrs. 3 mos 24 ds.

CONTRIBUTORY (Secondary) Exposure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Williamsport Pa

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Tuberculin Burnett in sputum

(Signed) Thos Woolridge, M. D.

8-4-1925 (Address) 703 W Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Hope Cem Clay 4 | DATE OF BURIAL: 8/8

20 UNDERTAKER: Richard T. Hemsley | ADDRESS: [illegible]

TION is very important. See instructions on back of certificate.

E 00914 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 31 E 00914

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1019 Peach Alley. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Green.(C) 13-1

(Residence in Baltimore: No. 1019 Peach Alley. St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	Colored	Single.

6-DATE OF BIRTH. ..... Do not know. ..... 1..... (Month) (Day) (Year)

7-AGE. 28 yrs. ---------- mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer). Rag shop.

9-BIRTHPLACE, (State or Country). Chicago Ill.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TREE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Jones.(C)

(Address) 1115 S.Sharp St.

15- AUG 4 - 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage.
Tuberculosis.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Duration ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Reinhardt M. D. (Coroner.)

Aug. 4, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cem	Aug 4 1925

20-UNDERTAKER. Samuel Hemsley ADDRESS 1621 W. Baltimore St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00915

CERTIFICATE OF DEATH.

90 E 00915

REGISTERED No. 14-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Linden ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac C. Taylor

(a) RESIDENCE NO. 1701 Linden Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Taylor

6 DATE OF BIRTH (month, day, and year) March 30, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John B. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lotta Riggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Nellie Taylor (Address) 1701 Linden ave

15 AUG 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3, 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

organic heart disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

, 192 (Address) 200 E Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Leatherbury	Aug 6 192 5
20 UNDERTAKER Wm Geo H Holland	ADDRESS 163 Druid Hill ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 44 E 00916

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., WARD 1-1

2-FULL NAME Edward J Bode

(a) RESIDENCE NO. Hurlbut Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

886

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Charles Bode

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant (Address) Register

Filed APR 4 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 - 1925

17

I HEREBY CERTIFY, That I attended deceased from July 31 - , 1925, to Aug 3 - , 1925.

that I last saw him alive on Aug 3 - , 1925.

and that death occurred, on the date stated above, at 3.35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pneumonia bilateral

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of July 31 '25

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) H. C. Reichert, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Crematory — DATE OF BURIAL: 8/4/25

20 UNDERTAKER: Joseph Adrers — ADDRESS: 221 Bway

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00917

CERTIFICATE OF DEATH.

160 E 00917

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Hanover ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gloria Lillian Pumphrey

(a) RESIDENCE NO. 1123 Hanover ST.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 26 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edgar Pumphrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Gertrude Beuler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Mr. Edgar Pumphrey 1123 S. Hanover St.

15 Filed AUG 4 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1925

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1924, to Aug 3, 1925.

that I last saw her alive on Aug 2, 1925

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lawrence, M. D.

(Address) 2 E Randall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem. DATE OF BURIAL Aug 4 1925

20 UNDERTAKER Wm J. Pickerell Sons ADDRESS Notre Dame Pa

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00918

CERTIFICATE OF DEATH.

122-001

Registered No. 5

1-PLACE OF DEATH

City of BALTIMORE: (No. 2550 Madison ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Wolder

(a) Residence No. 2550 Madison ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) W

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Wolder

6-DATE OF BIRTH (month, day and year) 1865

7-AGE. 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Salmon Lease

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Jacob Wolder

(Address) 2550 Madison ave

Filed AUG 4 - 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) aug 3 - 25

17- I HEREBY CERTIFY, That I attended deceased from July 7, 1925 to Aug 3d, 1925

that I last saw h[illegible] alive on Aug 3 1925, and that death occurred, on the date stated above, at 6 30 P. M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

Date Known

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Howard L. Dilworth M. D.

, 19 (Address) 796 Liberty Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Pikesville Hebrew Cem

DATE OF BURIAL. aug 5 19...

20-UNDERTAKER Jack Levin

ADDRESS 1139 E Balto

Spec.—1-10-21—MAT—1500 Blks.

183485

E 00919

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00919

CERTIFICATE OF DEATH.

74-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE, ~~Henry St~~ ST., WARD) N 1

2-FULL NAME ~~John H~~ Miller.

(a) RESIDENCE NO. 25 W. Spring Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Pauline Miller

6 DATE OF BIRTH (month, day, and year) March 2nd 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62 yrs	5	1	

8 OCCUPATION OF DECEASED Late a 62

(a) Trade, profession or particular kind of work ~~Horse~~ Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) at American Bank

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Maryland~~ Germany

PARENTS

10 NAME OF FATHER Christian Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Jarretta McKay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ~~England~~ Germany

14 Informant (Address) Records J.H.H.

15 Filed ..., 19 Registrar

4-1925 Burial Permit Sent. Robert H. Harrison,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1925, to August 4, 1925.

that I last saw him alive on August 4, 1925.

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

~~Acute~~ Cerebral Embolus

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) ~~Acute~~ Cerebral Embolus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Manfred Schlutmeier M. D.

, 19 (Address) Asst Surgeon Hop

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL Aug 6 1925

20 UNDERTAKER Lilly - Zeiler

ADDRESS 4008 Wash Blvd

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00920

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. University Apts St., 12 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Riddle Padgett

(a) Residence No. University Apts. St., 12 Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 43 yrs. 5 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Donaldee Padgett

6-DATE OF BIRTH (month, day and year) Feby 17 1882

7-AGE, 43 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Sunday Editor of

(b) General nature of industry, business, or establishment in which employed (or employer)..... Baltimore Sun

(c) Name of employer..... A. S. Abell Co.

9-BIRTHPLACE (city or town). (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER James E. Padgett

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER, Helen Heyde

13-BIRTHPLACE OF MOTHER (city or town). (State or Country) Frederick Md

11- (Informant) Mrs. Dora A. Padgett Wife

(Address) University Apts

13- Date Aug 4 1925 Registrar. Robert P. Harrison

Burial Permit 61813.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 3/25

17- I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....., that I last saw him alive on Aug 3rd, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Disease causing death)

(Duration) ....yrs. ....mos. 1/2 hr ds.

CONTRIBUTORY? (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jno. C. Whitehill M. D.

Aug 3, 1925 (Address) 730 E. Mount Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Aug 5 1925

20-UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 203 W. NORTH AVE.

INSTRUCTIONS ON BACK OF CERTIFICATE.

E 00921 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00921

CERTIFICATE OF DEATH. 188-003

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. Franklin Square Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME WILLIAM LINCOLN SELBY

(Residence in Baltimore: No. 713-N-Pulaski-St. St.; yrs. 24 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. June (Month) 1st (Day) 1867 (Year)

7-AGE. 58 yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) J. Geo. Bensel Co.

9-BIRTHPLACE, (State or Country) Eldersburg, Maryland

PARENTS.

10-NAME OF FATHER. Johnzie Selby

11-BIRTHPLACE OF FATHER, (State or Country). Eldersburg, Md.

12-MAIDEN NAME OF MOTHER. Rachel Kelly.

13-BIRTHPLACE OF MOTHER, (State or Country). Eldersburg, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jennye E. Selby, (wife)

(Address) 713-N-Pulaski-St. City.

15- Filed Aug 4 1925 192.. [illegible] Registrar. Burial Permit Clerk.

is very important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 1st (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I ... the remains described above, held an Investigation (Inquest, Autopsy or Inquiry) thereon and from the evidence ... find that said deceased came to ... death on the day stated above. Investigation Fire (Inquest, autopsy or Inquiry.)

The CAUSE OF DEATH* was as follows:

Fractured Skull - Hemorrhage Brain

(Duration) a few hours

CONTRIBUTORY (Secondary) Struck by auto

(Duration) ... yrs. ... mos. ... ds.

(Signed) Thos. B. Norton M. D.
Coroner.

Aug 4 192.5 (Address) Curtis Bay Balto. Md.

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death 0 yrs. 0 mos. ... ds. In the State 58 yrs. 2 mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 713-N-Pulaski-St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Freedom, Carroll Co., Md.	Aug-5-25 19

20-UNDERTAKER.	ADDRESS
STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

E 00922

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00922

CERTIFICATE OF DEATH.

16-002

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 Linwood Blvd ST., 9-3 WARD)

2-FULL NAME Mabel Claire Brothers

(a) RESIDENCE NO. 2926 Linwood Blvd ST., WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec 4 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Harold Brothers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co. Maryland

12 MAIDEN NAME OF MOTHER: Lora Burrier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Harold Brothers Father 2926 Linwood Blvd

15 Aug 4 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 3 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to Aug 3 1925, that I last saw h[illegible] alive on Aug 2, 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Acute Bacillary Dysentery

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. L. Gordy M. D.

(Address) 218 Hopkins Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	8/5 1925
20 UNDERTAKER	ADDRESS
George J. Ruth 1735	Harford

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 00923

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00923

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 719 N. Carrollton Ave ST. (WARD) 16-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Eugenia Barnwell

(a) RESIDENCE NO. 719 N. Carrollton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of P. A. Barnwell

6 DATE OF BIRTH (month, day, and year) Aug. 12, 1860

7 AGE Years 64 Months 11 Days 23 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calverton Balto. Co. Md

PARENTS

10 NAME OF FATHER John Wesley Slack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha R

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant W. A. Barnwell

(Address) 435 Kenneth Sq. Govans.

15 Filed Aug 4 1925, 19... Robert F. Harrison, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1925

17

I HEREBY CERTIFY, That I attended deceased from June 25, 19... to Aug 3, 19 25.

that I last saw h... alive on Aug 4, 19 25.

and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of liver

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..., M. D.

, 19 (Address) 1167 Eutaw Pl Bld

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL Aug 6 1925

20 UNDERTAKER Wm J Ricker & Sons — ADDRESS North Ave

CAUSE OF DEATH must be filled in plainly. See instructions on back of certificates. TION is very important.

Stat—12-23-21—R.B.R.S.—400 Bks.

00924

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00924

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Aged Women's Home Registered No.....

City of BALTIMORE: (No. 1400 West Lexington St. St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Catherine Conners

(a) Residence No. 1400 West Lexington St. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? 55 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) .....

7-AGE. 81 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Ireland

PARENTS.
10-NAME OF FATHER. Philip Conners
11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland
12-MAIDEN NAME OF MOTHER. Mary Quaid
13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Ella Z. Jones
(Address) 1400b West Lexington St.

15- Filed 8-4-1925 Robert P. Harrison, 192 Registrar.
Burial Permit Clerk.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 3. 1925

17- I HEREBY CERTIFY, That I attended deceased from July 19 1925 to Aug 3 1925
that I last saw her alive on July 30 1925
and that death occurred, on the date stated above, at 4.45 P.m.
The CAUSE OF DEATH* was as follows:

Organic Disease
Heart
unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? Consultation

(Signed) Jos L. Hooper M. D
8-4, 1925 (Address) 612 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	Aug. 5, 1925
20-UNDERTAKER. H. W. Mears & Son	ADDRESS 105 N. Calvert St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00925

CERTIFICATE OF DEATH.

74-001 E 00925

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 812 Burgundy St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosanna Smith

(a) Residence No. 812 Burgundy St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of George Smith

6-DATE OF BIRTH (month, day and year) 1862

7-AGE. 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Newfoundland

PARENTS.

10-NAME OF FATHER. Robert Young

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Newfoundland

12-MAIDEN NAME OF MOTHER. Dinah Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

14- (Informant) George Smith

(Address) 812 Burgundy Av

15- AUG 5 - 1925 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st 19 25 to Aug 2nd 19 25 that I last saw h alive on Aug 1st 19 25 and that death occurred, on the date stated above, at 3, A, m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. 1 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thomas Young M. D.

Aug 3, 1925 (Address) 602 Washington Blvd.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Westlawn — DATE OF BURIAL. 8/5/1925

20-UNDERTAKER. Dane Forbes — ADDRESS 916 Ca ave

instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 00926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 00926

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537- Benday ST., WARD) W.-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Spicer

(a) RESIDENCE NO. 1537- Benday ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fe	col	marred

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clemm Spicer

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	1873	Jan.	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) British West Indies

PARENTS

10 NAME OF FATHER Charles Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Indies.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Jno. Spicer

(Address) 1532 Bendy St.

15 Filed AUG 5 - 1925 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1924 to Aug 3, 1925, that I last saw h[illegible] alive on Aug 2, 1925 and that death occurred, on the date stated above, at 11.20 a m.

The CAUSE OF DEATH* was as follows: Chronic ulcerative Nephritis

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) Louis A. Johnson, M. D.

, 19 (Address) 211-E-25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. M. Cemetery

DATE OF BURIAL 8/5/1925

20 UNDERTAKER Annie Easton

ADDRESS 916 Penna Ave

CAUSE OF DEATH in plain English. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00927

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 103 Raspe ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Son of Homer and Gertrude Burton

(a) RESIDENCE NO. 103 Raspe Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write word)

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant .....
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 19 ..... to ....., 19 .....

that I last saw ..... alive on ....., 19 .....

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

..... (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) .....

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ....., M. D.

....., 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS .....

This death occurred in County
Original sent to State Bd of Health July 30 1925

Spec.—1-10-21 - M&T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00928

CERTIFICATE OF DEATH.

31 E 00928

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T. B.) ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. Franz

(a) RESIDENCE NO. 1028 Asquith st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890 June 22nd

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Franz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Elling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed AUG 5 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 4, 1925

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to Aug. 4, 1925,

that I last saw him alive on Aug. 4, 1925,

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. D. McLane Jr. M. D.

8-4-1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk

DATE OF BURIAL Aug 6 1925

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00929

CERTIFICATE OF DEATH.

31

E 00929

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Edward Dean

(a) RESIDENCE NO. 641 W. Lexington st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER Charles W. Dean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Maude Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1, 1925

17

I HEREBY CERTIFY, That I attended deceased from July 22, 1925, to Aug. 1, 1925,

that I last saw him alive on Aug. 1, 1925,

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. O. McClane M. D.

8-3-1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem.

DATE OF BURIAL 8/5 1925

20 UNDERTAKER John J. Athey & Sons 1318 Light St.

ADDRESS

CAUSE OF DEATH to be plainly written in ink. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00930 E 00930

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 902 S. Charles WARD) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest W Fiedler

(a) RESIDENCE NO. 902 S Charles WARD 8

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma A Fiedler

6 DATE OF BIRTH (month, day, and year): Oct 12 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Harness

(c) Name of employer: maker

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Gottlieb Fiedler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorit Knab

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Emma A Fiedler 902 S Charles st

15 Filed AUG 5 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 3 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1st 1925 to Aug 3rd 1925

that I last saw him alive on Aug 2nd 1925

and that death occurred, on the date stated above, at 10 45 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma and aortic insufficiency of heart

(duration) — yrs. 3 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Theilicke M.D.

8/5 1925 (Address) 224 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Aug 5 1925

20 UNDERTAKER: John F Denny — ADDRESS: 715 E Lombard St

Spec.—1-10-21—M&T—1500 Blks.

E 00931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 101-001

E 00931

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 726 N. Stockton ST., WARD) 16-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Henderson

(a) RESIDENCE NO. 726 N. Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May 11, 1919

6 DATE OF BIRTH (month, day, and year) May 1, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Joseph Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Louise Corbin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant (Address) Joseph Henderson 726 N. Stockton St

15 Filed AUG 9 1925 HUBERT H. KRAUTH Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1925, to Aug 4, 1925, that I last saw h alive on Aug. 3, 1925 and that death occurred, on the date stated above, at 5 40 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Cullen Fray M. D.

8/6 1925 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL Aug 6 1925

20 UNDERTAKER Sam'l. H. Chase & Son

ADDRESS Westminster

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00932

CERTIFICATE OF DEATH.

E 00932

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View Asylum, WARD)

2-FULL NAME Bessie Bradford.

(a) RESIDENCE NO. 1739 East Baltimore Street WARD

(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania.

PARENTS

10 NAME OF FATHER: James Carson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Charlot. ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania.

14 Informant: Hospital Records Baltimore City Hospitals

15 Filed AUG 5 - 1925 HUBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-3-1925

17 I HEREBY CERTIFY, That I attended deceased from May 11. 1925, to August 3. 1925.

that I last saw her alive on August 3. 1925

and that death occurred, on the date stated above, at 3.50 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

Diabetic gangrene of Right foot

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of

Was there an autopsy? No

What tests confirmed diagnosis? Clinical & Lab. Tests

(Signed) H. J. Champe Jr. M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: 8/6 1925

20 UNDERTAKER: George J. Ruth

ADDRESS: 1735 Harford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified on back of certificates. INFORMATION is very important. See instructions on back.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00933

CERTIFICATE OF DEATH.

74-001 E 00933

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 Harlem Ave WARD) 16-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E Clark

(a) RESIDENCE NO. 2624 Harlem Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas E Clark

6 DATE OF BIRTH (month, day, and year) June 17, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	65	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jno Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Rebecka Pickey 2624 Harlem Ave

15 Filed AUG 5 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3. 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925 to Aug 3, 1925, that I last saw he alive on Aug 2, 1925 and that death occurred, on the date stated above, at 5.25 PM

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) myocardial degeneration

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) D. T. Hennessy, M. D.

Aug 4 1925 (Address) 2 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	Aug 6 1925
20 UNDERTAKER	ADDRESS
Margaret G. Flynn	1422 Light St

TION is very important See instructions on BACK OF CERTIFICATE

Spec.—1-10-21—M&T—1500 Bks.

E 00934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114

E 00934

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD)

REGISTERED NO. 1-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gross or Frederika Stoma

(a) RESIDENCE NO. 577 N. Patterson Park ST., WARD

(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1830(?) 1854(?)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75y(?) 95y(?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Records

(Address)

AUG 5 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to Aug 3, 1925, that I last saw her alive on Aug 3, 1925, and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Colitis (non specific)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Keiller, M. D.

8/4 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Aug 6th 1925

20 UNDERTAKER William Cook — ADDRESS 502 E North Ave

CAUSE OF DEATH is plain terms, so that a stranger can understand. See instructions on back of certificates.
TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00935

CERTIFICATE OF DEATH.

44

E 00935

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital -

CITY OF BALTIMORE: (NO. ST., WARD)

2-FULL NAME Frank. Katzko or Kasko-

(a) RESIDENCE NO. 125 S. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed~~ or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Known - 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47.	.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Not Known

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER .

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country) Poland.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Poland. (State or country)

14 Informant Rev. Stephen Kliachenko

(Address) 125 S Spring St.

15 AUG 5 - 1925 19 ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/4 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/1/25 19 .. to 8/4/25 19 .. that I last saw h alive on 19 .. and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Int. Obstruction - Intestinal Hemorrhage (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No. What test confirmed diagnosis? Clinical

(Signed) H. Borgardt - M. D.

, 19 (Address) Mercy Hospital -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	aug 6 1925

20 UNDERTAKER John Greblunckas ADDRESS 425 S. Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00936

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Alfred Wilson

(a) RESIDENCE No. 1200 Jenkins Alley WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. Fifty mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Alfred Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Florence Lennon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records Johns Hopkins Hospital

15 Robert F. Harrison, ... 19 ... Registrar

Burial Permit Clerk.

5 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1925

17

I HEREBY CERTIFY, That I attended deceased from July 30, 1925, to Aug 4, 1925.

that I last saw him alive on Aug 4, 1925

and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Diarrhoea (Post dysentery)

(duration) ... yrs. mos 8 ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) ... M. D.

8-5, 19 25 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Aug 6, 1925
20 UNDERTAKER Robert Williams	ADDRESS 1515 McE Eld

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

E 00937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00937

CERTIFICATE OF DEATH.

X 118-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Addie Brooks

(Residence in Baltimore: No. Laurel Md St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write the word.)
female	col	married

6-DATE OF BIRTH, unknown (Month) (Day) 1 (Year)

7-AGE, 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md.

PARENTS

10-NAME OF FATHER, William Williams

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER, Jennie Gardner

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Brooks

(Address) Laurel Md

15-

Filed ..... 192.....

Robert P. Harrison, Registrar.

5-1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 4-25 (Month) (Day), 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Incarcerated Intestinal Obstruction

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ventral Hernia

(Duration) yrs. mos. ds.

(Signed) J. H. Falter M. D.
(Coroner.)

8-5-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Md	Aug 6th 1925

20-UNDERTAKER,	ADDRESS
Geo E French	Laurel Md

State CAUSE OF DEATH in plain words. Do not use abbreviations or technical terms. This information is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(Pourolskin)

E 00938

E 00938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 Gorman Ave ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Pourolskin. 3

(a) RESIDENCE NO. 38 Gorman Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NO

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Gottlieb Pourolskin

6 DATE OF BIRTH (month, day, and year): Sept 24th 1848

7 AGE: Years 76 Months Days If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Minnie B. Keller

(Address): 3408 Gunnison Ave

15 Robert P. Harrison, Registrar

Burial Permit Clerk.

AUG 5 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 5th 1925

17 I HEREBY CERTIFY that I attended deceased from July 5 1925, to Aug 5 1925.

that I last saw (him) alive on Aug 3 1925.

and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Schwenck M. D.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Aug 6th 1925

20 UNDERTAKER: F. B. Wolfgang — ADDRESS: 1150 W. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly Classified. ATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00939

E 00939

CERTIFICATE OF DEATH.

129 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 E. Lombard ST., WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel B. Wagner

(a) RESIDENCE NO. 2013 E. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jennie Wagner

6 DATE OF BIRTH (month, day, and year) Nov. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caned chairs

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer (Self)

9 BIRTHPLACE (city or town) (State or country) Reading Pennsylvania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Mercy V. Welsh

(Address) 2012 Orleans Street

15 Filed G 5 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

CAUSE OF DEATH. See instructions on back of certificates. ATTENTION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to Aug 3, 1925.

that I last saw him alive on Aug 3, 1925.

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Geo. Keller, M. D.

8-4, 1925 (Address) 1927 Gough Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pivalrs Ind. DATE OF BURIAL Aug 6 1925

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00940

E 00940

CERTIFICATE OF DEATH.

31

REGISTERED NO. 15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 ST. Street + Wash. Blvd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha C. Kestler

(a) RESIDENCE No. 104 St and Wash. Blvd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-2-1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	15	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward L. Kestler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER M. M. Kestler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Ed. L. Kestler.

(Address) 104 St + Wash. Blvd.

15 SEP - 1925, 19

Robert P. Harrison, Burial Permit Clerk.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31st 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Aug 31, 1925,

that I last saw h... alive on Aug 31, 1925

and that death occurred, on the date stated above, at 615 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Sidney B. Shultz, M. D.

(Address) 4/5 W 4700 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Park.

DATE OF BURIAL 9/1/25

20 UNDERTAKER W. M. Cook.

ADDRESS 500 E North

Spec—12-23-21—E.B.R.S.—400 Eks.

E 00941

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00941

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 909 N. Eden St. (Ward) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine B. Kelly

(a) Residence No. 909 N. Eden St. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Child

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 27 1925

7-AGE. ... yrs. 3 mos. ... ds. If LESS than 1 day, ... hrs. or ... min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. John J. McKelly

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Mary C. Quinn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md.

14- (Informant). John J. McKelly

(Address) 909 N. Eden St.

15- Filed ... 192... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8-5-25

17- I HEREBY CERTIFY, That I attended deceased from July 12 1925 to Aug 5 1925

that I last saw him alive on Aug 5 1925

and that death occurred, on the date stated above, at 2.45 P.M.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) ... yrs. ... mos. 3 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Physical

(Signed) A. L. Thompson M. D.

8/5, 1925 (Address) 733 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral DATE OF BURIAL. 8-6 1925

20-UNDERTAKER. E. W. Combs ADDRESS 925 E. Eager St

In plain terms, so that it may be easily understood. See instructions on back of certificates.

G 8 - 1925

E 00942 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00942

CERTIFICATE OF DEATH. 188-002

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1412 N. Patterson Park Ave Ward) 4-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Milton Burns

(Residence in Baltimore: No. 1412 N. Patterson Park Ave St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	Single

6-DATE OF BIRTH, August 9-1880 1.....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 11 mos. 23 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade profession, or particular kind of work..... Clerk (Stewart & Co)
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gen'l Mdse

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, John T.Burns

11-BIRTHPLACE OF FATHER, (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER, Susan Arthur

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Susan Reynolds

(Address) 1412 N. Patt. Park Ave

15- Robert P. Harrison,

Filed AUG 5 - 1925 192 Burial Permit Issued Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2/25, 192....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage- accidently fell from rear platform of street car while car was in motion.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) J. H. Paul M. D.
(Coroner.)

8-4-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Aug 5 1925

20-UNDERTAKER, Milton M. Fries ADDRESS 1 E. N. Broadway

The CAUSE OF DEATH should be carefully investigated and is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 00943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00943

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N. Carey ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Benstead,

(a) RESIDENCE NO. 209 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Nettie Hoover Benstead,

6 DATE OF BIRTH (month, day, and year) May 10. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookeeper

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) London England

PARENTS

10 NAME OF FATHER John Benstead,

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Maria Parkins,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Stella A Benstead (Address) 209 N Carey St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 5 - 1925

17

I HEREBY CERTIFY, That I attended deceased from July 11 . 1925 . to Aug 5 . 1925 .

that I last saw him alive on Aug 5 . 1925 .

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Multiple arthritis

Chronic Myocarditis

(duration) yrs 8 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs 12 hrs ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M D Lynch, M. D.

5/6. 1925 (Address) 1403 EDMONDSON AVE

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Woodlawn DATE OF BURIAL AUG 7 - 1925

20 UNDERTAKER Geo W Little ADDRESS 2706 EDMONDSON AVE

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

5 - 1925

Robert P. Harrison, Burial Permit Clerk

Spec—12-23-21—E.B.R.S.—400 Eks.

E 00944

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00944

CERTIFICATE OF DEATH.

101-001

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME. Virginia Helms

(a) Residence No. 1810 Aiken St St., Ward. (If not resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 15th '24

7-AGE. yrs. 9 mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Child

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Md Baltimore

PARENTS

10-NAME OF FATHER, William Helms

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Maude Chaney

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Wm. E. Helms

(Address) 1810 Aiken St.

15- Filed Aug 5 - 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 5, 1925

17- I HEREBY CERTIFY, That I attended deceased from August 4th, 1925 to Aug 5, 1925, that I last saw h.e.r alive on August 5th, 1925, and that death occurred, on the date stated above, at 2.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia - bilateral

Coroner J. J. Morrissey

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Under nutrition

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Charles O'Donovan M. D.

, 1925 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL, Aug 7, 1925

20-UNDERTAKER, Jos. V. Little ADDRESS 2108 Edmondson Ave

In plain terms, so that there may be no possibility of misunderstanding. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00945 E 00945

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH Bon Secours Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME Mrs. Mary O'Brien

(a) RESIDENCE NO. 1230 Mosher ST. WARD

(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE W.

5 ~~Single~~, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Michael C. O'Brien

6 DATE OF BIRTH (month, day, and year) Aug 7th 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Michael Fahey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Connelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Catherine O'Brien (Address) Trust

15 Filed Aug 5 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3 1925

17 I HEREBY CERTIFY, That I attended deceased from July 11th, 1925 to Aug. 3, 1925; that I last saw her alive on Aug. 3, 1925 and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Omentum secondary to primary growth in ?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 7/22/25

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. B. Lippy, M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral

DATE OF BURIAL 7-6-1925

20 UNDERTAKER H. C. Brumgardt.

ADDRESS 517 N Belvedere St

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important

E 00946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00946

CERTIFICATE OF DEATH.

74-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1409 McHenry, St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Griffin Jr

(Residence in Baltimore: No. 1409 McHenry ..... 5 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: May 20 (Month) (Day) 1880 (Year)

7-AGE: 45 yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Restaurant Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE (State or Country): Balto Md.

PARENTS:
10-NAME OF FATHER: John Griffin
11-BIRTHPLACE OF FATHER, (State or Country): Ireland
12-MAIDEN NAME OF MOTHER: Sarah McElquin
13-BIRTHPLACE OF MOTHER, (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) James L. Griffin
(Address) 1405 McHenry St

15- [illegible] P. J. Harrison, Registrar.

5-6-1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 3 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... Accidentally on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 1 hr. ..... mins. ..... ds.

CONTRIBUTORY (Secondary) .....

(Signed) Thos. B. Newton M. D. (Attending Physician or Coroner)

Aug 5 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Peters Cem — DATE OF BURIAL: Aug 6th 1925

20-UNDERTAKER: A. Jones — ADDRESS: 1113 S. Gilmor St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. It is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 1-001

E 00947

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST., WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis F. Betts. (Betz)

(a) RESIDENCE NO. Stemmers Run Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH blank must be filled. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Betts (Betz)

6 DATE OF BIRTH (month, day, and year) April 14 1900

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
25	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) — 186

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Stemmers Run. Md.

PARENTS

10 NAME OF FATHER Charles Betts.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Alice N. Betz

(Address) Stemmers Run Md.

15 AUG 6 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/14/25, 19 , to 8/5 , 1925.

that I last saw h~~is~~ alive on 8/5 , 1925.

and that death occurred, on the date stated above, at 7 15 P. m.

The CAUSE OF DEATH* was as follows:

Mycocardial Insufficiency

(duration) yrs. mos 6 hrs.

CONTRIBUTORY (Secondary) Hemorrhage Intestinal

Typhoid (duration) yrs. mos. 12 hrs.

18 Where was disease contracted if not at place of death? Stemmers Run Md.

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) James Nelson, M. D.

, 19 (Address) So. Balto Genl. Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lutheran Cem.	Aug. 8 1925
20 UNDERTAKER Fredk Lassahn & Sons	ADDRESS Fullerton

Spec.—1-10-21—M&T—1500 Bks.

E 00948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

58-101 E 00948

REGISTERED NO.

1-PLACE OF DEATH West Baltimore General Hospital Payson & Dukeland st.

CITY OF BALTIMORE: (No. ..... ST., ... WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Amelia Young

(a) RESIDENCE NO. 3708 Park Heights Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? 70 yrs. 7 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Theodore P. Young

6 DATE OF BIRTH (month, day, and year) Dec. 25-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER William Fisher

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Bauer

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Theodore P. Young
(Address) 3708 Park Heights Ave

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

AUG 6 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 5 1925

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1925, to August 5, 1925, that I last saw him alive on August 5, 1925, and that death occurred, on the date stated above, at 1:35 a m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

(duration) 5 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Dr. Hubert Wilkinson, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Aug 7 1925
20 UNDERTAKER Harry W. Ehlen	ADDRESS 1914 W. North Av.

IMPORTANT—Before signing, be sure that you understand it. Every statement must be full and complete. Use ink. Do not abbreviate. Write the name and address plainly. Do not use ditto marks. Be sure that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-10-21; M&T—1500 1 ss.

00949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 101-001 E 00949

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 South Durham ST., WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Beasley

(a) RESIDENCE NO. 221 S. Durham ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Beasley

6 DATE OF BIRTH (month, day, and year) ? ? 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	45	-?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) ? (State or country) Florida

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Sarah Beasley (Address) 221 S. Durham

15 Filed AUG 6 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1925, to August 4, 1925, that I last saw h- alive on Aug. 4, 1925, and that death occurred, on the date stated above, at 6:10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary) Auto Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) William & Roy Berry M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury	Aug 7 1925
20 UNDERTAKER John W Henderson	ADDRESS 1502 E Monument

IMPORTANT—Fill out this certificate in plain terms, so that it may be properly classified. Exact statement of cause of death is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00950

CERTIFICATE OF DEATH. 122-002 E 00950

REGISTERED NO. 12-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1544 Fiendsbury St., WARD)

2-FULL NAME Mary Ann Galbreath

(a) RESIDENCE NO. 1544 Fiendsbury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Edward Galbreath

6 DATE OF BIRTH (month, day, and year) May 5/1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Isiah Downier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Welsh

12 MAIDEN NAME OF MOTHER Mary Ann Callow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Harriet Galbreath (Address) 1544 Fiendsbury St

15 Aug 6 - 1925 Registrar

ROBERT H. KRAUTER Chief Bureau of Records

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1925, to August 3rd, 1925, that I last saw h[illegible] alive on August 2nd, 1925, and that death occurred, on the date stated above, at 2 Am m.

The CAUSE OF DEATH* was as follows:

Chronic bronchitis

(duration) 2 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Atrophic Cirrhosis of Liver (duration) 1 yrs. 10 mos. — ds.

18 Where was disease contracted if not at place of death? Place of dead

Did an operation precede death? No Date of..

Was there an autopsy? — no —

What test confirmed diagnosis? Clinical.

(Signed) William J. Sullivan M. D.

8/3, 1925 (Address) 1701 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 8/6/25

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00951

CERTIFICATE OF DEATH.

REGISTERED NO. 9

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD) 1

2-FULL NAME Morris Simpson

(a) RESIDENCE NO. 226 N. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 15, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		18		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles C. Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country) District Columbia

12 MAIDEN NAME OF MOTHER Rachel Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records (Address) Johns Hopkins Hospital

15 AUG 6 - 1925 ROBERT F. [illegible] Registrar Deputy Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 7, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1925, to August 4, 1925, that I last saw h[illegible] alive on August 7, 1925, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia
Post-pertussis

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Pertussis (duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) C. F. Poole, M. D.

8-5-1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery

DATE OF BURIAL Aug. 7 1925

ADDRESS [illegible]

20 UNDERTAKER Edward Bryan

[illegible]

mation should be carefully supplied. Avoid abbreviations. Exact statement of OCCUPA-
be properly classified. Exact statement of OCCUPA-
of certificates.
CAUSE OF DEATH in plain terms, so that it may be pro-
TION is very important. See instructions on back of cer-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00952

CERTIFICATE OF DEATH. 16-003 E 00952

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1225 Ashland Ave ST., WARD) 10

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME Freeman Bundy

(a) RESIDENCE NO. 1225 Ashland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 mos yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 5 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Carl Bundy

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Louise Hutchins

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Louise Bundy mother (Address) 1225 E Ashland

15 AUG 6 - 1925 ROBERT R. KRAUTER, Registrar

Deputy Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1925

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to Aug 5, 1925, that I last saw him alive on Aug 4, 1925 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough (duration) yrs. about 1 wk mos ds.

CONTRIBUTORY (Secondary) Dysentery + Malnutrition (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young, M. D.

8/5, 19 25 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn — DATE OF BURIAL 8/6 1925

20 UNDERTAKER Mrs R. A. Elliott — ADDRESS 1725 Ashland

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00953

CERTIFICATE OF DEATH. 16-003 E 00953

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1225 E Ashland Ave St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Bundy

(a) RESIDENCE No. 1225 E Ashland Ave ST., WARD 10

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 3 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Earl Bundy

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Lanie Hutchins

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

14 Informant Mrs Lenora Bundy (Address) 1225 E Ashland Ave

15 Filed ..., 19... Registrar

AUG 6 - 1925 ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1925 to Aug 5, 1925, that I last saw him alive on Aug 4, 1925, and that death occurred, on the date stated above, at 10 10 A.M.

The CAUSE OF DEATH* was as follows:

Whooping Cough

about 1 wk

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Dysentery and Malnutrition

(duration) yrs. mos. ds.

over

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Lyding, M. D.

8/5, 1925 (Address) 1426 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 8/6 1925

20 UNDERTAKER Mrs R.A. Elliott

ADDRESS 223 Ashland Ave

mation should be carefully supplied. AGE should be given in every case. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Elgert.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~E 00954~~ 82729

CERTIFICATE OF DEATH. 131 E 00954

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD) W 12

2-FULL NAME Henrietta Elgert

(a) RESIDENCE No. 1218 Carroll ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand Elgert

6 DATE OF BIRTH (month, day, and year) May 27 1885

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 years	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Lithuania~~ Germany.

PARENTS

10 NAME OF FATHER Martin Lechner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Caroline ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Records (Address) J H H

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-3 1925

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to August 3, 1925.

that I last saw he alive on August 3, 1925

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cystitis, Pyelitis.

(duration) ... yrs. ... mos 7 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) ... yrs. ... mos. 1-2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 7/10/25

Was there an autopsy? yes partial

What test confirmed diagnosis?

8/3, 1925 (Signed) Bell einberg M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Violetville	8-6 1925
UNDERTAKER	ADDRESS
Mrs Chas A G Robb	600 Arlington Ave

AGE should be carefully supplied. Exact statement of OCCUPATION should be carefully supplied, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00955

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00955

CERTIFICATE OF DEATH. 7H-001

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1709 N. Broadway. ST., 8 WARD) 4

2-FULL NAME Casper Zeberlein

(a) RESIDENCE NO. 1709 N. Broadway. ST., 8 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Zeberlein

6 DATE OF BIRTH (month, day, and year) Jan. 25- 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker.

(b) General nature of industry, business, or establishment in which employed (or employer) 014

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Georg Zeberlein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Benton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Mary Zeberlein (Mother)

(Address) 3709 Dillon St.

15 Filed AUG 6 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from July 30th 1925 to Aug 3 1925

that I last saw him alive on Aug 2 1925

and that death occurred, on the date stated above, at 11.47 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Spinal Meningitis

Hypostatic Congestion

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) D. J. Gray M. D.

8/5/25 (Address) 617 N. McMechen

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Aug 7th 1925

20 UNDERTAKER Lilly & Feiler ADDRESS 403 S. Wolfe St.

A. B. C. of Certification should be carefully supplied. AGE should be stated. Exact statement of OCCUPATION should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

00956

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 00956

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 409 Bretton Place, Gilford ST.; WARD 46)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs Lulu Elizabeth Heard

(Residence in Baltimore: No. 409 Bretton Place, Gilford St.) (38 yrs. 10 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED WIDOWED ~~OR DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: September 21st, 1886 (Month) (Day) (Year)

7 AGE: 38 yrs. 10 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore, Md.,

PARENTS

10 NAME OF FATHER: Thomas H. Reese,

11 BIRTHPLACE OF FATHER (State or country): Pa

12 MAIDEN NAME OF MOTHER: Novella Haney

13 BIRTHPLACE OF MOTHER (State or country): Va

14 I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Capitola Reese

(Address) 2332 N. Charles St

15 AUG 6 - 1925

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 3rd, 1925 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 22nd, 1925 to August 3, 1925 that I saw h-r alive on August 3rd, 1925 and that death occurred, on the date stated above, at 10 00 p.m.

The CAUSE OF DEATH* was as follows:

Cancer of Whole Pelvis

(Duration) 3 yrs. ? mos. ? ds

Contributory (SECONDARY) Asthenia

(Duration) ? yrs. ? mos. ? ds.

(Signed) William F. Clopton M. D.

August 4th 1925 (Address) 2918 Huntingdon Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Aug 7th, 1925

20 UNDERTAKER: M. Doyle & Sons — ADDRESS: 15 E. Lee St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00957

E 00957

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Barnes ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarance Sommerville

(a) RESIDENCE NO. 1718 Barnes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Eleanora Sommerville

6 DATE OF BIRTH (month, day, and year) 8/26/12 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Jas. Sommerville

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co Md.

12 MAIDEN NAME OF MOTHER: Rachel ann Locke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Eleanora Sommerville 1718 Barnes St

15 AUG 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-4-1925

17 I HEREBY CERTIFY, That I attended deceased from 7-29, 1925, to 8-4, 1925, that I last saw h— alive on 8-4-, 1925, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

8-6-, 1925 (Address) 611 N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westbury Cem

DATE OF BURIAL: 8/7 1925

20 UNDERTAKER: Jas Sr. Steinmeier

ADDRESS: 1625 E. Madison St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 113

E 00958
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., WARD)

2-FULL NAME Carle Leroy Buchman

(a) RESIDENCE NO. English Consul Landsume ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6 1925

7 AGE: Years | Months: 2 | Days | 11 LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Fred Buchman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Ida Lodwick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Buffalo

14 Informant (Address) University Hosp. Records

15 Filed ... 19... ROBERT R. KRAUTER, Registrar
AUG 6 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/5 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/4, 1925, to 8/5, 1925.
that I last saw h.. alive on 8/5, 1925
and that death occurred, on the date stated above, at 5-40 a. m.
The CAUSE OF DEATH* was as follows:

Acute entero colitis

(duration) yrs. 3 weeks

CONTRIBUTORY (Secondary) Empyema Frm

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? [illegible] Date of
Was there an autopsy? none
What test confirmed diagnosis? Clinical findings

(Signed) Lee Wm Eggin, M. D.
, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery | DATE OF BURIAL: Aug 7 1925

20 UNDERTAKER: John F Denny | ADDRESS: 716 Lig Ots

mation should be carefully supplied. AGE ... CAUSE OF DEATH in plain terms, so that it ... TION is very important. See instructions on ... of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00959 CERTIFICATE OF DEATH. 100-001 E 00959

REGISTERED NO.

1-PLACE OF DEATH Baltimore, Md.

CITY OF BALTIMORE: (No. 1610 Lorman ST., WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME Alfred J. Stith

(a) RESIDENCE NO. 1610 Lorman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 1- 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Major Stith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Cora Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Major Stith

(Address): 1610 Lorman St.

15 AUG 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1925, to Aug. 4, 1925, that I last saw him alive on Aug. 3, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncho)

(duration) yrs. mos 3 wks ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. White, M. D.

, 19 (Address) 1029 Madison Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Aug. 6 1925
20 UNDERTAKER: Jno. M. Johnson	ADDRESS 1309 Druid Hill Ave.

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00960

CERTIFICATE OF DEATH.

44 E 00960

REGISTERED NO.

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST., WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Penamitt

(a) RESIDENCE NO. 428 N. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Penamitt

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Penamitt

(Address) 427 N. Washington st

15 AUG 6 - 1925 Registrar

ROBERT R. KRAUTER

Deputy Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1925

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1925, to Aug 3, 1925, that I last saw her alive on Aug 3, 1925, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) J. Joseph Toohey, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Aug. 6 1925
20 UNDERTAKER	ADDRESS
Wm E Black	927 N. Broadway

mation should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may
TION is very important. See instructions on back

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00961 (18538)

CERTIFICATE OF DEATH. X 38 E 00961

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD) 4-3

2-FULL NAME Sandy Winkler

(a) RESIDENCE NO. 1724 Carlyle ST ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE: Years 38 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O&O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Alfred Winkler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jannie Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Record (Address) Johns Hopkins Hospital

15 AUG 6 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1925 to Aug 5, 1925 that I last saw him alive on Aug 4, 1925 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Myocardeal insufficiency
Aortic insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Syphilis (?) (duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Louis E. Martin M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Old Point Va. | DATE OF BURIAL: Aug 9 1925

20 UNDERTAKER J. Mas R. A. Elliott | ADDRESS 1725 Ashland Ave

---

AGE should be stated EXACTLY. PHYSICIANS should see that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it

Spec.—1-10-21—M&T—1500 Bks.

1825 E 00962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00962

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD 7

2-FULL NAME Prof Lewis

(a) RESIDENCE No. Richmond Va. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 25 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Parents

(Address) 1 [illegible]

15 Filed ..... 1925 ROBERT R. KRAUTER, Registrar

AUG 6 - 1925

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 - 1925

17 I HEREBY CERTIFY, That I attended deceased from July 11 - 1925 to Aug 5 - 1925

that I last saw him alive on Aug 5 - 1925

and that death occurred, on the date stated above, at 10 00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Richmond

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Manfred Guthrie, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va	8/6/25 19
20 UNDERTAKER	ADDRESS
Joseph Ahrens	221 Bway

AGE should be stated EXACTLY. PHYSICIANS should fill so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

183466 E 00963

CERTIFICATE OF DEATH.

113 E 00963

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD) 5-2

2-FULL NAME Wilbert Allen

(a) RESIDENCE NO. 205 N. Spring ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 16-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	1	18.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Walter Jacks

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Katie Allen

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Records
(Address) Johns Hopkins Hospital

AUG 6 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4-1925

17

I HEREBY CERTIFY, That I attended deceased from July 31, 1925, to Aug 4, 1925,

that I last saw him alive on Aug 4, 1925,

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea (not dysentery)

..... (duration) ..... yrs. mos 1 2 ds.

CONTRIBUTORY (Secondary) Pneumonia - Prematurity 2 days

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) Wm Scott, M. D.

6 S. 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem.	Aug 6 1925

20 UNDERTAKER Louis W. Fenson ADDRESS 416 N. Caroline St.

N. B.—WRITE PLAINLY. PHYSICIANS SHOULD SEE that information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 00964

REGISTERED NO.

E 00964
1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 E. Madison St ST.: WARD) 1 - 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Dunn.

(a) RESIDENCE. No. 1813 E Madison ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Wm H Dunn.

6 DATE OF BIRTH (month, day, and year) Aug 25-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlottesville Va

PARENTS

10 NAME OF FATHER Henry Watson

11 BIRTHPLACE OF FATHER (city or town) Charlottesville (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret Baker

13 BIRTHPLACE OF MOTHER (city or town) Charlottesville (State or country) Virginia

14 Informant Mrs. Fannie Gregory (Address) 1813 E. Madison St.

15 Filed AUG 6 - 1925, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to Aug 3 1925, that I last saw her alive on August 3rd, 1925, and that death occurred, on the date stated above, at 11 A.M. P. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous nephritis

(duration) 11 days. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No. Urine analysis

What test confirmed diagnosis? Clinical findings

(Signed) Russell Fargo, M. D.

, 19 (Address) 2937 W. Cahlert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arbury Cemetery	Aug 8 1925
20 UNDERTAKER Inza A. Elliott	ADDRESS 1725 Ashland Ave

mation should be carefully supplied. AGE
CAUSE OF DEATH in plain terms, so that
TION is very important. See instructions

E 00965 HEALTH DEPARTMENT—CITY OF BALTIMORE 188-003 E 00965

CERTIFICATE OF DEATH. Registered No. C.....

1-PLACE OF DEATH
City of BALTIMORE: (No. St. Agnes Hospital (Ward)
2-FULL NAME Francis J. Parrish
(Residence in Baltimore: No. 112 So. Monroe St.; yrs. mos. ds.)

(If death occurred in a hospital or institution, give NAME instead of street and number and fill out No. 18.)

NO

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed or Divorced (Write the word.)
Male	White	Married

6-DATE OF BIRTH: Aug (Month) 13 (Day) 1869 (Year)

7-AGE: 55 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Balto. Md.

PARENTS:
10-NAME OF FATHER: John H. Parrish
11-BIRTHPLACE OF FATHER (State or Country): Md
12-MAIDEN NAME OF MOTHER: Rebecca Metcalf
13-BIRTHPLACE OF MOTHER (State or Country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Clara Parrish
(Address) 112 So. Monroe St.

15- AUG 6 - 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 4 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Delirium Tremens.
Terminal Pneumonia
(Duration) yrs. mos. 9 ds.
CONTRIBUTORY (Secondary) Struck by automobile
(Duration) yrs. mos. ds.
(Signed) Thos. B. Horton M. D.
Coroner.
Aug 5 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Aug 7th 1925
20-UNDERTAKER: H. E. Jones ADDRESS 111 S. Gilmor St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION may be properly classified. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 00966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 00966

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Esther Place ST., WARD)

2-FULL NAME August Schlee

(a) RESIDENCE NO. 3600 Esther Place ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 5-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Schlee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Flora Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Schlee

(Address) 3600 Esther Place

15 Filed AUG 6 - 1925 19 ROBERT R. KRAUTER, Deputy Register, Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6 1925

17

I HEREBY CERTIFY, That I attended deceased from August 5, 1925, to August 6, 1925, that I last saw him alive on August 5, 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Atelectasis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Isaac F. Marston, M. D.

(Address) 1223 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartzman

DATE OF BURIAL Aug 7 1925

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager St.

N. B. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00967

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00967

CERTIFICATE OF DEATH. 7/4-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4118 Walrod Ave ST., W WARD) 20

2-FULL NAME Claude E Murphy

(a) RESIDENCE NO. 4118 Walrod Ave ST., 20 WARD.....
(Usual place of abode) (If non-resident give city or towo and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Margaret L. Murphy

6 DATE OF BIRTH (month, day, and year) June 16-1882

7 AGE — Years: 43 — Months: 6 — Days: 19 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: P. O. Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): U S

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph E. Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Louisa Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs M. L. Murphy

(Address): 4118 Walrod Ave

15 1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to Aug 3, 1925.

that I last saw him alive on Aug 3, 1925.

and that death occurred, on the date stated above, at 11.20 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ... yrs. ... mos. 1 da.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm A Knell M. D.

8/4, 1925 (Address) 4300 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 8/7 1925

20 UNDERTAKER: Edw A Foley Sulton — ADDRESS: Fayette

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00968 E 00968

CERTIFICATE OF DEATH.

155

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hosp. ST., WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Price

(a) RESIDENCE NO. 948 W. Franklin St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mary Blanch Price

6 DATE OF BIRTH (month, day, and year) 6-6-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Hartford Co. Md. (State or country)

PARENTS

10 NAME OF FATHER John Price

11 BIRTHPLACE OF FATHER (city or town) Hartford Co. Md. (State or country)

12 MAIDEN NAME OF MOTHER Sarah Pitcoff

13 BIRTHPLACE OF MOTHER (city or town) Harford Co. Md. (State or country)

14 Informant A. K. Price

(Address) Rolandale

15 [illegible] Registrar

G 6 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-4-1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1924, to Aug 4, 1925, that I last saw b/M alive on 8-4-25, 19, and that death occurred, on the date stated above, at 11.04 P m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis, left knee
no bone end of left femur

(duration) yrs. 7 mos 9 ds.

CONTRIBUTORY (Secondary) Surgical shock

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 8-4-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Z [illegible], M. D.

, 19 (Address) Md. general Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harford Mountain Co	Aug 7 1925

20 UNDERTAKER Chesnow & Son ADDRESS 2617 Chestnut Ave

B.—WRITE PLAINLY, WITH CONTRIBUTORY. AGE should be stated EXACTLY. PHYSICIANS should mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E. 00969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00969

CERTIFICATE OF DEATH.

REGISTERED NO. 00969

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., Stretcher Case by Police ward) 4

If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Trindstaff

(a) RESIDENCE NO. Minneapolis N.C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boone N. C.

PARENTS

10 NAME OF FATHER Jacob Trindstaff

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Pauline Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant (Address) University Records

15 [illegible] 19 [illegible] Registrar

Robert Ed Harrison

Vital Statistics Clerk

AUG 6 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 - 1925

17

I HEREBY CERTIFY, That I attended deceased from June 13 , 1925 , to Aug 5 1:30 P.M. , 1925 ;

that I last saw him alive on Aug 5 , 1925 ;

and that death occurred, on the date stated above, at 2:00 P.M.

The CAUSE OF DEATH* was as follows:

Fracture of Dorsal Vertebrae - and Severed Cord - Paralysis of Lower Extremities —

(duration) yrs. 2 mos 8 ds.

CONTRIBUTORY (Secondary) Terminal Bronchial Pneumonia - Cellulitis of Buttocks (duration) 2 weeks 8 yrs. mos. 2 ds.

18 Where was disease contracted, if not at place of death? Place of Death - University Hospital

Did an operation precede death? Yes Date of July 6/25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) P. S. Anderson M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Granberry N. C.	Aug 6 '25
20 UNDERTAKER H. E. Hughes	ADDRESS 424 W. Broad

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIAN'S should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rls.

E 00970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-002 E 00970

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Janie Sutt

(a) RESIDENCE NO. 910 S Exeter St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 13/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Jacob Sutt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Agnes Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Jacob Sutt

15 8-6-1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6- 1925

17 I HEREBY CERTIFY, That I attended deceased from July 22 . 1925 . to Aug 6 - . 1925 .

that I last saw her alive on Aug 6 - . 1925 .

and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bacillary Dysentery (Flexner)

(duration) yrs. mos 29 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. J. Scott, M. D.

8-6, 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 8/7 1925

29 UNDERTAKER Chas. D. Kuchtauskas

ADDRESS 637 S. Regester

B.—WRITE PLAINLY, with unfading ink. PHYSICIANS should fill out this certificate. NAME should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be carefully supplied. Exact statement of OCCUPATION should be given, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be given, so that it may be properly classified. See instructions on back of certificates. See instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Moser)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00971

E 00971

CERTIFICATE OF DEATH.

129

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1700 N Washington St., Ward 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Moser

(a) Residence No. 1700 N Wash Pk St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced. (Write the word.) M.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Moser

6-DATE OF BIRTH (month, day and year) 10-2 1875

7-AGE 49 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED H H

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS

10-NAME OF FATHER. Ignatius Ponti

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Ella Gyatuday

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Phila Pa

14- (Informant) Edw. Moser

(Address) 1700 N. Washington St

15- Filed AUG 6 1925 192 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8-4-25

17- I HEREBY CERTIFY, That I attended deceased from 1-5, 1925 to 8-4, 1925

that I last saw h[er] alive on 8-4 1925

and that death occurred, on the date stated above, at 1:17 m.

The CAUSE OF DEATH* was as follows:

Chronic Int Nephritis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuff

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Diane Moser M. D

19 (Address) 1500 Edmon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. 8/7 1925

20-UNDERTAKER. C. D. Fanning & Son

ADDRESS 1938 E. Lafayette Ave.

should be carefully supplied. AGE should be stated EXACTLY. Information on this certificate is very important. See in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. instructions on back of certificates.

E 00972 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00972

CERTIFICATE OF DEATH. 185

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank S.Diven

(Residence in Baltimore: No. 1446 Riverside Ave St. 49 yrs. 4 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	married

6-DATE OF BIRTH. March 26 1876 (Month) (Day) (Year)

7-AGE. 49 yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stoker on
(b) General nature of industry, business, or establishment in which employed (or employer): Tug boat

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Frank Diven M.

11-BIRTHPLACE OF FATHER. (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Mary Scott

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Thomas

(Address) 221 E. Fort Ave

15- Filed AUG 6 1925, 192.... Robert F. Harrison, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug 5-25, 192.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Terminal Pneumonia-Fractured Rt arm &ruptured Liver.Accidently fell from platform on July 18-25. Operation at hospital.(Autopsy at Hosp.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Alcoholism (Duration) ... yrs. ... mos. ... ds.

(Signed) John H Pace M. D. (Coroner)

8-6-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemtery DATE OF BURIAL. 8/8/1925

20-UNDERTAKER. E. O. Fanning & Son ADDRESS 1460 Battery Ave

AUG—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If UNDER 1 YEAR, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00973 E 00973

CERTIFICATE OF DEATH. 31

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1432 Vincent St., Ward) (If death occurred in a hospital or institution, give the NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Porter

(Residence in Baltimore: No. 1432 N. Vincent St. St.; yrs. 21 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): single

6-DATE OF BIRTH: about (Month) 1904 (Day) (Year)

7-AGE: 21 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): 0 75

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Jacob Porter

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Martha Sellers

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Day

(Address) 1432 Vincent St

15- FILED AUG 7 - 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 4 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D. (Coroner)

Aug 5, 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem	8/7/1925
20-UNDERTAKER.	ADDRESS
Dennis Eastord	Laurel 916

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

1925 E 00974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 159-001 E 00974

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD) 15

2-FULL NAME Mildred Walke

(a) RESIDENCE NO. 2420 Frances ST., WARD

(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28-25

7 AGE: Years 1 Months Days 7 | If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER James Walke

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Marie Randolph

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Record (Address) Johns Hopkins Hospital

15 AUG 7 - 1925 ROBERT R. KRAMER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to Aug 4, 1925, that I last saw h[illegible] alive on Aug 5, 1925, and that death occurred, on the date stated above, at 10 15/8 m.

The CAUSE OF DEATH* was as follows:

Intracranial Tumor stage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hydrocephalus

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) [illegible] M. D.

8-6 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem | DATE OF BURIAL: Aug 8 1925

20 UNDERTAKER: Edmund J Hensley | ADDRESS: N Bdle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 83283
E 00975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 00975

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD) 14

2-FULL NAME Elizabeth Bergen

(a) RESIDENCE No. 1414 Division ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William ?

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Records J. H. H.
(Address)

15 Date AUG 7 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 - 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25 - 1925 to Aug 6 - 1925.

that I last saw her alive on Aug 6 - 1925.

and that death occurred, on the date stated above, at 4.20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma, gastric.

Symptoms (duration) yrs. 4? mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 27, 1925.

Was there an autopsy? yes -

What test confirmed diagnosis?

(Signed) D. McGinley, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rt. Auburn Cem. DATE OF BURIAL Aug 8 25

20 UNDERTAKER Emmert & Hawley ADDRESS 78 W. Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

701-001 E 00976

1-PLACE OF DEATH

City of BALTIMORE: (No. 1930 Brunt St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Viola Lanzell

(a) Residence No. 1930 Brunt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 24-1894

7-AGE, 31 yrs. mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Md

PARENTS.

10-NAME OF FATHER Perry Lanzell

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER Markcown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore

14- (Informant) Annie Thomas

(Address) Annapolis Md

15- Filed AUG 7 1925 Registrar.

ROBERT R. KRETSCHMAR

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 4 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1925 to Aug 4 1925 that I last saw h alive on Aug 3rd 1925 and that death occurred, on the date stated above, at 6.25 4m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Bilateral

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Stay

(Signed) Wally Hanley M. D.

(Address) 1616 W Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL: Aug 7 1925

20-UNDERTAKER: Samuel Dunsley | ADDRESS: 1178 Baddolts

Death Permit Clerk.

N. B.—WRITE PLAINLY. ALL ITEMS should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH should be carefully supplied. AGE should be correctly classified. Exact statement of OCCUPATION is very important. See in plain terms, so that it may be properly instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00977 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00977

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 107-W-Lanvale-St. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Alice Stump Middendorf.

(a) Residence No. 107-W-Lanvale-St. St., Ward (Resident)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 55 yrs. 5 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of J. Wm. Middendorf.

6-DATE OF BIRTH (month, day and year) Feby-18-1870

7-AGE: 55 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

9-BIRTHPLACE (city or town): Lystra
(State or Country): Balto. Co., Md.

PARENTS.

10-NAME OF FATHER: Reuben Stump

11-BIRTHPLACE OF FATHER (city or town): Balto. Co.
(State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Margaret Wilson.

13-BIRTHPLACE OF MOTHER (city or town): Darlington
(State or Country): Harford Co., Md.

14- (Informant) J. W. Middendorf, (husband)
(Address) 107-W-Lanvale-St., City.

15- Filed ..... 192.. ROBERT R. KRAUTER, Registrar.

AUG 7 - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 5th 1925

17- I HEREBY CERTIFY, That I attended deceased from July 5th, 1925, to Aug 5th, 1925, that I last saw h[illegible] alive on Aug 5th, 1925, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, with Cerebral Thrombosis

unknown (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

unknown (Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Physical signs and symptoms

(Signed) Charles Gelz, M. D.

Aug 5, 1925 (Address) 1111 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: LOUDON PARK CEMETERY — DATE OF BURIAL: Aug-7-25

20-UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

DEATH
ortant. See
d EXACTLY. PHYSICIANS s
ed. Exact statement of OCCUP

N. B.—WHITE CARDS, WHITE INK. All items should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00978

CERTIFICATE OF DEATH.

31

E 00978

REGISTERED NO. N 13

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Maser

(a) RESIDENCE NO. 2327 James st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Maser

6 DATE OF BIRTH (month, day, and year) June 9, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Jacob Maser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Barbara Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Hospital Records (Address)

15 Filed AUG 7 - 1925 ROBERT R. KRAMER, Registrar

Special Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to Aug. 6, 1925, that I last saw him alive on Aug. 6, 1925, and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) M. O. McLane Jr. M. D.

8-6, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 8 1925
20 UNDERTAKER	ADDRESS
W. E. Cook	562 E Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00979

CERTIFICATE OF DEATH.

90

E 00979

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1507 E.Fort Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and then put No. 18.)

2-FULL NAME Adolph M.Amland.

(Residence in Baltimore: No. 1507 E.Fort Ave. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. March 5, 1882. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
43 yrs. 4 mos. 30 ds.	hrs. or mlts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Rigger.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Norway.

PARENTS

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER. (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER. (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Amler.(wife)

(Address) 1507 E.Fort Ave.

15- AUG 7 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 4, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Aug. 6, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cem	8/7 1925
20-UNDERTAKER.	ADDRESS
J. Few McCully	130 E Fort

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00980

CERTIFICATE OF DEATH. 129

E 00980

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., WARD

REGISTERED NO. No 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Hankins

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66 Yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

088

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed AUG 7 - 1925 19 NUBEL H. KRAUTER, Clerk Permit Records.

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to Aug. 3, 1925.

that I last saw him alive on Aug. 3, 1925.

and that death occurred, on the date stated above, at 10:40 P.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Pleurisy (1 mo.)

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

8/8, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenly Cemetery	Aug 7 1925

20 UNDERTAKER William Cook ADDRESS 802 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00981

CERTIFICATE OF DEATH.

89

E 00981

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 5 Irwin Place St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Seltzer

(Residence in Baltimore: No. 5 Irwin Place St.; yrs. 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Unknown (Month) (Day) 1867 (Year)

7-AGE. 58 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hebrew Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country.) Russian

PARENTS:

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country.) Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country.) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Seltzer (Wife)

(Address) 5 Irwin Place

15- AUG 7 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquary (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prob Chr. Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris for some time (Duration) yrs. mos. ds.

(Signed) J. S. Bailer M. D.
(Coroner)

8-7-25 192.... (Address) 508 E. north Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale — DATE OF BURIAL. Aug 7 192..

20-UNDERTAKER. Jack Levin — ADDRESS 1439 E Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 00982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 167-001 E 00982

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 652 E. 35th St ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Edith Leona Davis

(Residence in Baltimore: No. 652 E. 35th St ..... St.; yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	married

6-DATE OF BIRTH. ..... Feb. 3-1878 ..... 1..... (Month) (Day) (Year)

7-AGE. ..... 47 yrs. 6 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Office work
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Sheppard & Pratt Hospital

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER. John E. Spence

11-BIRTHPLACE OF FATHER. (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Mary E. Conway

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Davis (Husband)

(Address) 652 E. 35th St

15- Filed AUG 7 - 1925 19.. ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... August 5-25 ....., 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquiry ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) ..... inquiry ..... find that said deceased came to ..... her ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ill. Gas Asphixiation- Suicide

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Yates M. D. (Coroner.)

8-6-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem.	Aug 8 1925

20-UNDERTAKER	ADDRESS
Walter R. McNamee	4114 Eads Rd.

Spec.—1-10-21 M&T 1500 Bks.

Dr Wright

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00983

CERTIFICATE OF DEATH.

114 E 00983

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Elliott ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Ellen Trossett.

(a) RESIDENCE NO. 2805 Elliott ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late David E. Trossett.

6 DATE OF BIRTH (month, day, and year) May 25th 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs or ..min.
	79	3	11	

8 OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER John Dell

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Armenala Wheeler

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country) Maryland

14 Informant Charles E. Trained

(Address) 2005 Elliott St.

AUG 7 - 1925

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from about July 1, 1925, to Aug 5, 1925, that I last saw h[illegible] alive on Aug 4, 1925, and that death occurred, on the date stated above, at 12 40 P. m.

The CAUSE OF DEATH* was as follows:

Enteritis enter colitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) exhaustion + senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

(Address) 104 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenwood Cem. Carroll Co. DATE OF BURIAL Aug 8th 1925

20 UNDERTAKER Lilly + Zeiler ADDRESS 703 S. Wolfe St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00984

E 00984

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 W. Hamburg ST. 23 WARD 23

2-FULL NAME Daisy Beverage

(a) RESIDENCE. No. 2211 W. Hamburg ST. 23 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Geo. Beverage

6 DATE OF BIRTH (month, day, and year): 1898

7 AGE: Years 27 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Eli Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Tinsmarsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Geo. Beverage

(Address): Newport News Va.

15 Filed AUG 7 - 1925 16 ROBERT H. KRESS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/4/25

17 I HEREBY CERTIFY, That I attended deceased from 8/2/25 to 8/4/25, 1925

that I last saw h[illegible] alive on 8/4/25

and that death occurred, on the date stated above, at 1:30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc

Unknown (duration) Chronic yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) about 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no Was there a Clinical

What test confirmed diagnosis? Microscopic

(Signed) Bruce Corbett M. D.

8/7/25 (Address) 908 E. Main St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion ct — DATE OF BURIAL: Aug 7 1925

20 UNDERTAKER: S. E. Brown's Son — ADDRESS: Va. Ave. Monty

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00985

CERTIFICATE OF DEATH.

1/3

E 00985

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 n. Bruce ST., WARD)

2-FULL NAME Leon White

(a) RESIDENCE NO. 1636 n. Bruce st ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: m

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3-4-25

7 AGE — Years: — Months: 5 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Aaron White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mamie Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Aaron White

(Address) 1636 n. Bruce st.

15 AUG 7 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-6- 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-3- , 1925, to 8-6- , 1925, that I last saw h[illegible] alive on 8-5- , 1925, and that death occurred, on the date stated above, at 2.15 a. m.

The CAUSE OF DEATH* was as follows:

Ileo-colitis

(duration) yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) George C. Page, M. D.

, 19 (Address) 1806 n. McDent St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemtary

DATE OF BURIAL: aug 7 1925

20 UNDERTAKER: Mrs Jas H. Denny / Rev. T. E. Nelson

ADDRESS: 1303 Eastman St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 00986

REGISTERED NO. 16

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST.. WARD ...

2-FULL NAME Dorothy West

(a) RESIDENCE NO. 909 N Gilmore ST. WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER George West

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Tennessee

12 MAIDEN NAME OF MOTHER Sadie Jenkins

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Records
(Address) John Hopkins Hospital

15 Filed AUG 7 - 1925, 19 ... Registrar ROBERT R. KRAUTER, State Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 - 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to Aug 5, 1925.

that I last saw him alive on Aug 5, 1925

and that death occurred, on the date stated above, at 5.25 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Endocarditis
Myocardial insufficiency
Mitral and aortic insufficiency

(duration) 6 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Syphilis (duration) 4 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Trevor Owen M. D.

Aug 5 1925 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	8-8 1925

20 UNDERTAKER Forge T. A. Gibson

ADDRESS 1755 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T 1500 Bks.

E 00987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 00987

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospital.

CITY OF BALTIMORE: (No.) Bay View Asylum. ST., WARD) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Colbert.

(a) RESIDENCE NO. 707 Fremont Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Colbert

6 DATE OF BIRTH (month, day, and year) 1870.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	56.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Robert Colbert.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Hospital Records. Bayview City Hospitals

15 Filed AUG 7 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1925, to August 4, 1925.

that I last saw him alive on August 4, 1925.

and that death occurred, on the date stated above, at 8 45 P. m.

The CAUSE OF DEATH* was as follows:

Infected Varicose Ulcers. Right + left legs.

Chronic Myocarditis.

(duration) 2. yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical + Lab Tests.

(Signed) Wm. P. Champe Jr Mds, M. D.

Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	8 18 1925
20 UNDERTAKER	ADDRESS
George J. Ruth	1700 Hanford

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00988

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00988

CERTIFICATE OF DEATH.

57

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 619 S. Belnord Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary ann Webb

(a) Residence No. 619 S. Belnord Ave. Ward 1-2

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	✓

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Webb.

6-DATE OF BIRTH (month, day and year) Jan. 1, 1849

7-AGE. 76 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Household.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Germany

PARENTS.

10-NAME OF FATHER. John Weidner

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). unknown

14- (Informant) James Webb

(Address) 619 S. Belnord Ave.

15- Filed ..... 19.. Robert P. Harrison, Registrar.

AUG 7 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). aug. 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 28, 19.25, to ~~July~~ aug 6, 19.25

that I last saw ~~her~~ alive on aug. 6, 19.25.

and that death occurred, on the date stated above, at 3.45 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Krager M. D.

, 19 (Address) 2627 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mount Carmel Cem.	Aug 10, 1925
20-UNDERTAKER.	ADDRESS
Henry Sander Sons Inc	1710 Eliz. St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00989

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00989

CERTIFICATE OF DEATH.

129

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 933 N. Luzerne Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles H. Crawford Sr. 1-3

(a) Residence No. 933 N. Luzerne St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Henrietta M. Crawford

6-DATE OF BIRTH (month, day and year)

7-AGE. 63 yrs. 3 mos. 26 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Efficiency Man

(b) General nature of industry, business, or establishment in which employed (or employer). B. R. R. Retired 2 years 1926

(c) Name of employer.

9-BIRTHPLACE (city or town). Balto

(State or Country). Md.

PARENTS.

10-NAME OF FATHER. Andrew Crawford

11-BIRTHPLACE OF FATHER (city or town). Alexandria

(State or Country). V. a.

12-MAIDEN NAME OF MOTHER. Anna Callan

13-BIRTHPLACE OF MOTHER (city or town). Balto

(State or Country). Md.

14- (Informant) Henrietta M. Crawford

(Address) 933 N. Luzerne Ave.

15- Filed. AUG 7 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

Dr Hall 1631 E. North Ave

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 6. 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1925 to Aug 6 1925.

That I last saw him alive on Aug 6 1925

and that death occurred, on the date stated above, at 1.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 9 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What lest confirmed diagnosis?

(Signed) E. Gill Hall M. D.

Aug 6 1925 (Address) 1631 E North Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Olivet Cem. DATE OF BURIAL. Aug 8, 1925

20-UNDERTAKER. Henry Sander & Sons ADDRESS 1710 Pract St

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00990

CERTIFICATE OF DEATH.

129

E 00990

1-PLACE OF DEATH West Balto. General Hospital. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raymond Ave & Oakland ST., WARD)

2-FULL NAME Mary A. Brundel.

(a) RESIDENCE NO. 1235 Battery Ave, ST., 24-1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Brundel Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo Whitten.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Chas Brundel

(Address) 1235 Battery Ave

15 Filed AUG 7 1925, 19 Robert P. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1925 to Aug 6, 1925

that I last saw him alive on Aug 5, 1925,

and that death occurred, on the date stated above, at 6:20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

Myocarditis.

Uremia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Geo Hubert Wilkerson, M. D.

19 (Address) 1st Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 8-8 1925

20 UNDERTAKER Ed B Hale — ADDRESS 1156 West St

Spec– 12-23-21—E.B.R.S.—400 Bks.

E 00991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00991

CERTIFICATE OF DEATH.

117 Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Schene

(a) Residence No. St. Agnes Lane Old Frederick Rd. St., 25-2 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 20 1906

If LESS than 1 day

7-AGE, 18 yrs. mos. ds. hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Gardner

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS

10-NAME OF FATHER, Bernard Schene

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Sarah O'Donnell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Bernard Schene

(Address) St Agnes Lane + Old Frederick Rd

15- Filed AUG 7 1925, 19.. Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 7 25

17- I HEREBY CERTIFY, That I attended deceased from Aug. 2 1925 to Aug. 7 1925

that I last saw h.. alive on Aug. 7 1925

and that death occurred, on the date stated above, at 12 00 a. m.

The CAUSE OF DEATH* was as follows: General Peritonitis

following ruptured appendix (surgical operation)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test co.. diagnosis?

(Signed) Formadyk. Nichols M.D.

19 (Address) 934 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral — DATE OF BURIAL. 8-10 1925

20-UNDERTAKER. Ernest Hahn — ADDRESS 1156 N. Eutaw St

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.P.S.—400 Bks.

E 00992

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00992

CERTIFICATE OF DEATH.

31

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2013 E. Eager St. St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Marie Shimek

(a) Residence No. 2013 E. Eager St. St., 7 Ward (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? 33 yrs. 4 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mr. Philip Shimek

6-DATE OF BIRTH (month, day and year): 3-26-1892

7-AGE: 33 yrs. 4 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto, Md.

PARENTS.
10-NAME OF FATHER: Bertazab Hata
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Bohemia
12-MAIDEN NAME OF MOTHER: Barbra Studnika
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Bohemia

14-Informant: Philip J. Shimek Jr.
(Address): 2013 E. Eager St.

15-Filed AUG 7 1925 19.. Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug. 6 25

17-I HEREBY CERTIFY, That I attended deceased from June 6 19 25 to Aug 6 19 25

that I last saw h.. alive on Aug 6 19 25 at 10.30 P

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What lest confirmed diagnosis? Autopsy

(Signed) Wilbur F. Krauch M. D.

(Address) 80 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug 10 19 25

20-UNDERTAKER: Wm. August Paeek. — ADDRESS: 2406 E. Fairfield Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

E 00993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00993

CERTIFICATE OF DEATH. 109-002

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3139 Baker ST., ✓ WARD)

2-FULL NAME Ralph Frederick Frazier Jr 16-1

(a) RESIDENCE NO. 3139 Baker ST., WARD.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4 = 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) Public School

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Ralph Frederick Frazier

11 BIRTHPLACE OF FATHER (city or town) Covington (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Emma Zantzinger

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Ralph Frederick Frazier (Address) 3139 Baker St

15 Filed AUG 7 1925, 19.. Robert J. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 = 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1925, to Aug 6, 1925, that I last saw him alive on Aug 6, 1925, and that death occurred, on the date stated above, at 430a m.

The CAUSE OF DEATH* was as follows:

Streptococcic Sore Throat

(duration) yrs 9 mos 4 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency Pulmonary Edema 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) # W. Grey M. D.

, 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 8/8/25

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson Ave

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00994 — E 00994

CERTIFICATE OF DEATH. 161-001

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 N. August ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elvis McKay

(Residence in Baltimore: No. 1529 N. August St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	single

6-DATE OF BIRTH, Aug (Month) 5 (Day), 1925 (Year)

7-AGE, ...yrs. ...mos. 2 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Charles E. McKay

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Catherine Gray

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. McKay

(Address) 1529 Aug St

15- AUG 7th 1925, Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 7 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1925, to Aug 7 1925, that I saw h[illegible] alive on Aug 6 1925, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (6 mos) whooping cough

Hemorrhage of lungs

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Acquired Malnutrition

(Duration) ...yrs. ...mos. ...ds.

(Signed) [illegible] M. D.

Aug 7, 1925 (Address) 836 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem, DATE OF BURIAL, Aug 7, 1925

20-UNDERTAKER Zirkler & Zirkler ADDRESS 1739 E. Eager St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question must be answered. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S certificate of CAUSE OF DEATH should be stated EXACTLY. PHYSICIAN'S certificate of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00995

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 W. Fayette ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John N. Tredway

(a) RESIDENCE NO. 1008 W. Fayette ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Jemima J. Tredway

6 DATE OF BIRTH (month, day, and year): Dec 6 1835

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	90	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Daniel Tredway

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Burley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Thomas Tredway Parkville Maryland

15 Filed ..... 19 ..... Registrar: Robert F. Harrison

AUG 7 - 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 1925 to Aug 6 1925.

that I last saw him alive on Aug 6 1925

and that death occurred, on the date stated above, at 5.25 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(duration) 20 hours

CONTRIBUTORY (Secondary): Senile Arteriosclerosis (duration) over 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry C. Fiske M. D.

(Address) 1203 W. Fayette St.

Aug 6 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morrisroe Cemetery Baltimore Md

DATE OF BURIAL: Aug 8 1925

20 UNDERTAKER'S NAME AND ADDRESS: John O Nicholson 1201 W Fayette

Spec.—1-10-25—M&T—1500 Bks.

E 00996

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00996

CERTIFICATE OF DEATH.

129

REGISTERED NO. ...

1-PLACE OF DEATH West Balto. General Hospital

CITY OF BALTIMORE: (No. Raymor Ave & Bukeland ST., WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Josephine Guthrie.

(a) RESIDENCE NO. 790 W. Cross St. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson Gray Guthrie.

6 DATE OF BIRTH (month, day, and year) Dec 24 1857.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Snow Hill. Md.

PARENTS

10 NAME OF FATHER Capt. Peter Truitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Maude Storey

(Address) 790 W Cross

15 AUG 7 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6. 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1925, to Aug. 6, 1925, that I last saw her alive on Aug. 6, 1925, and that death occurred, on the date stated above, at 8:50 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis.

Chronic Nephritis.

Uremia.

(duration) 2 yrs. — mos. — da.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) — yrs. — mos. — da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Jas Hurst Wilkinson, M. D.

, 19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fort Lincoln Cem Aug 8 1925

DATE OF BURIAL

20 UNDERTAKER John O Mulcahy

ADDRESS 1201 N Fayette

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00997

CERTIFICATE OF DEATH.

164

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Brentwood st. Ward 10-1

2-FULL NAME Mary Collins

(a) RESIDENCE NO. 1112 Brentwood Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Collins

6 DATE OF BIRTH (month, day, and year): Oct 12-1852

7 AGE — Years: 72 — Months: 8 — Days: 23 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick Cashen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Harrington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: H. C. Wiedefeld

(Address) 914 Greenmount Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/5 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/3/25 . 19 . to 8/5/25 . 1925 . that I last saw h[illegible] alive on 8/5/25 . 1925 . and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Senility

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 7 m.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Benson Ross M. D.

(Address) 914 E. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Aug 8 1925

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Greenmount Ave

Robert P. Harrison, [illegible] Parish Clerk

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00998 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00998

CERTIFICATE OF DEATH. 49

Registered No. 17-5

1-PLACE OF DEATH

City of BALTIMORE: (No. 304 E.North Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Amalia Bochau

(a) Residence No..... 304 E.North Ave St., Ward. Resident
(Usual place of abode) (If not a resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. ? mos. ? ds. How long in U. S. if of foreign birth? 43 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Theodor Bochau

6-DATE OF BIRTH (month, day and year) March-29-1848

7-AGE, 77 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9-BIRTHPLACE (city or town) (State or Country), Hamburg Germany

PARENTS.

10-NAME OF FATHER, Mr Osenbruck

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mrs Gapke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant)..Mr.Chas.H.Bochau(Son) (Address)..... 304 E.North Ave.

15- Filed AUG 1 1925 16- Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from —, 1915 to Aug 6, 1925

that I last saw her alive on Aug, 1925

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Bladder (Cancer)

(Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Jemal Arteriosclerosis

(Duration) yrs. Jemal mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Oral examination

(Signed) Jno A Luetscher M. D.

Aug 7, 1925 (Address) 122 Cafer St

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL. Aug-8th., 1925

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 328 W. NORTH AVE.

B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important
instructions on back of certificates.

CAUSE OF DEATH

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00999

CERTIFICATE OF DEATH.

57

E 00999

REGISTERED NO. 21-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1334 Washington Blvd. ST., WARD 21

2-FULL NAME Robert M. Thompson

(a) RESIDENCE No. 1334 Washington Blvd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

9a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice H. Thompson

6 DATE OF BIRTH (month, day, and year) Oct. 2. 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sign painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired 050

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER Robert Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) London

12 MAIDEN NAME OF MOTHER Mary Kemp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Alice H. Thompson

(Address) 1334 Washington Blvd

15 Filed AUG 7 - 1925, 19 Registrar Robert F. [illegible]

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5. 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1925, to Aug 5th, 1925.

that I last saw him alive on Aug 5th, 1925.

and that death occurred, on the date stated above, at 11. A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) — yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene 3 toes

(duration) — yrs. — mos. 21 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Necropsy

(Signed) Hubert F. Thielemann, M. D.

, 19 (Address) 6 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park.	Aug 8 1925

20 UNDERTAKER Mr. Mrs. John H. Teufel & Son ADDRESS 801 N. Fayette

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

(Roman)

HEALTH DEPARTMENT—CITY OF BALTIMORE E 01000

E 01000

CERTIFICATE OF DEATH. 185

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., ... WARD) 16-7

2-FULL NAME Adam Roman

(a) RESIDENCE NO. 606 N Fremont St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Roman

6 DATE OF BIRTH (month, day, and year) Aug 26, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	73	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Carr-Lowry-Glass Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) (?)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) (?)

14 Informant George Roman
(Address) 105 N. Fremont Ave

45 Filed AUG 7 1925, 192 ..... Robert F. Harrison Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

a few hours
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell down steps
(duration) yrs. mos. ds.

over

(Signed) J. H. French, M. D.
(Coroner)

8-6, 1925 (Address) 1171 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION, OR REMOVAL London Park — DATE OF BURIAL Aug 8 1925

20 UNDERTAKER Mr. & Mrs. John W. Tenfelder Son — ADDRESS 801 W Fayette

TYPE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC... TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01001 E 01001

CERTIFICATE OF DEATH.

90

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 Rutland Ave ST.; WARD 17

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E Donahue

(Residence in Baltimore: No. 1831 Rutland Ave St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	W.	Widowed

6-DATE OF BIRTH. Sept 7 (Month) (Day), 1855 (Year)

7-AGE, 69 yrs. 10 mos. 29 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER. Richard Summons

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER. Catherine Cane

13-BIRTHPLACE OF MOTHER (State or Country). Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maud E Donahue

(Address) 1831 Rutland Ave.

15- Filed ....., 191.... Robert F. Harrison, Registrar. Burial Permit Clerk

7-1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5 (Month) (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1925, to August 5 1925, that I saw h r alive on August 5 1925, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Rheumatism, Chronic Valvular Disease of the Heart

about ..... (Duration) 0 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Valvular disease of the Heart

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Thomas F Markhead M. D.

Aug 7, 1925 (Address) 1131 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. Aug 10, 1925

20-UNDERTAKER. Wm Cook

ADDRESS 522 E Monument

CAUSE OF DEATH must be stated. AGE should be stated. PHYSICIANS should state CAUSE OF DEATH in such terms that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 01002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01002

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5211 Milton Heights Ave ST., 27-3 WARD

2-FULL NAME Christina Damman

(a) RESIDENCE No. 5211 Milton Heights Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Damman

6 DATE OF BIRTH (month, day, and year) Dec 3, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	3	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William Engle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Engle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary E Burman (Address) 5211 Milton Heights Ave

15 Filed Aug 8 1925, 192... Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Valvular Disease of Heart

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) John H. Rosenau, M. D. (Coroner.)

Aug 8, 192... (Address) 1532 Reisterstown Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Aug 10 1925

20 UNDERTAKER W. M. Cook — ADDRESS 502 E Fayette Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CERTIFICATE OF OCCUPATION
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1884 E 01003 — 3284

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01003

CERTIFICATE OF DEATH.

16-002

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 76-8 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Long

(a) RESIDENCE NO. 1005 1st St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 9 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Rhodes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records (Address) J H H

15 Filed ..... 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1925

17

I HEREBY CERTIFY, That I attended deceased from July 25 -, 1925 to Aug 7 -, 1925

that last saw her alive on Aug 7 -, 1925

and that death occurred, on the date stated above, at 10:9 m.

The CAUSE OF DEATH* was as follows:

Acute Dysentery (Flexner)

(duration) ... yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Pertussis (Convulsions) (2 wks)

(duration) ... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Stool

(Signed) W. Scott M. D.

8-7 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL Aug 8 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fayette

Cor.—1-12-23—M&T—100 Bks.

E 01004 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01004

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Denier Hadley

(a) RESIDENCE NO. 304 Mother ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia E. Hadley

6 DATE OF BIRTH (month, day, and year) March 17-1895

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30 4/1			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrical Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) England
(State or country)

PARENTS

10 NAME OF FATHER Thos. Hadley

11 BIRTHPLACE OF FATHER (city or town) England
(State or country)

12 MAIDEN NAME OF MOTHER Hannah M Hartes

13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Hannah Hadley
(Address) 6309 Beach

15 Filed AUG 8 1925, 192 Albert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3 - 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. H. Riley, M. D.
(Coroner)

Aug 7, 1925 (Address) 1639 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients, or Recent Residents.) 4 or 5 months

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 8/8/1925

20 UNDERTAKER J. J. Moran — ADDRESS 300 E Baltimore

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01005

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01005

CERTIFICATE OF DEATH.

27-1 101-001

1-PLACE OF DEATH 656 Dover St

REGISTERED NO.

CITY OF BALTIMORE: (No. 656 Dover ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H Williams

(a) RESIDENCE. NO. 654 Dover St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March — 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert Co
(State or country) Md.

PARENTS

10 NAME OF FATHER Walter Williams

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Sophia Johnson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Thelma Harris
(Address) 656 Dover St

15 Filed AUG 8 1925, 19 Robert P. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to Aug 5, 1925, that I last saw h— alive on Aug 4, 1925 and that death occurred, on the date stated above, at 3,30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Chas Wesley Cole, M. D.

8/5 1925 (address) 712 S Chapel St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Aug 9 1925

20 UNDERTAKER: John H Tradiman — ADDRESS 1027 Edmondson Ave

A.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01006

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01006

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 63 Darby ST.: 13 WARD: 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L Gosnell

(a) RESIDENCE. No. 63 Darby ST., 13 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 3/24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John D. Gosnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Myrtle McCann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John D Gosnell
(Address) 63 Darby St

15 Filed AUG 8 - 1925 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1925, to Aug 6, 1925, that I last saw h[illegible] alive on Aug 6, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) R. Brument, M. D.

, 19 (Address) 35-43 Chestnut St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Aug 8 1925

20 UNDERTAKER Chenoweth & Son ADDRESS 3617 Chestnut Ave

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01007

E 01007

CERTIFICATE OF DEATH.

5-12-9

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (STREET AND WARD)

2-FULL NAME Mrs Agnes M. Ostendorf

(a) RESIDENCE NO. 1804 N. Fulton Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced (or) WIFE of Henry Ostendorf.

6 DATE OF BIRTH (month, day, and year) March 3-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown (Dead)

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER Unknown (Dead)

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant (Address) Henry A. Ostendorf 1804 N. Fulton Ave

15 Filed ....., 19 Robert P. Harrison, Registrar

AUG 8 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1925, to Aug 7, 1925

that I last saw h[illegible] alive on Aug 7, 1925

and that death occurred, on the date stated above, at 9:55 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Uremia.

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) C. G. Thomas, M. D.

, 19 (Address) Maryland Gen Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Aug 10th 1925
20 UNDERTAKER	ADDRESS
F. A. Kramer & Son	1038 Hanover

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 01008 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01008

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 Forest ST., 5-1 WARD)

2-FULL NAME Louis Carters

(a) RESIDENCE No. 308 Forest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	unknown		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Crane Leader
(b) General nature of industry, business, or establishment in which employed (or employer) at Sp Point
(c) Name of employer

9 BIRTHPLACE (city or town) Cape Verde Islands
(State or country)

PARENTS

10 NAME OF FATHER /

11 BIRTHPLACE OF FATHER (city or town)
(State or country) X Not Known

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Louis Rogers
(Address) 308 Forest

15 Filed AUG 8 - 1925, 192 Robert P. Harrison Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July Aug 6 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Arteriosclerosis Heart

Primary Edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Kelly, M. D.
(Coroner.)

Aug. 7, 192 5 (Address) 1039 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Aug. 9 1925

20 UNDERTAKER Chas F. Johnson ADDRESS 4671 Carolina 8C

THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 01009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01009

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Lancaster ST., W-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Maciejewski

(a) RESIDENCE NO. 1714 Lancaster ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male. 4 COLOR OR RACE: White. 5 (Single, Married, Widowed, or Divorced—write the word): Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 7-1925

7 AGE — Years: — Months: 7 Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: George Maciejewski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Pardowicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Geo. Maciejewski
(Address) 1714 Lancaster.

AUG 8 1925 . 19 ... Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 . 1925 . to Aug 7 . 1925.
that I last saw him alive on Aug 5 . 1925 .
and that death occurred, on the date stated above, at 2 a. m.
The CAUSE OF DEATH* was as follows:
Cholera Infantum

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) —
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) John H. Rahberger, M. D.
8/9 1925 (Address) 1909 Alabama Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: 8/9 1925

20 UNDERTAKER: W. H. Fiaschowski — ADDRESS: 1619 Eager

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Blks.

E 01010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01010

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Sydenham Hospital (St.) (Ward)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hamlin

(a) RESIDENCE. No. 227 Rock St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Col	Sing'l

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1—1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS
10 NAME OF FATHER George Hamlin
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md
12 MAIDEN NAME OF MOTHER Vida Smith
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mother 227 Rock St

15 Filed AUG 8 - 1925 Robert F. Harrison Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1925, to Aug 7, 1925, that I last saw him alive on Aug 7, 1925, and that death occurred, on the date stated above, at 12:25 P m.

The CAUSE OF DEATH* was as follows:

Tubercular meningitis
(duration) approx. 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis
(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of —
Was there an autopsy? yes
What test confirmed diagnosis? autopsy + Tuberculin test.

(Signed) Bullaway, M. D.
8/8/25 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ont—Aurlon Cem	Aug 9 19 25
20 UNDERTAKER Mrs R A Elliott	ADDRESS Baltimore

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 01011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01011

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 145 N. Gay ST., H-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L. Wicks

(a) RESIDENCE NO. 145 N. Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None 963
(b) General nature of industry, business, or establishment in which employed (or employer) Was Printer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Solomon Wicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Anna Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Funeral
(Address) 1404 Bacon

15 Filed ..... 192 Robert F. Harrison Registrar

G 8 - 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Duration (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. J. Tilley (Coroner.) M. D.

Aug 8, 1925 (Address) 1629 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death 1 month yrs., mos., ds. In the State that Baltimore yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Aug 10 1925

20 UNDERTAKER Robt J. Turner Sons — ADDRESS N. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 01012

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01012

CERTIFICATE OF DEATH.

27-5-52

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 E. Belvidere ave ST.) (WARD)

2-FULL NAME Mrs Susana Mc Cauley

(a) RESIDENCE NO. 1346 Belvidere ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John J Mc Cauley

6 DATE OF BIRTH (month, day, and year): Oct 2 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wm B Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Susanna Nice

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Geo E Mc Cauley

(Address): 134 Belvedere Ave

15 AUG 8 - 1925 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6 1925

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1925, to Aug 6, 1925,

that I last saw h alive on Aug 5, 1925,

and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatoid Arthritis,

and Senility

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Arterio-Sclerosis

(duration) Long time yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. B. Turner, M. D.

Aug 6 1925 (Address) 5706 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney

DATE OF BURIAL: Aug 10 1925

20 UNDERTAKER: Robt J Turner Inc

ADDRESS: W Bway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-25 M&T 1500 Blks.

E 01013

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01013

CERTIFICATE OF DEATH.

3-2-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Wheeler

(a) RESIDENCE No. 225 S. Bethel st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	37??			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Charles Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie ??

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address) M.T.H.

15 Filed AUG 8 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to Aug. 5, 1925, that I last saw h in alive on Aug. 5, 1925, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. O McLane Jr M. D.

8-5-1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Laurel Bur 8/8/25

20 UNDERTAKER — ADDRESS

Daniel Eaton 916 Lex

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01014

CERTIFICATE OF DEATH.

OK. 1837 Hall MD Coroners NE. Asst

REGISTERED NO. Asst

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST. 1 8-1 WARD 8-7-25

(If death occurred in a hospital or institution, give its NAME instead of street and number.) E 01014

2-FULL NAME Lillie Phillips Stupp Taylor

(a) RESIDENCE NO. 1044 West Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant St Josephs Hospital Records. (Address)

15 Filed ..... 19 ..... Registrar

AUG 8 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/7 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/3, 1925, to 8/7, 1925, that I last saw her alive on 8/7, 1925 and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Pelvic inflamatory disease w/ cystic Ovary on right side.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac shock w/ acute Carbon Dilitation (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8/3/25

Was there an autopsy? no

What test confirmed diagnosis? Gross & Microscopy

(Signed) Arnold L. Jones M. D.

8/7, 1925 (Address) St Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. M. Faulkner Son

DATE OF BURIAL 8/10/1925

20 UNDERTAKER Dame Easter

ADDRESS 916 Park

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01015

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 N. Carlington Av ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Ray Novak

(a) RESIDENCE No. 1839 N. Carl. Av ST., WARD

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 9. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Joseph N. Novak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nebraska

12 MAIDEN NAME OF MOTHER Maria Muller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Joseph Novak

(Address) 1839 N. Carlington Av

Filed AUG 8 1925, 19 Robert P. Garrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1925

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1925, to Aug 6, 1925, that I last saw him alive on Aug 6 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Carol Fisher, M. D.

8/7. 1925 (Address) 1823 N. Mast St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Aug 8 1925
20 UNDERTAKER	ADDRESS
Geo. F. Ruth	1230 Wayland Ave

Burial Permit Clerk.

A.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-16-21 - M&T - 1500 Bks.

E 01016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01016

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1456 William ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E. Fisher

(a) RESIDENCE NO. 1456 William ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 13, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Bernard Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice Hurley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alice Hurley (Address) 1456 William St

15 Aug 8 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 6, 1925, to Aug 7, 1925, that I last saw h[illegible] alive on Aug 6 1925, and that death occurred, on the date stated above, at 5 15 m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

8/8, 1925 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL Aug 8 25

UNDERTAKER Harry H. Witzke ADDRESS 1580 W. Lombard St

GENERAL.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

S. A. FELTY

Spec.—1-10-21—M&T—1500 Bks.

E 01017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 01017

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 7-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Marriott

(a) RESIDENCE No. 608 N. Kenwood ST., Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed, or Divorced~~ (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 28 1865

7 AGE Years 59 Months 11 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Thomas Marriott.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eng.

12 MAIDEN NAME OF MOTHER Ellen Fullum.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eng.

14 Informant Mrs. Angie Graves (Sister) (Address) 608 N. Kenwood Ave.

15 Filed ..... 19 ..... Robert P. Harrison Registrar

G 8 - 1925

Dirbal Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/7/25 19

17 I HEREBY CERTIFY, That I attended deceased from 8/5/25, 19 ..... to 8/7/25, 19 ....., that I last saw h[illegible] alive on 8/7/25, 19 ....., and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Edema of the Lungs (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) H. E. Bryandt M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W/X Carmel Cemetery — DATE OF BURIAL Aug 9 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 L-Ward

Spec.—1-16-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01018

E 01018

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A. Kelly Hosp. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tracy B. Regenstein

(a) RESIDENCE NO. 735 Ponce de Leon Ave ST., WARD Atlanta, Ga.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Louis Regenstein

6 DATE OF BIRTH (month, day, and year) Dec. 13, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Lob Benjamin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Golda Cronheim

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Louis Regenstein
(Address) Atlanta, Ga.

15 Filed AUG 8 - 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/8/ 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1925, to Aug. 8, 1925, that I last saw her alive on Aug. 8, 1925, and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Biopsy.

(Signed) Robert E. Fricke, M. D.

8/8/, 1925 (Address) 1418 Eutaw Place, City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlanta, Ga. DATE OF BURIAL 8/8/1925

20 UNDERTAKER David Sondheim ADDRESS 1112 W. Mt. Royal Ave

WARNING—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01019

99-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 S. Ann ST., 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Dudek

(a) RESIDENCE NO. 719 S. Ann ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) May 29-1921

7 AGE ~~192~~	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	4	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Dudek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Berlin Germ

12 MAIDEN NAME OF MOTHER Mary Gmorczynska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Berlin Germ

14 Informant Frank Dudek

(Address) 719 S. West St.

15 Filed AUG 8 - 1925, 19 Henry M. Harriger, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1925

17

I HEREBY CERTIFY, That I attended deceased from July 30, 1925, to August 5, 1925, that I last saw him alive on August 5, 1925, and that death occurred, on the date stated above, at 9.20 p. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) mitral obstruction

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? mitral Regurgitation

(Signed) A. Bruwalski, M. D.

7.8, 1925 (Address) 2042 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. DATE OF BURIAL Aug 9" 1925

20 UNDERTAKER M. J. Sadowski. ADDRESS 705 S. Ann St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

(Choupin)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01020

E 01020

CERTIFICATE OF DEATH.

5-2 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 572½ N Gay ST., 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche E. Choupin

(a) RESIDENCE NO. 572½ N. Gay ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Francis A. Choupin

6 DATE OF BIRTH (month, day, and year) Oct 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John C. Monks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Not Given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Given

14 Informant Loreta O'Sullivan

(Address) 572½ N. Gay St.

15 Filed Aug 8, 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7th 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Aug 7, 1925, that I last saw h alive on Aug 7, 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatis Nephritis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. E. Hegner M. D.

Aug 8 1925 (Address) 301 N Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Aug 10 1925
20 UNDERTAKER	ADDRESS
Geo M. Fink & Son	811 N Wolfe

Burial Permit Issued

G 8 1925

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-13

E 01021

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 223 N. Dolles St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Bristo

(a) Residence No. 223 N. Dolles St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colord

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1888

7-AGE 37 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor

(h) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), S. C

PARENTS.

10-NAME OF FATHER, Jim Bristo

11-BIRTHPLACE OF FATHER (city or town) (State or Country), S. C

12-MAIDEN NAME OF MOTHER, Harriett Wallice

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), S. C

11- (Informant) Masta Reed

(Address) 223 N. Dallas St.

15- Filed AUG 8 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 7-25

17- I HEREBY CERTIFY, That I attended deceased from Aug 7, 1925 to Aug 7 1925

that I last saw him alive on Aug 7 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Bronchopneumonia

(Duration) yrs. 3 mos. ds

CONTRIBUTORY (Secondary) Aortic Insufficiency

Bronchopneumonia (Duration) yrs. mos. 8 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical sym

(Signed) M M Cutterman M. D.

Aug 7, 1925 (Address) 2218 E. Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lumberi S.C — DATE OF BURIAL. aug 10 1925

20-UNDERTAKER. Edward Bryan — ADDRESS 1691 Orleans st

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01022

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01022

CERTIFICATE OF DEATH.

155

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Barach

(a) RESIDENCE NO. 901 North Chester St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed or Divorced, (write the word)~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 23 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10.	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Rudolph Barach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Laura Levi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Rudolph Barach

(Address) 901 N Chester St

15 Filed AUG 3 - 1925 ROBERT R. KRAUTH, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/7/25 19

17 I HEREBY CERTIFY, That I attended deceased from 8/5/25, 19.., to 8/7/25, 19.

that I last saw him alive on 8/7/25 19

and that death occurred, on the date stated above, at 4 7 P. M.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicaemia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Osteomyelitis.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? yes. Date of 8/5/25

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) H Bonguet M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Aug 10 1925

20 UNDERTAKER Frud Evans Son — ADDRESS 1906 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01023

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3721 Clarement ST., 26 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dolores Bast

(a) RESIDENCE NO. 3721 Clarement ST. 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 29-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James Bast.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Loretta John

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) James Bast. 3721 Clarement St.

15 AUG 9 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6-1925, to Aug 7-1925, that I last saw her alive on Aug 6-1925 and that death occurred, on the date stated above, at 6.0 a. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) D. W Thomas M. D.

19 (Address) 1913 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: Aug 10 1925

20 UNDERTAKER: Lilly and Zirkin ADDRESS: 403 S. Wolfe St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1825 E 01024

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-0 E 01024

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 1-2 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Kessler

(a) RESIDENCE NO. 137 S Bouldin ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of:

6 DATE OF BIRTH (month, day, and year): July 16 1925

7 AGE — Years: — Months: 1 — Days: 22 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joseph Kessler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Catherine Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Records Johns Hopkins Hospital

15 AUG 9 - 1925 ROBERT R. KRAUTH, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1925, to Aug 7, 1925, that I last saw her alive on Aug 7, 1925 and that death occurred, on the date stated above at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Spina Bifida - Hydrocephalus

(duration) yrs. 1 mos 22 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) C. Bell M. D.

8-9, 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: Aug 9 1925

20 UNDERTAKER: Lilly and Zeile ADDRESS: 1403 S Wolfe St

This information should be carefully supplied. AGE should be stated EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01025

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 12 WARD)

2-FULL NAME William C. Schissler

(a) RESIDENCE No. 2794½ Alameda Ave St., 9-N WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1886 E 01025

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alma R. Schissler

6 DATE OF BIRTH (month, day, and year) May 19 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bread salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer E. K. Wooster 466

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Conrad Schissler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Ernalt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Alma Schissler
(Address) 2794½ Alameda Ave

15 AUG 9 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ her death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of base of skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) John Morrissey (Coroner) M. D.

Aug 8 1925 (Address) 365 Holden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 10 1925
20 UNDERTAKER J. Henry Lutz	ADDRESS 1203 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01026 — 16-002 — E 01026

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Carlisle Pl. ST., 8-3 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Wesley Mamud

(a) RESIDENCE NO. 1718 Carlisle Pl. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of:

6 DATE OF BIRTH (month, day, and year) Feb 1st 1925

7 AGE — Years — Months: 6 — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER James A. Mamud

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Josephine Sampson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant: James A. Mamud
(Address) 1718 Carlisle Pl.

15 Filed AUG 9 - 1925 ROBERT K. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1925, to Aug 8, 1925, that I last saw him alive on Aug 7, 1925 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Dysentary

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (Dietary error)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Hemmeter, M. D.

8/8 1925 (Address) 1429 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Aug 9 1925

20 UNDERTAKER: Mrs R A Elliott — ADDRESS: 1725 Ashland Ave

mation should be carefully supplied. AGE should be stated EXACTLY. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 01027 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01027

CERTIFICATE OF DEATH. 188-003

1-PLACE OF DEATH City of BALTIMORE: (No. St. Agnes Hospital 20-4 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard G. Goodrich

(Residence in Baltimore: No. 2805 Fredrick Ave St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: May 10th 1866 (Month) (Day) (Year)

7-AGE: 59 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Driver City Garbage Cart (b) General nature of industry, business, or establishment in which employed (or employer): D.P.W.

9-BIRTHPLACE, (State or Country): Md

PARENTS:

10-NAME OF FATHER: George Goodrich

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Jane Thompson

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Zwiebelman

(Address) 1814 Hollins St.

15-

Filed AUG 9 - 1925 192.. ROBERT R. KRAUTER Registrar. Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug 7 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage

(Duration) 10 Minutes hrs. ds.

CONTRIBUTORY (Secondary) Run over by auto Truck

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton M. D. Coroner

Aug 8 1925 (Address) Curtis Bay.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal. Accidental

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Travelers, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug: 9 1925

20-UNDERTAKER: C. W. Dill — ADDRESS: 3109 Fredk: Ave:

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01028

CERTIFICATE OF DEATH.

113 E 01028

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3921 E Pratt ST., N 7 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leona R. Justice

(a) RESIDENCE No. 3921 E Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 24 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER William E. Justice

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Carrie E. Braxton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Wm. E. Justice

(Address) 3921 E Pratt St

15 Filed AUG 9 - 1925 ROBERT P. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925. to Aug 8, 1925.

that I last saw h alive on Aug. 8, 1925.

and that death occurred, on the date stated above, at 10:55 A. m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) S. Le Wagness M. D.

8/8 1925 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Aug. 10 1925
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1501 E Eager St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 01029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01029

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S. Carey ST.: 14-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Stein

(a) RESIDENCE. No. 210 S. Carey ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feby 17-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) md

PARENTS

10 NAME OF FATHER Michael Stein

11 BIRTHPLACE OF FATHER (city or town) Servia (State or country)

12 MAIDEN NAME OF MOTHER Ethel Spearman

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) md

14 Informant Michael Stein

(Address) 210 S Carey st

AUG 9 - 1925

ROBERT R. KRAUTER, Registrar of Records.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 5th, 1925, to Aug 7, 1925, that I last saw her alive on Aug 7, 1925, and that death occurred, on the date stated above, at 8 45 P. m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Dehydration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical Exam

(Signed) U.W.L. Clift, M. D.

8/8, 1925 (Address) 1012 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters	aug 10th 1925

20 UNDERTAKER John J. Fields ADDRESS 120 N Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01030

CERTIFICATE OF DEATH 57

E 01030

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. 21-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Johanne Wistling

(a) RESIDENCE NO. 805 W. Cross St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Wistling

6 DATE OF BIRTH (month, day, and year): Sept 5 1876

7 AGE: Years 48 Months 11 Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bretzingen ms Baden Krause

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Betzold

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frederick Wistling (Address) 805 W. Cross St

15 Filed AUG 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/4/25, 19..., to 8/7/25, 1925

that I last saw h alive on 8/5/25, 1925

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Coronule - Diabetes -

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/4/25.

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) Dr. Gutstadt, M. D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 1925

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 2078 Pa

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01031

CERTIFICATE OF DEATH

(Registered No. 1279)

1-PLACE OF DEATH

City of BALTIMORE: (No. White & Hilltop Avenues St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Eliza Talbott

(a) Residence No. White & Hilltop Avenues St., Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 78 yrs. 6 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Jan-10-1847

7-AGE. 78 yrs. 6 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.... None
(b) General nature of industry, business, or establishment in which employed (or employer).... None
(c) Name of employer.... None

9-BIRTHPLACE (city or town) Baltimore Co.
(State or Country), Maryland

PARENTS:

10-NAME OF FATHER, Joshua F.T.Talbott

11-BIRTHPLACE OF FATHER (city or town) Baltimore Co.
(State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Anne E Bosley

13-BIRTHPLACE OF MOTHER (city or town) Baltimore Co.
(State or Country), Maryland

14-(Informant) Mr. H.F.Griffin Jr. (Nephew)
(Address) White & Hilltop Avenues.

15-Filed AUG 9 - 1925 ROBERT R. KRAUTER, Registrar.
Daniel Parnell Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 8-1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1925 to Aug 8 1925, that I last saw her alive on Aug 8 1925 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis
(Uremic Coma)

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (Uremic Coma)

(Duration) — yrs. — mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Morris B. Green, M. D.

Aug 9, 1925 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cockeysville-Balto Co Md. DATE OF BURIAL. Aug-11-25

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01032

CERTIFICATE OF DEATH.

E 01032

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Ridgely Av near Merville Av. ST., Mt. Washington Heights. WARD) 27-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ANNA MARGARET GALL.

(a) RESIDENCE NO. Ridgely Av. Mt. Washgtn Hgts. WARD (Resident)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 73 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adolph J. Gall.

6 DATE OF BIRTH (month, day, and year): March-20-1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: NONE

(b) General nature of industry, business, or establishment in which employed (or employer): NONE

(c) Name of employer: NONE

9 BIRTHPLACE (city or town) (State or country): ?----------? Bavaria

PARENTS

10 NAME OF FATHER: Mr. ? ? ? Walter

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?-------? Bavaria

12 MAIDEN NAME OF MOTHER: could not ascertain

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown unknown

14 Informant: Mrs. Henry Sievers (daughter)

(Address): Mt. Washington Heights.

15 Filed AUG 9 - 1925 19 ROBERT R. KRAUTER. Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to August 7, 1925, that I last saw her alive on Aug. 7, 1925 and that death occurred, on the date stated above, at 12:45 P. m.

The CAUSE OF DEATH* was as follows:

Hypostasis, Arterio-sclerosis.

(duration) Several years ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Autopsy not performed

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No special test

(Signed) Jack. A. Morgan M. D.

8/7 19 25 (Address) 6 E. Read St. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: LOUDON PARK CEMETERY — DATE OF BURIAL: Aug-10-25

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) — ADDRESS: 108 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01033

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 5003 Ivanhoe Ave-Govans. St., 27-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Winifred Alice Huntley

(a) Residence No. 5003 Ivanhoe Ave . Govans ..... St., ... Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. How long in U. S., If of foreign birth? 37 yrs. 10 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Huntley

6-DATE OF BIRTH (month, day and year) Oct. 5th. 1887

7-AGE, 37 yrs. 10 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... None

(c) Name of employer..... None

9-BIRTHPLACE (city or town)..... Grand Rapids
(State or Country), Michigan

PARENTS.

10-NAME OF FATHER, Charles Lindsay

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Canada

12-MAIDEN NAME OF MOTHER, Margaret VanCampen

13-BIRTHPLACE OF MOTHER (city or town)... Holland (State or Country), Michigan

14- (Informant) Mr. Geo. J. Huntley-(husband)

(Address) 5003 Ivanhoe Ave.

15- Filed AUG 9 - 1825 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 6-1925

17- I HEREBY CERTIFY, That I attended deceased from June, 1925, to Aug 6, 1925, that I last saw h[illegible] alive on Aug 6, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Caecum
Metastasis of Liver, Lungs.

(Duration) 2 + yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia

(Duration) yrs. mos. 10 + ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? Yes Date of Feb 1924

Was there an autopsy? No

What tests confirmed diagnosis? Microscopic + Gration

(Signed) D. W. Bishop, M. D.

Aug 7, 1925 (Address) 501 Sheridan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Parkwood Cemetery

DATE OF BURIAL, Aug. 10th 1925

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01034

CERTIFICATE OF DEATH.

129 E 01034

1-PLACE OF DEATH 1820 St Paul St. 17-6 Registered No.

City of BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Webster

(a) Residence No. 1820 St Paul St. St., Ward Aug 7 1925

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Webster.

6-DATE OF BIRTH (month, day and year) Jan 8, 1895

7-AGE, 20 yrs. 6 mos. 24 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Wife

(b) General nature of Industry, business, or establishment in which employed (or employer) home 1925

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland.

PARENTS.

10-NAME OF FATHER, James A Conrad

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Maryland.

12-MAIDEN NAME OF MOTHER, Laura Brokes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Maryland.

14- (Informant) Mrs Mary Keyser

(Address) 1820 St Paul St.

AUG 9 - 1925 Ruth N. Knabl, Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 7 1925

17- I HEREBY CERTIFY, That I attended deceased from ... 1918 to August 7 1925 that I last saw h[er] alive on August 6 1925 and that death occurred, on the date stated above, at 6.25 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) 7 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ... yrs. 5 mos. ... ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? ... Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Geo. M. Gibbs, M.D.

Aug 8, 1925 (Address) 1435 Mary Land Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral ... DATE OF BURIAL, Aug 10 1925

20-UNDERTAKER, Bernard A Funk ADDRESS 1017 Valley St.

If plural forms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 01035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01035

CERTIFICATE OF DEATH.

23 100-1

1-PLACE OF DEATH

City of BALTIMORE: (No. 147 W. Henrietta St. St., ... Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Smith Jr.(C)

(Residence in Baltimore: No. 147 W. Henrietta St. St.; yrs. 10 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH. September 25, 1924.
(Month) (Day) (Year)

7-AGE. ---- yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Edward Smith. Sr.(C)

11-BIRTHPLACE OF FATHER, (State or Country). Norfolk Va.

12-MAIDEN NAME OF MOTHER. Mildred Robinson.(C)

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mildred Smith. C. (mother)

(Address) 147 W. Henrietta St.

15-

Filed ..... 192 ROBERT R. KRAUTER, Registrar.

AUG 9 - 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. August 7, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumania.
unknown.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Leinhardt. M. D.
(Coroner)

Aug. 8, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Auburn	Aug 10 1925
20-UNDERTAKER. John H. Jordan	ADDRESS 1027 Mt. Auburn Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 01036

E 01036

CERTIFICATE OF DEATH. 12-139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Cumberland ST. WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice M. White

(a) RESIDENCE No. 615 Cumberland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct 25 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm. H. White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Edith Walker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gloucester Co. Va.

14 Informant Wm. H. White

(Address) 615 Cumberland St.

15 AUG 9 - 1925 ROBERT R. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-8- 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-7- 1925, to 8-8- 1925,

that I last saw h- alive on 8-8- 1925,

and that death occurred, on the date stated above, at 10.50 a. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. 2 wks ds.

CONTRIBUTORY (Secondary) Bronchopneumonia Probably

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) George C Page M. D.

, 19 (Address) 1800 N. Market St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Aug 10 1925

20 UNDERTAKER John H. Trader ADDRESS 1047 Lanvale St

E 01037 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01037

CERTIFICATE OF DEATH.

9-90

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 806 E. 20th St ..... St., 9 - Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Shea

(Residence in Baltimore: No. 806 E. 20th St ..... St.; yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	white	Single

6-DATE OF BIRTH. Dec 30-1850 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
70 yrs. 7 mos. 8 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John Shea

11-BIRTHPLACE OF FATHER. (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Burk

13-BIRTHPLACE OF MOTHER. (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
? Daughter
(Informant)
806 E. 20th St
(Address)

15- AUG 9 - 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. August 7-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably chr. myocarditis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Paul M. D.
(Coroner)

8-7-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Texas, Md.	Aug. 10, 1925

20-UNDERTAKER.	ADDRESS
H. C. Wiedefeld	914 Greenmount Ave.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01038

E 01038

91-002

CERTIFICATE OF DEATH.

27-11

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 24 Evergreen Ave St., ... Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME..... John A. Strobel .....

(a) Residence No. 24 Evergreen Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 11 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) January 10 1843

7-AGE. 82 yrs. 5 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Nothing

(c) Name of employer..... Self

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country).....

PARENTS

10-NAME OF FATHER, Frederick Strobel

11-BIRTHPLACE OF FATHER (city or town)..... Germany
(State or Country).....

12-MAIDEN NAME OF MOTHER, Victoria Reindel

13-BIRTHPLACE OF MOTHER (city or town)..... Germany
(State or Country).....

14-

(Informant) Agatha Strobel

(Address) 24 Evergreen Ave

15-

Filed ..... 192 ..... GUBLER K. KRAUTH, Registrar.

AUG 9 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 7 1925

17- I HEREBY CERTIFY, That I attended deceased from July 25 to Aug 7 1925.

that I last saw him alive on Aug 4 1925

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did no operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Phy Exam

(Signed) J. C. Blades M. D.

1925 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Aug 10 1925
20-UNDERTAKER. Leonard J. Ruck	ADDRESS Lafayette Ave Hamilton

Exact statement of OCCUPATION is very important. See that it is properly classified. Exact terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—6-9 19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01039

E 01039

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 215 E. 22 1/2 St. 12 Ward 3

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Mckinzie

(a) RESIDENCE. No. 215 E 22 1/2 St. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.
	~~1 yr~~			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Clarence Mickens

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Florence Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) JOHNS

15 AUG 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 7, 1925, to Aug 7, 1925, that I last saw him alive on Aug 7, 1925, and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
6 mos. duration

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Fall down Stairway by Mother (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos Woolridge, M. D.

8-8, 1925 (Address) 1028 Fa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS AUG 8 - 1925

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

18347
~~pg~~ 01040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 01040

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 12 WARD 3

2-FULL NAME Milton Lewis

(a) RESIDENCE No. 2210 Hunter Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1925

7 AGE: Years 2 Months 5 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~Child~~

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Roberta Crayner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) J.H.H.

AUG 10 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1925

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1925, to August 8, 1925, that I last saw h~~im~~ alive on August 8, 1925, and that death occurred, on the date stated above, at 9:40 P m.

THE CAUSE OF DEATH* was as follows:

Prematurity - Hereditary Syphilis

(Duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Wassermann

(Signed) W. J. Scott M. D.

8-9, 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. DATE OF BURIAL: Aug. 9th 1925

20 UNDERTAKER: Joseph A Farrell ADDRESS: 2369 Division St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01041

CERTIFICATE OF DEATH.

113

E 01041

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1129 Stricker ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leola Jones

(a) RESIDENCE No. 1129 Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-5-24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Gilbert Jones

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Thompson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Catherine Jones
(Address) 1129 Stricker St

15 Filed AUG 10 1925 ROBERT R. KRAUTER, Registrar
Civil Service Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-8 1925

17

I HEREBY CERTIFY, That I attended deceased from 8-7-, 1925, to 8-7-, 1925,

that I last saw her alive on 8-7-, 1925,

and that death occurred, on the date stated above, at 4 55 a.m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Supposed at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Frank Edmunds, M. D.

, 19 (Address) 1129 N Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Aug 10 1925

UNDERTAKER Samuel H Ensley

ADDRESS 5[illegible] W Balto

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01042

CERTIFICATE OF DEATH.

90 E 01042

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 349 Camel ST., 11-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Collins W. Butler

(a) RESIDENCE NO. 349 Camel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. - mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances A. Butler

6 DATE OF BIRTH (month, day, and year) July 9th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	64	—	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Wm E. Wetherall

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Cornelius Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Maria Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fredericksburg Va

14 Informant Chas Butler

(Address) 1120 N Carey St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7th 1925

17

I HEREBY CERTIFY, That I attended deceased from May 25th, 1925, to Aug 7th, 1925.

that I last saw him alive on July 29th, 1925.

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Chronic Articular Rheumatism

(duration) One yrs. — mos — ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation & Pulmonal Oedema (duration) — yrs. 5 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms etc

(Signed) Edward E Mackenzie M. D.

Aug 7, 1925 (Address) 1339 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Aug 10th 1925

20 UNDERTAKER Eugene Waters. ADDRESS 1152 Myrtle Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01043 — 78-008 — E 01043

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Bon Secours Hosp. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Walter S. Franklin

(Residence in Baltimore: No. Woodbine — Md St.; yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal — 4-COLOR OR RACE, White — 5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, Apr (Month) 30 (Day) 1854 (Year)

7-AGE, 34 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, A. C. Franklin

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Olivia B. Barnes

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm E. Franklin

(Address) Woodbine, Md

15-

Filed AUG 10 1925 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 9 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Internal Hemorrhage Punctured Left Lung.

(Duration) ..... yrs. 30 hrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cart turned over & threw him down Embankment.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Hoskins M. D. (Coroner.)

Aug 9 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Accid. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Curtis Bay, Md. DATE OF BURIAL, Aug 12, 1925

Morgan Chapel Cemetery

20-UNDERTAKER, C. M. Hetz ADDRESS Westfield, Md.

AFTER CLOSE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 01044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 01044

1-PLACE OF DEATH Baltimore City Hospital W-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ? ST., WARD)

2-FULL NAME Bernard Kulmicki

(a) RESIDENCE NO. 1917 Banks ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 1. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Kulmicki

6 DATE OF BIRTH (month, day, and year) ? 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ? Kulmicki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Catherine Kulmicki (Address) 1917 Banks St.

15 Filed AUG 10 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-31, 1925, to 8-7, 1925, that I last saw him alive on Aug 6, 1925, and that death occurred, on the date stated above, at 1:00 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Lungs

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Harry Forsmith, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus	Aug 11 1925
20 UNDERTAKER	ADDRESS
F. Wozazenski	1930 Eastern Ave

TION is very important See instructions on back of certificates. Exact statement of OCCUPA- may be properly classified.

E 01045

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01045

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 38 So. Carrollton Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Barry

(Residence in Baltimore: No. 38 So. Carrollton Ave St., 3 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Chinese	Single

6-DATE OF BIRTH. May 16th 1925
(Month) (Day) (Year)

7-AGE. — yrs. 3½ mos. ds. If LESS than 1 day, ...hrs. or ....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of Industry, business, or establishment in which employed (or employer). do

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Thos. Barry

11-BIRTHPLACE OF FATHER. (State or Country) China

12-MAIDEN NAME OF MOTHER. Lou Chum

13-BIRTHPLACE OF MOTHER. (State or Country) China

14-THE ABOVE IS GIVEN TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Barry

(Address) 38 So. Carrollton Ave

15- AUG 10 1925 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug 7th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia
(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Whooping Cough
(Duration) yrs. mos. 14 ds.

(Signed) Thos. B. Norton M. D.
(Coroner.)

Aug. 10 1925 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	8-10-1925
20-UNDERTAKER. Robert Brooks & Son	ADDRESS Calhoun Hollins sts

...may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 01046

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01046

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (NO. Wayne and Dukeland Aves ST., 20-4 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Amelia Hassenstein

(a) RESIDENCE NO. 2130 Boyd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hermann Hassenstein

6 DATE OF BIRTH (month, day, and year) Jan 15-1884

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Germany (State or country)

PARENTS

10 NAME OF FATHER Carl Otto

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Hermann Hassenstein

(Address) 2130 Boyd St

15 Filed AUG 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6 1925

17

I HEREBY CERTIFY, That I attended deceased from August 6, 1925 to August 6, 1925, that I last saw h alive on August 6, 1925, and that death occurred, on the date stated above, at 6:40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Hypostatic pneumonia

Acute uremia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cerebral hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Albert Sapp M. D.

, 19 (Address) 1600 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 8 1925
20 UNDERTAKER George L. Schmidt	ADDRESS 2 E Lafayette Ave

CAUSE OF DEATH MUST be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01047

CERTIFICATE OF DEATH.

E 01047

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1689 (St.) Calvaton Road (Ward) 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Weber

(a) RESIDENCE. No. 1685 Calvaton Rd St. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Wht.

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 21 - 1925

7 AGE: Years 6 Months 6 Days 20

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Otto Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Martha Rebsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Otto Weber 1685 S. Calvaton Road

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1925, to Aug 9th, 1925, that I last saw h[illegible] alive on Aug 8th, 1925, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Guy McCleary, M. D.

(Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Aug 12 1925

20 UNDERTAKER: George L. Schwaft — ADDRESS: 401 Fulton Ave.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 01048

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01048

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Katherine D. Muse

(a) Residence No. 3427 Bateman Ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ ~~HUSBAND of (or)~~ WIFE of John Jacob W. Muse

6-DATE OF BIRTH (month, day and year) Mar 24/64

7-AGE. 61 yrs. 4 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework at home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John T. Tucker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, W. Thelmina Bryant

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) ~~H~~ Lee Muse

(Address) Locust Haven Md

AUG 10 1925 ROBERT R. KRAUTER, Clerk

Filed ..... 19.. By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 9/25

17- I HEREBY CERTIFY, That I attended deceased from July 28, 1925 to Aug 9, 1925 that I last saw her alive on Aug 9, 1925 and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea + general septicaemia

(Coma)

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? 3427 Baltimore

Did an operation precede death? no Date of Aug 8/25

Was there an autopsy? no usual tests

What test confirmed diagnosis?

(Signed) H. E. Knapp M. D.

Aug 10, 1925 (Address) 1002 W. Fairvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge — DATE OF BURIAL, Aug. 12, 1925

20-UNDERTAKER, George J. Smith — ADDRESS 153 Hollins St

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01049

E 01049

CERTIFICATE OF DEATH.

REGISTERED NO. 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Carey ST., 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Matilda W. Thomas

(a) RESIDENCE NO. 407 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 28, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Edward A. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Mary Jane Lees

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Mrs. A. J. Henderson (Sister)

(Address) Cockeysville, Md.

15 Filed AUG 10 1925, 19... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9th 1925

17

I HEREBY CERTIFY, That I attended deceased from April 12th, 1923, to Aug. 8th, 1925, that I last saw h alive on Aug 8th, 1925, and that death occurred, on the date stated above, at 2.15 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of small intestines, omentum and peritoneum. (Inoperable) apparently

Duration — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Recurrent. Carcinoma

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of April 22/25

Was there an autopsy? No

What test confirmed diagnosis? Microscopical exam. of specimen & gross.

(Signed) Charles E. Bell, M. D.

Aug 9, 1925 (Address) 1111 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — DATE OF BURIAL Aug 11 1925

20 UNDERTAKER George J. Smith — ADDRESS 1532 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01050

CERTIFICATE OF DEATH.

E 01050

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2262 N. Durham St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Brown

(a) Residence No. 2262 N Durham St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. colord

5-Single, Married, Widowed, or Divorced, (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 24 1924

7-AGE. 1 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. child

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Md. D

PARENTS.

10-NAME OF FATHER. Jeremiah Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md. D

12-MAIDEN NAME OF MOTHER. Laura Dorsey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md-D

14- (Informant) Laura Dorsey

(Address) 426 N. Durham St.

15- AUG 10 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 9th 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1925, to Aug 8th 1925

that I last saw h[illegible] alive on [illegible] 19 25

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(Duration) yrs. mos. 2 ds

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. mos. 21 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob L Winner M. D

8-9. 1925 (Address) 30 S B'way

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel cemetery

DATE OF BURIAL. Aug 11, 1925

20-UNDERTAKER. Edward Bryson

ADDRESS 1631 Orleans St

Instructions on back of certificates. See [illegible] of occupation is very important.

E 01051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01051

CERTIFICATE OF DEATH.

6-185

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital. St.,..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... George R. Goette.

(Residence in Baltimore: No. 205 N. Streeper St. St.; yrs. 27 mos. 4 ds. 21)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. March 17, 1898. (Month) (Day) (Year)

7-AGE. 27 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Silversmith.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Charles F. Goette.

11-BIRTHPLACE OF FATHER. (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Anna Neubauer

13-BIRTHPLACE OF MOTHER. (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Goette. (mother)

(Address) 205 N. Streeper St.

15- AUG 10 1925 HUBERT R. KRAUTE Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 7, 1925. (Month) (Day) 192 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of 6th Cervical Vertebra. Diving from a toboggan into shallow water. Accidental Death.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Leinhardt M. D. (Coroner)

Aug. 8, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Bay shore Park. Aug. 6th. 1925.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Trinity Cem	8/10 1925
20-UNDERTAKER.	ADDRESS.
Philip Herzog	2016 Orleans St

Is very important. See instructions on back of certificate. Any change, error or false statement of OCCUPATION

TYPE

01052

HEALTH DEPARTMENT—CITY OF BALTIMORE

1003

E 01052

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St Agnes Hosp St. 19-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tillie Kurlander

(Residence in Baltimore: No. 543 S. Fulton Ave St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced, (Write the word.) M

6-DATE OF BIRTH. 1891

(Month) (Day) (Year)

7-AGE. 34 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Kurlander

11-BIRTHPLACE OF FATHER, (State or Country) Russia

12-MAIDEN NAME OF MOTHER. Morton

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam Kurlander

(Address) 543 S. Fulton Ave

15-

Filed AUG 10 1925 192.... ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 9 1925

(Month) (Day) (Year)

17- I HEREBY CERTIFY that I viewed the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Duration) 15 Min yrs. mos. ds

CONTRIBUTORY (Secondary) Jumped out Auto accident

(Duration) yrs. mos. ds.

(Signed) Geo. B. Horton M. D

(Coroner.)

Aug 9 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL. 8-10 1925

20-UNDERTAKER. Isaak Laurs

ADDRESS 1439 S. Fulton Ave

Is very important. See instructions on back of certificate.

Spec. 1-10-21 M&T 1500 Blks.

E 01053 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01053

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2502 Jamietta ave ST. W-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Dorothy Barstow

(a) RESIDENCE NO. 2502 Jamietta ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 22/1924

7 AGE Years 1 Months 1 Days 18 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Arthur F. Barstow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carey N. York

12 MAIDEN NAME OF MOTHER Cora Allewalt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Arthur F. Barstow

(Address) 2502 Jamietta ave

Filed AUG 10 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1925, to Aug 9, 1925, that I last saw him alive on Aug 9, 1925, and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Sclio - Colitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. J. Hennessy, M. D.

8/10/1925 19 (Address) 2702 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL 8/11/25

20 UNDERTAKER H. Weber & Son ADDRESS 2503 Edmondson Ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- ay be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

183563
Md
E 01054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 3 V E 01054

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST. 12-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.

2-FULL NAME Helen Dent

(a) RESIDENCE NO. 315 W. 28th St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records

(Address) J. H. H.

15 Filed ... 19... ROBERT R. KRAUTER, Registrar

AUG 10 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1925

17

I HEREBY CERTIFY, That I attended deceased from August 5, 1925, to August 8, 1925, that I last saw her alive on August 8, 1925 and that death occurred, on the date stated above, at 6.25 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis
Miliary tuberculosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Lumbar puncture

(Signed) L. F. K. Readmit M. D.

8-9, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL Aug 12, 1925

20 UNDERTAKER Lamb & Greer Inc ADDRESS 1405 Mosher

THIS CERTIFICATE may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01055 ✓ E 01055

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1527 N. Appleton St., 15-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Ackerman

(a) Residence No. 1527 N. Appleton St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): July 15-1908

7-AGE: 16 yrs. 1 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Sam Ackerman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Fannie Arner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Russia

14-
(Informant): Sam Ackerman
(Address): 1527 N. Appleton St

AUG 10 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug. 10, 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1925 to Aug. 10, 1925

that I last saw her alive on Aug 9, 1925

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) Milton H. Cummins M. D.

Aug 10, 1925 (Address) 3 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Northwood Cem	Aug 10, 1925
20-UNDERTAKER.	ADDRESS
Jack Levi	3113 E Balt St

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-89

E 01056 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 718 N. Carrollton St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Louisa Miller

(a) Residence No. 718 N. Carrollton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~(or WIFE)~~ of Louisa Mathes Miller

6-DATE OF BIRTH (month, day and year) 6/16/60

7-AGE. 64 yrs. 9 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED Official chmy Co.

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer). Manufacture of Salve

(c) Name of employer. Sondeball Salve Co

9-BIRTHPLACE (city or town) (State or Country). Carroll Co. Md.

PARENTS.

10-NAME OF FATHER. Wm Mathes

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Salyekinel (?)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14- (Informant) Louise E. Miller
(Address) 718 N. Carrollton

15- Filed ... 19.. ROBERT R. KRAUTER Registrar.

AUG 10 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 9/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1923 to Aug 9 1925 that I last saw h alive on Aug 9 1925 and that death occurred, on the date stated above, at 8.45a m.

The CAUSE OF DEATH* was as follows:

Mitral valve insufficiency

about 3 (Duration) yrs. mos. ds

CONTRIBUTORY (Secondary) angina pectoris

(Duration) yrs. mos. 1/3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual clinic

(Signed) H. E. Krauff M. D.

Aug 9, 1925 (Address) 1002 W. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park 6 — DATE OF BURIAL. Aug 12, 1925

20-UNDERTAKER. Wm Routson — ADDRESS 2238 N Monument

Instructions on back of certificates.

Spec.—1-10-21—M&I—1500 Blks.

E 01057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 01057

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2106 E Baltimore ST., 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MOSES GARFINKEL

(a) RESIDENCE NO. 2106 E Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Divorced

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 1883

7 AGE — Years: 50 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant Rose Harris (Address) 3502 Pinkneyville Rd

15 AUG 10 1925 ROBERT R. KRANTZ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9 1925

17 I HEREBY CERTIFY, That I attended deceased from May, 1922, to August 9, 1925, that I last saw him alive on August 8, 1925, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

cerebral Hemorrhage.

Immediate (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel Hamburger, M. D.

Aug 9, 1925 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Aud

DATE OF BURIAL: Aug 10 1925

20 UNDERTAKER: S Levinson Inc

ADDRESS 1127 E Balto St

TION—Very important. See instructions on back of

Spec.—1-10-21—M&T—1500 Bks.

E 01058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 01058

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 777 George ST., 17-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John I. Coleman

(a) RESIDENCE NO. 777 George ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE — Years: 48 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter 070

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary Gough (Address) 777 George St.

15 AUG 10 1925 (Date Received) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1925

17 I HEREBY CERTIFY, That I attended deceased from July 12 1925 to Aug 6th 1925

that I last saw him alive on Aug 6th 1925

and that death occurred, on the date stated above, at 12.10 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Denis H Cordon, M. D.

, 19 (Address) 750 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Aug 10 1925

20 UNDERTAKER: Arnold L Knusley ADDRESS: Mt Dale

ROBERT M. CARUTHERS
Chief Bureau of Vital Statistics

IMPORTANT. See instructions on back of certificates. EXACT statement of OCCUPATION is very important.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 01059

01059

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1238 Lamont ST., V-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Kucharczyk

(a) RESIDENCE NO. 1732 Lamont ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. 18 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct 22-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		10	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) ..... Poland
(State or country)

PARENTS

10 NAME OF FATHER Louis Kucharczyk

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Anna Rozbicka

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Anna Kucharczyk
(Address) 1738 Lancaster St.

AUG 10 1925

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9 1925.

17 I HEREBY CERTIFY, That I attended deceased from August 7, 1925, to August 9, 1925.
that I last saw h[illegible] alive on August 9, 1925
and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH* was as follows:

Impossible

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia, Bronchial Catarrh.
(duration) yrs. mos. 2, ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jos L. Valentine M. D.

19 25 Address 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem.,	Aug 11" 1925.
20 UNDERTAKER	ADDRESS
M F. Sadowski..	705 S. Ann

TION is very important. See instructions on back of certificates. Date Statement PROCURA-

Spec.—1-10-21—M&T—1500 Bks.

E 01060 E 01060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 E. Preston ST., 9-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie M. Hoen

(a) RESIDENCE NO. 832 E. Preston ST., ... WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Hoen

6 DATE OF BIRTH (month, day, and year) April 29, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Matthew Carey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Fahey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Daughter, Josie Hoen
(Address) 832 E. Preston St.

Filed JUN 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/8 1920, to 6/8 1925, that I last saw him alive on 6/8 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Oedema Lungs - Following
Cardiac Collapse

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Apoplexy. Cerebral

(duration) ... yrs. ... mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

6/10, 1925 (Signed) E H Hayward, M. D. (Address) 225 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Aug. 11 1925

20 UNDERTAKER: H.C. Wiedefeld — ADDRESS: 914 Greenmt. Ave.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 01061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01061

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Fernwood Ave ST., No-16 WARD)

REGISTERED NO. 162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Exter

(a) RESIDENCE NO. 3704 Fernwood Ave ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 8-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	✓	✓	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Christopher Exter

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Edna Schultz

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Christopher Exter.
(Address) 3704 Fernwood Ave.

15 Filed AUG 10 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1925, to Aug 9, 1925, that I last saw h[illegible] alive on Aug 9, 1925, and that death occurred, on the date stated above, at 8.50 a.m.

The CAUSE OF DEATH* was as follows:

Acute Colitis

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. Wilhelm L. Rosenheck M.D.

19 (Address) 801 St Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Aug 10 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

TION is very important. See instructions on b... may be properly classified. Exact statement of OCCUPA-

E 01062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01062

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 3-2 Ward)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Johnson

(Residence in Baltimore: No. 1423 Eastern Ave St.; yrs., 18 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
male	col	married

6-DATE OF BIRTH. Oct 17-1877 (Month) (Day) (Year)

7-AGE. 47 yrs. 9 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer): Moving Van

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. David Johnson

11-BIRTHPLACE OF FATHER, (State or Country). Va

12-MAIDEN NAME OF MOTHER. Martha Tally

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Johnson (Bro)

(Address) 826 AShland Ave

15- Filed OCT 10 1925 192.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) undetermined

(Duration) yrs. mos. ds.

(Signed) J. S. Wilson M. D. (Coroner)

8-19-25 192.... (Address) 508 E. north Av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Lennig Va.	8/10/1925
20-UNDERTAKER	ADDRESS
Daniel Easton	916 E. Lane.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01063

CERTIFICATE OF DEATH.

3/ E 01063

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 ½ Pierce ST.: 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Church

(a) RESIDENCE. NO. 849 Pierce ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 12 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (odd)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northampton Co Va

PARENTS

10 NAME OF FATHER William Church

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northampton Co. Va

12 MAIDEN NAME OF MOTHER Lucy Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Northampton Co. Va

14 Informant Henry Moore
(Address) 623 N. Lexington St

15 Filed 10 1925 . 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 . 1925 . to Aug 8 . 1925 . that I last saw him alive on Aug 1 . 1925 . and that death occurred, on the date stated above, at 10 P M m.

The CAUSE OF DEATH* was as follows:

Hemorrhage & Anthrax

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Intoxication

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jas L. Hooper, M. D.

8/10, 1925 (Address) 816 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	8/10/25
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pa ave

NOTE—It is very important. See instructions on back of certificates. Make statement of CONTRA-

Spec.—1-10-21—M&T—1500 Bks.

E 01064

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01064

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Rutland Ave ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine Ceplus

(a) RESIDENCE NO. 910 Rutland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas Ceplus

6 DATE OF BIRTH (month, day, and year) uncertain 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Annie Jordan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thomas Ceplus Husband (Address) 910 Rutland Ave

15 Filed AUG 10 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1925, to Aug 7, 1925, that I last saw her alive on Aug 6, 1925 and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Pulm T.B.C.,

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) mitral insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R.J. , M. D.

8/10 1925 (Address) 1429 Etmont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury	Aug 11 1925
20 UNDERTAKER John W Henderson	ADDRESS 1502 Eutaw

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01065

E 01065

CERTIFICATE OF DEATH.

8-374-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 N Patt Pl ST., 8 WARD)

2-FULL NAME Green Marshall Jackson

(a) RESIDENCE NO. 1331 Patt Pl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Jannie L. Jackson

6 DATE OF BIRTH (month, day, and year) Aug 3-1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	—	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Kentuck Township Buckingham Co. Virginia

PARENTS

10 NAME OF FATHER Coleman Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Amelia County Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Amelia County Virginia

14 Informant Jason L Jackson

(Address) 1331 N. Patt Pl. city

15 Robert P. Harrison, Registrar

Burial Permit Clerk.

10 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 3 , 1925 , to Aug 9 , 1925 ,

that I last saw him alive on Aug 8 , 1925 ,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) L. E. Harvey M. D.

Aug 9. 1925 (Address) 1201 N Patt Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~	DATE OF BURIAL
Baltimore Cemetery	aug 11 1925
20 UNDERTAKER	ADDRESS
Richard F Cusley	1621 N. Wash. St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01066

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Toye

(a) RESIDENCE NO. Beloit Road, Fullerton, Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~ widowed, ~~or divorced~~ ~~How long since last~~ (or) WIFE of William F Toye

6 DATE OF BIRTH (month, day, and year) May-30-1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Childrens Dresses

(c) Name of employer Wise Brothers

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Michael Soffer

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Barbara Koffler

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Michael Soffer

(Address) Fullerton, Md

OCT 10 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-8-1925

17

I HEREBY CERTIFY, That I attended deceased from May-6-, 1925, to May-8-, 1925.

that I last saw h alive on May-8-, 1925

and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

1 mo

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H Beckham, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	May 11, 1925
20 UNDERTAKER	ADDRESS
Fredk Lassahn & Sons	Fullerton

TION is very important. See instructions on back of certificates.

E 01067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01067

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 11 So. Pulaski St., 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Foley

(Residence in Baltimore: No. 11 So. Pulaski St.; yrs. 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: Aug 1st (Month) (Day) 1875 (Year)

7-AGE: 68 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: City Bailiff
(b) General nature of Industry, business, or establishment in which employed (or employer): City Tax Dept 009

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: John Foley

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Sarah McGinty

13-BIRTHPLACE OF MOTHER, (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Foley

(Address) 11 So. Pulaski St

15- Filed 10 1925

Robert P. Harrison, 192 Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 8 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, Autopsy and Inquiry, find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at once

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.
(Coroner)
Aug 8 1925 (Address) Curtis Bay,

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem DATE OF BURIAL: 8/11/25 19

20-UNDERTAKER: Wm A Staley ADDRESS: Fulton & Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01068

CERTIFICATE OF DEATH.

3/ E 01068

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 22-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Tomlin

(a) RESIDENCE NO. 8 Hughes st. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) West India

PARENTS

10 NAME OF FATHER George Tomlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) West India

12 MAIDEN NAME OF MOTHER Olevia McClyment

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West India

14 Informant Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

10 1925 Burial Permit Clerk. Robert P. Harris

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1924, to Aug. 8, 1925, that I last saw him alive on Aug. 8, 1925, and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) T. O. McFarlane M. D.

8-8-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	8/11 1925
20 UNDERTAKER	ADDRESS
John J. Fahey & Sons	1317 Light St.

HOW IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 01069

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 E 01069

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2636 Kate av ST. 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr Frank Camden Willard

(a) RESIDENCE No. 2636 Kate av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sue Latt

6 DATE OF BIRTH (month, day, and year) Unknown 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	—	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Punxsutawney Pa.

PARENTS

10 NAME OF FATHER Joseph C Willard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana Pa

12 MAIDEN NAME OF MOTHER Amanda Kuarr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frenville Pa

14 Informant Sister - Mrs Shaw (Address) 2636 Kate av

15 Filed OCT 10 1925, 19 Robert P. HARTIGAN, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 - 1925

17

I HEREBY CERTIFY, That I attended deceased from July 30th, 1925, to Aug 9, 1925, that I last saw him alive on Aug 8, 1925 and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? operation about one month previous Date of Death July 16 1925

Was there an autopsy? no way

What test confirmed diagnosis? related to cause of death Clinical

(Signed) Albertus Collier, M. D.

, 19 (Address) 101 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DuBoise Pa — DATE OF BURIAL 8/10/1925

20 UNDERTAKER Wilbur W Shirk — ADDRESS 120-122 Pearl St

Spec.—1-10-21—M&T—1500 Blks.

E 01070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01070 902

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary. 118

CITY OF BALTIMORE: (No. Broadway · ST., 16-6 WARD

REGISTERED NO. 10-25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albertina Schneider.

(a) RESIDENCE NO. 1433 Laurens St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? 55 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Chas Schneider

6 DATE OF BIRTH (month, day, and year) April 20-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	71	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Guido Von Monclaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Charles Schneider

(Address) 1433 Laurens St

15 Filed ....., 19 ..... Robert P. Harrison, Registrar

10 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1925, to Aug 9. 1925, that I last saw h.. alive on Aug 9 1925, and that death occurred, on the date stated above, at 3.20 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
Chronic

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? 1433 Laurens St.

Did an operation precede death? yes. Date of Aug 8-25

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) F. W. Murphy Lt., M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Aug 11 1925
20 UNDERTAKER Harry W. Ehlen	ADDRESS 1944 W. Northern

How to fill out certificates. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01071 E 01071

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 S. Charles ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Eva May Wentworth

(a) RESIDENCE NO. 1236 S. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David McClement Wentworth

6 DATE OF BIRTH (month, day, and year) Apr 16. 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Geo. Donaldson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rachael Underwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. David McC. Wentworth

(Address) 1236 S. Charles St.

15 10 1925 . 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1925, to Aug 9, 1925.

that I last saw he alive on Aug 9, 1925

and that death occurred, on the date stated above, at 3.10 m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

(duration) yrs. 8 mos — ds.

CONTRIBUTORY (Secondary) X X

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? Yes Date of Dec 1924

Was there an autopsy? Yes

What test confirmed diagnosis? Surgical

(Signed) J. Chew Brooks M. D.

(Address) 1340 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	Aug 11 1925
20 UNDERTAKER	ADDRESS
Wm J. Dickerson Sons	Noted Pa

FOR is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01072

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 01072

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2045 Fulton ST., Ward 19-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Johnson

(a) RESIDENCE NO. 2045 So. Fulton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry J. Johnson

6 DATE OF BIRTH (month, day, and year): June 16-1859

7 AGE: Years 66 Months 1 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework (037)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Graff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rosina Endres

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Harry J. Johnson 209 S. Fulton Ave

15 Filed ... 19 ... Registrar

0 1925 Robert P. Garrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 8 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 2, 19 25, to Aug 8, 19 25, that I last saw h[illegible] alive on Aug 8, 19 25 and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theo. W. Koelsch M. D.

Aug 10 19 25 (Address) 1900 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Aug 11 1925

20 UNDERTAKER: W. J. Rickert Sons ADDRESS: Woodsta[illegible]

Check of certificates. See instructions on back of certificate. Very important.

Spec.—1-10-21 M&T 1500 Bks.

E 01073

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01073

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Madeira Street ST., 1-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances . Napora

(a) RESIDENCE NO. 520 S. Madeira Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 10 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Ignatius . Napora

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Rosalia. Zalkowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14

Informant Mr. Ignatius. Napora

(Address) 520 S. Madeira Street

15

Filed ..... 19 .....

0 1925

Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/8/25

17

I HEREBY CERTIFY, That I attended deceased from Aug 7 '25 to Aug 8 '25

that I last saw h[illegible] alive on Aug 8 '25

and that death occurred, on the date stated above, at 12[illegible]5 P m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cardiac Complications

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm J Reynolds, M. D.

Aug 9 1925 (Address) 580, W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	Aug 10 1925

20 UNDERTAKER ADDRESS

John H Weber 1503 Bank st

Instructions on back of certificates.

E 01074

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01074

16-003

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Elizabeth Bruder

(Residence in Baltimore: No. 1833 Jefferson St St.; yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write word.)
female	white	single

6-DATE OF BIRTH. 28 Nov 1924, 1.....
(Month) (Day) (Year)

7-AGE. yrs. 8 mos. 16 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Fred Bruder

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. E. Pasternack

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Bruder

(Address) 1833 Jefferson St

15-

Filed ..... 192.....

0 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 9-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Dysentery-Characterof organism undetermined)
(Autopsy at Hospital)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Wallis M. D.
(Coroner.)

8-10-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Carmel.	Aug. 11. 1925
20-UNDERTAKER,	ADDRESS
John M Weber	1803 Bank St

E 01075 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01075

CERTIFICATE OF DEATH.

5159-002

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1318 Orleans St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie May Corish

(Residence in Baltimore: No. 1318 Orleans St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	col	single

6-DATE OF BIRTH. July 12-25, 1.....
(Month) (Day) (Year)

7-AGE. yrs. mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Gaskin Cornish

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Pansy Coleman

13-BIRTHPLACE OF MOTHER. (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pansy Cornosh

(Address) 1318 Orleans St

15- AUG 11 1925 ROBERT R. KRAUTER, Chief Permit Clerk.

Filed ..... 192.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 10-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably congenital heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. H. Cotter M. D.
(Coroner.)

8-19-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel cemetery	aug 11 1925

20-UNDERTAKER. Edward Bryson ADDRESS 1631 Orleans St

Spec.—1-12-23—M&T—500 Bks.

E 01076

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 01076

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md. WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah (Anna) Feldman

(a) RESIDENCE NO. 1916 E. Pratt St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? 16 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Israel Feldman

6 DATE OF BIRTH (month, day, and year) March 1869.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
56				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) Housework 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Morris R. Aaron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie Nachamson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Baltimore City Hosp. Dale Md

15 Filed AUG 11 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 3 1925 to Aug 9 1925 that I last saw her alive on Aug 9 1925 and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Harry Feldman, M. D.

(Address) 1916 E. Pratt St. Baltimore City 1110 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rest-w Hebrew Park	8/11 1925
20 UNDERTAKER H. Berman & Bro	ADDRESS 1127 E Balto St

Cor.—1-12-23—M&T—100 Bks.

E 01077.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01077.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Dock

CITY OF BALTIMORE: (No. St Michaels Harbor St., WARD) 24-3

REGISTERED NO. 182

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. Jas. Johnston

(a) RESIDENCE NO. Washington D C St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sea Steward
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) Washington D C
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Capt. Jones
(Address) U.S. Cutter Apache

AUG 11 1925 ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning
Boat sunk. at St. Michaels
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) W. F. Petty, M. D.
(Coroner.)
Aug 10, 1925 (Address) 1059 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) Open Cases
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Nat Cemetery — DATE OF BURIAL 8/12/25

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 01078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01078

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N Port ST., 1-3 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Karvasek

(a) RESIDENCE NO. 711 N Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth? 47 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Barbara Karvasek

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 73; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Joseph Karvasek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant (Address): Barbara Karvasek 711 N Port St

15 Filed AUG 11 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1925 to Aug 8 1925

that I last saw him alive on Aug 7 1925

and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 1 mos da.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? In Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) Fred Runcke M. D.

(Address) 608 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug 11 1925

20 UNDERTAKER: Frank Crockston — ADDRESS: 1916 Eastern

INSTRUCTIONS ON BACK OF CERTIFICATE.

Cor.—1-12-23—M&T—100 Bks.

E 01079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01079

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1034 Warden ST., 10-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kuhn

(a) RESIDENCE NO. 1034 Warden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Wid

5a If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Emma Kuhn

6 DATE OF BIRTH (month, day, and year) apr 26. 1861

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64.	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Ot
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER ~~Knot known~~ Andrew G. Kuhn

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Barbara Krenzer

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Floyd Kuhn
(Address) 1134 Montgomery

15 Filed AUG 11 1925 HUBERT F. (Registrar)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found dead aug 9 25 Aug 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy,

Leader (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Ashley, M. D.
(Coroner)

Aug 10, 1925 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Aug 11 1925
20 UNDERTAKER A. Howard Evans	ADDRESS 38 S Fabler

Spec.—1-10-21—M&T—1500 Bks.

18 Fg 01080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

25 E 01080

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 7-2

CITY OF BALTIMORE: (No.) ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John G. Kaiser

(a) RESIDENCE NO. 2029 E. Eager ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Kaiser

6 DATE OF BIRTH (month, day, and year) July 31-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sontory Laundry 041

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John G. Kaiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Catherine Geiger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Records (Address) [illegible]

15 Filed AUG 11 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1925, to Aug 9, 1925, that I last saw him alive on Aug 9, 1925, and that death occurred, on the date stated above, at 11:40 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 18 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) John Hopkins Hospital, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Aug 12 1925
20 UNDERTAKER Tom Cook	ADDRESS 502 E Monument

HOW IS very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01081 — 129 — E 01081

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 E. White Ave. 22-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie Martin

(a) RESIDENCE. No. 34 E. White Ave. WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Martin

6 DATE OF BIRTH (month, day, and year) March 22 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant William H. Martin

(Address) 1033 S. Paca St

15 Filed . 19 ROBERT R. KRAUSTER, Registrar

AUG 11 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/10/25

17 I HEREBY CERTIFY, That I attended deceased from 7/27/25, 19..., to 8/10/25, that I last saw h[illegible] alive on 8/10/25, 19..., and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Asteria - Coloraus
Old Cerebral Hemorrhage causing Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Kyle W. Fields M.D.

. 19 (Address) 6012 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 12 19 25
20 UNDERTAKER	ADDRESS
William Cook	502 E North

Spec.—1-12-23—M&T—500 Blks.

E 01082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED No. E 01082

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2413 Mc Eldery St ST., 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Breitenbach

(a) RESIDENCE NO. 2413 Mc Eldery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20 th 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	35	I	I8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Ferdinand Breitenbach

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Henkle

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Margaret Breitenbach
(Address) 2413 Mc Eldery St

15 Filed AUG 11 1925 HERBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/8/1925

17 I HEREBY CERTIFY, That I attended deceased from 8-1-25 to 8-8-25

that I last saw h alive on 8-8-25

and that death occurred, on the date stated above, at 4 A.M. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Cause Unknown

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) T. Neil Quinlan, M. D.

8-9-25, 19 (Address) 1000 Mott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL Aug 11 1925

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

Cor.—1-12-23—M&T—100 Bks.

E 01083 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01083

1441

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 17-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara M. Smith

(a) RESIDENCE NO. 422 O'Neil av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	col.	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	11		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER Wm Jarvis

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Rosa Jackson

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Carroll Jarvis
(Address) 570 O'Neil st.

15 Filed AUG 11 1925, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest, autopsy or~~ inquiry.) thereon and from the evidence obtained by said ~~inquest, autopsy or~~ inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Post Partum Hemorrage

(duration) 4 hrs. mos. ds.

CONTRIBUTORY (Secondary) Retained portions of Placenta

(duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner.)

8 1 9, 1925 (Address) 97 W Saratoga st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence Baltimore Md

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Aug 11 1925

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1909 Druid Hill Av

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01084 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01084

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 Druid Hill ST.: 17-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Coleman

(a) RESIDENCE. NO. 1328 Druid Hill ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) April 6 1890

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Blackstone Va

PARENTS

10 NAME OF FATHER Richard Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Clarisa Gray

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Annie Coleman

(Address) 1328 Druid Hill Ave

Rec'd AUG 11 1925, 19 H. Ash Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1925, to Aug 8th, 1925.

that I last saw him alive on Aug 8, 1925.

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum test

(Signed) Thos J Woolridge, M. D.

8-11 1925 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	Aug 11 1925

20 UNDERTAKER Samuel T Kemley ADDRESS 578 W Biddle St

Spec.—1-10-21—M&T—1500 Bks.

E 01085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01085

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1014 Peach alley (St.) 23-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Parker

(a) RESIDENCE NO. 1014 Peach alley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced (a) HUSBAND of (b) WIFE of Jacob Parker

6 DATE OF BIRTH (month, day, and year) May 30 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	43	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Monroe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Jacob Parker (Address) 1014 Peach alley

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17

I HEREBY CERTIFY, That I attended deceased from July 20 , 1925 , to Aug 8 , 1925 ,

that I last saw h alive on Aug 7 , 1925 ,

and that death occurred, on the date stated above, at 3 5 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhages of Lungs, without Specified Cause

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) about mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) D. J. Shelton M. D.

8-11-25 (Address) 1715 Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Aug 11 25
20 UNDERTAKER Edward Wesley	ADDRESS 1 E Eddie

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01086 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01086

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., 26-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Drief (Greif)

(a) Residence No. 3704 Foster ave St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND ~~of (or)~~ WIFE of Charles Drief

6-DATE OF BIRTH (month, day and year) July 16, 1898

7-AGE, 27 yrs. mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Conrad 3rd Winterling

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Jennie Mary Buettner

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md.

14- (Informant) Conrad Crist Winterling

(Address) 3728 Foster ave.

15- Filed AUG 11 1925 A. Linn. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 8th 1925

17- I HEREBY CERTIFY, That I attended deceased from July 17th, 1925 to Aug 8th, 1925

that I last saw her alive on Aug. 8th, 1925

and that death occurred, on the date stated above, at 11.02 A.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

Myocarditis (Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Frederick A. Snyder, M. D.

Aug 8, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, Aug. 12, 1925

20-UNDERTAKER, Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 01087 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01087

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital WARD)

2-FULL NAME Mrs. Angela Sanders

(a) RESIDENCE No. 31 Parkside, Raspeburg Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

9-REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Sanders.

6 DATE OF BIRTH (month, day, and year) June 9 1898.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W. 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Charles Eckart.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Josephine Semkiewicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Patient.

(Address)

15 Filed AUG 11 1925 H. A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 — 1925, to Aug 9 — 1925, that I last saw her alive on Aug 9 — 1925 and that death occurred, on the date stated above, at 10:10 a.m.

The CAUSE OF DEATH* was as follows:

Epidemic Encephalitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Paralysis of Respiration

(duration) yrs. mos. Fatal.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical - Salatory.

(Signed) Eliakim, M. D.

, 19 (Address) Maryland General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Aug 12 1925

20 UNDERTAKER: Lilly and Zeiler ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 01088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 33 E 01088

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Johnson

(a) RESIDENCE NO. St Michaels, Md WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Johnson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Palmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records Johns Hopkins Hospital

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1925, to Aug 9, 1925, that I last saw him alive on Aug 9 - 1925, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

~~Cause of Death~~
~~Fatal pneumonia~~

Acute Tuberculous peritonitis

(duration) 5 yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Cirrhosis (alcholic?) ?
Liver (duration) 1 yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? St. Michaels Md.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen M.D.

(Address) Johns Hopkins Hospital Aug 11, 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Baltimore Md.	Aug 11 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1053 N. Bals Ave

AUG 11 1925 RUBEN R. KRAUTHOFF Public Records Clerk

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01089 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01089

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Deering Ave. South of Washington Blvd. Morrell Park Registered No. 25-103

City of BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Diffendall

(a) Residence No. Deering Ave. South of Washington Blvd. St., Morrell Park Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Diffendall

6-DATE OF BIRTH (month, day and year) Oct. 21, 1841

7-AGE.	If LESS than 1 day.
83 yrs. 9 mos. 20 ds.	...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Frederick Maryland

PARENTS.

10-NAME OF FATHER, Samuel Haller

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Charles A. Diffendall

(Address) Washington Blvd. & Deering Ave.

15- AUG 11 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8-11-25

17- I HEREBY CERTIFY, That I attended deceased from June 3, 1925, to Aug 10, 1925, that I last saw h[illegible] alive on Aug 9, 1925, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis Old age

(Duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Hostatic Pneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? X Date of

Was there an autopsy? X

What test confirmed diagnosis?

(Signed) Thos B Hall, M. D.

8/11, 1925 (Address) Halethorpe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mollen Cemetery	Aug 13" 1925
20-UNDERTAKER,	ADDRESS
Lee & Cook	1003 N Balto St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01090

CERTIFICATE OF DEATH.

16 E 01090

1-PLACE OF DEATH

City of BALTIMORE: (No. 116 N. Amity St. St., 18-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Baby Boy Martin .....

(a) Residence No. 116 N. Amity St. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Aug. 8-1925 10 AM

7-AGE, 0 yrs. 0 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer —

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Brown

11-BIRTHPLACE OF FATHER (city or town) Thelma
(State or Country), N.C.

12-MAIDEN NAME OF MOTHER, Minerva Martin

13-BIRTHPLACE OF MOTHER (city or town) N.C.
(State or Country),

14- (Informant) Minerva Martin
(Address) 116 N. Amity St

15- Filed ..... 1925 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 10th 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1925 to Aug. 10th 1925
that I last saw him alive on Aug 10-11 AM 1925
and that death occurred, on the date stated above, at 3 P m.
The CAUSE OF DEATH* was as follows:
Congenital atelectasis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Phys. Exam. & autopsy

(Signed) Frederick A. Snyder, M. D.

Aug 10th 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W Lawn Mem	8/11/25
UNDERTAKER	ADDRESS
Dunn Norton	916 Park ave

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01091

CERTIFICATE OF DEATH.

9 E 01091

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2128 Vine. ST., 70-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Atkinson

(a) RESIDENCE NO. 2128 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	4	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ballo city Md

PARENTS

10 NAME OF Charles Atkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ballo

12 MAIDEN NAME OF MOTHER Rous

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Chas Atkinson

(Address) 2128 Vine St

15 Filed AUG 11 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-11 1925

17

I HEREBY CERTIFY, That I attended deceased from 8-10, 1925, to 8-11, 1925,

that I last saw living on 8-11, 1926,

and that death occurred, on the date stated above, at 6.45 A.M.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

8/14/25 (Address) 2757 16 Road a

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug 13 25
20 UNDERTAKER	ADDRESS
Josiah Dyer	1600 W Pratt St

Spec.—1-10-21—M&T—1500 Blks.

E 01092

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01092

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4502 Penhurst Ave ST. 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ira Harlan Ramsburg

(a) RESIDENCE NO. 4502 Penhurst Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Ree Ramsburg

6 DATE OF BIRTH (month, day, and year): Feb 4. 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45 -	6.	6.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contracting Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Fredk Co Md

PARENTS

10 NAME OF FATHER: Elias H. Ramsburg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hannah Geesey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Ree Ramsburg

(Address) 4502 Penhurst Ave

15 Filed OCT 1 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 7. 1920. to Aug 10. 1925.

that I last saw him alive on Aug 9. 1925.

and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Mouth and Throat

(duration) 11 yrs. mos ds.

CONTRIBUTORY (Secondary) Hemmorhage from Throat (duration) Last few minutes

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Oct 7. 1920 Nov 21 1924

Was there an autopsy? no

What test confirmed diagnosis? Clin & microscopic

(Signed) James S Ahelmann, M. D.

Aug 11. 1925 (Address) Der C.P. Bmore MD 5106 Penhurst Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Fredk Co — DATE OF BURIAL: Aug 13 1925

20 UNDERTAKER: Isaiah Lyfer — ADDRESS: 1600 N. Gay

Spec– 12-23-21–E.B.R.S.—400 Blks.

E 01093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27-6 49

E 01093

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sallie P. Temple

(a) Residence No. 903 Falls Road Terrace St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Mrs. S. P. Temple

6-DATE OF BIRTH (month, day and year) Sept. 14, 1878

7-AGE 46 yrs. 10 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Coal Separater

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town). New York
(State or Country). N.Y.

PARENTS

10-NAME OF FATHER, George Temple

11-BIRTHPLACE OF FATHER (city or town) New York
(State or Country), N. Y.

12-MAIDEN NAME OF MOTHER, Kathleen Parker

13-BIRTHPLACE OF MOTHER (city or town) Maryland
(State or Country),

14- (Informant) Cora L. Temple

(Address) 903 Falls Road Terrace

15- AUG 11 1925 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 10/25

17- I HEREBY CERTIFY, That I attended deceased from July 1, 19 20 to August 10 19 25

That I last saw h. im alive on August 10, 19 25

and that death occurred, on the date stated above, at 10.40 A.m.

The CAUSE OF DEATH* was as follows:

Melanuria Paralysis

Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles Wolmer Brown M. D

, 19 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge DATE OF BURIAL Aug 12 1925

20-UNDERTAKER. John O Mitchell ADDRESS 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

E 01094 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01094

CERTIFICATE OF DEATH. 135

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO. 14-2

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin Hewes

(a) RESIDENCE NO. 1735 Linden Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Martha Hewes

6 DATE OF BIRTH (month, day, and year) Feb 26, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

045

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Hewes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records (Address) Johns Hopkins Hospital

15 Filed AUG 10 1925 Registrar H. A. M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1925, to Aug 10, 1925.

that I last saw him alive on Aug 10, 1925.

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Probable Appendicitis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Aug 10, 1925

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Eugene C. Shaw M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery DATE OF BURIAL: Aug 12, 1925

20 UNDERTAKER: John O. Mitchell ADDRESS: 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

E 01095

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01095

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ... ST., 7-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mattie Owens

(a) RESIDENCE NO. Matilda Fla ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of S M. Owens.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 837

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S C

PARENTS

10 NAME OF FATHER ? London

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? S C

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C

14 Informant (Address) John Hopkins Hospital

15 Filed ... 1925 ... 19... Robert T. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1925, to Aug 10, 1925, that I last saw h alive on Aug 10, 1925, and that death occurred, on the date stated above, at 8.47 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ovary

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Perforation of intestines Peritonitis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes ? Date of Aug 10 ?

Was there an autopsy? no.

What test confirmed diagnosis? ?

(Signed) Allen Craig ... M. D.

Aug 10, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Umatilla Fla	Aug 11 1925

20 UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

Cor.—1-12-23—M&T—100 Bks.

E 01096

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 01096

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Pierce st ST., 17-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt J. Wilson

(a) RESIDENCE NO. 830 Pierce st ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Marr'd

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Kent Co Md
(State or country)

10 NAME OF FATHER Robt Wilson

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Clara Worrell

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

PARENTS

14 Informant Aldin Wilson
(Address) 830 Pierce st.

Filed 1-1925 .192 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Augt 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H H Emerich M. D.
(Coroner.)

8-11, 1925 (Address) 817 N Eutaw st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Aug 12 1925
20 UNDERTAKER	ADDRESS
Mrs. Katie R. Williams	32 N Schroeder st.

Spec.—1-10-21—M&T—1500 Bks.

E 01097 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01097

45

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marsfar Gen. Hospital ST., 17-3 WARD)

2-FULL NAME Mrs Carrie Myers

(a) RESIDENCE No. 125 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~ Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 27, 1872

7 AGE: Years 52 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Canvasser

(b) General nature of industry, business, or establishment in which employed (or employer): 86

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Virginia Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Carrie Myers
(Address) 125 W Franklin St.

15 Filed ..... 19 ..... Registrar

11 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1925

I HEREBY CERTIFY, That I attended deceased from Aug 2, 1925, to Aug 10, 1925,

that I last saw h[illegible] alive on Aug 10, 1925

and that death occurred, on the date stated above, at 6:20 P m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction, 2nd to Carcinoma due to new growth (Malignant)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) General Peritonitis - Surgical Shock

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Aug 9, 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical and X Ray.

(Signed) Jno A Donaldson, M. D.

, 19 (Address) Maryland Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 13 1925

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Mon

Spec.—1-10-21—M&T—1500 Bks.

1853 459 E 01098

HEALTH DEPARTMENT—CITY OF BALTIMORE E 01098

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 16-7 118-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME Olivia Fox

(a) RESIDENCE NO. 705 N Carey St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Samuel

6 DATE OF BIRTH (month, day, and year) Apr 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER William Fox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jane Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records (Address) John Hopkins Hospital

15 1925 , 19 Registrar Robert P. Harris

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 - 1925, to Aug 9, 1925 that I last saw him alive on Aug 9, 1925 and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis, appendix abscess

Intestinal Obstruction

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Uremia pyelonephritis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Aug 1

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) J. C. Reichert M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Aug 11 19 25

20 UNDERTAKER Samuel Hawley ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 01099

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-901 E 01099

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST.) BALTIMORE CITY HOSPITALS WARD 17-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Woods.

(a) RESIDENCE NO. 526 W. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 10 07

(c) Name of employer

9 BIRTHPLACE (city or town) Stovall Md.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed ....., 19..... Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to Aug 10, 1925

that I last saw her alive on Aug. 10, 1925

and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. Lindsay Tuttle, M. D.

9/1/, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Aug 13 25
20 UNDERTAKER	ADDRESS
Samuel Wesley	Mt Dale

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01100

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01100

CERTIFICATE OF DEATH.

11-1 101-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 162 Dolphin St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Herbert Armstrong

(a) Residence No. 162 Dolphin St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Aug 16, 1899

7-AGE. 25 yrs. 11 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)..... Ind

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER, Oliver Armstrong

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Cockwood

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md

14-

(Informant) Lillian Peters

(Address) 1015 N. Mulberry St

15-

Filed 1-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug - 9

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1925 to Aug 9 1925, that I last saw h[illegible] alive on Aug 9 1925, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Injuries

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pettersen M. D.

, 19 (Address) 817 Hamilton Terr

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem | DATE OF BURIAL, Aug 11 1925

20-UNDERTAKER Samuel Crawley | ADDRESS 578 W Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01101 — 94 E 01101

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Mount ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jackson

(a) RESIDENCE No. 414 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Jackson

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE: Years 57; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Annapolis Md.

12 MAIDEN NAME OF MOTHER: Sophia Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annapolis Md.

14 Informant (Address): Harry A. Butler 1214 N. Carlton

15 Filed , 19 ... Registrar

ROBERT R. KRAUTER, Registrar of Vital Records, Clerk.

AUG 12 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 9, 1925

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1925, to Aug 9, 1925,

that I last saw h[illegible] alive on Aug 8, 1925,

and that death occurred, on the date stated above, at 5:45 a. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Cerebral hemorrhage (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John E. T. Camalier, M. D.

, 19 (Address) 1485 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: aug 12th 1925

20 UNDERTAKER: A. Jones — ADDRESS: 1112 Gilmor

HEALTH DEPARTMENT—CITY OF BALTIMORE

01102

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

4-1 18-006

E 01102

Registered No. C.....

City of BALTIMORE: (No. St Joseph Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Albert Johnson

(Residence in Baltimore: No. 618 W. Saratoga St St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	married

6-DATE OF BIRTH. Unknown (Month) 1872 (Day) 1 (Year)

7-AGE.	If LESS than 1 day,
53 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Firm

040

9-BIRTHPLACE. (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country). H

12-MAIDEN NAME OF MOTHER. H

13-BIRTHPLACE OF MOTHER. (State or Country). H

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Johnson

(Address) 618 W. Saratoga st

15- AUG 12 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8-25 (Month) (Day) 192.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus-Fractured lt femur July 20-25 while at work for Mullin Excavating Co. Accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J S H Fuller M. D. (Coroner.)

8-11-25 192.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Zion	August 12 1925

20-UNDERTAKER	ADDRESS
Mrs R. E. Elbert	1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01103 — 129 — E 01103

REGISTERED NO.

1-PLACE OF DEATH University Hosp.

CITY OF BALTIMORE: (No. Lombard & Greene ST., 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael McDonough

(a) RESIDENCE NO. 813 W. West ST. WARD.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E McDonough

6 DATE OF BIRTH (month, day, and year) Feb 11th 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Richmond

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Patrick J. McDonough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Mayo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant [illegible] Hospital Record
(Address)

15 Filed DEC 12 1925 ROBERT R. KRAMER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10, 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 8, 1925, to Aug 10, 1925, that I last saw him alive on Aug 10, 1925 and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease
Cardiac Hypertrophy + Dilatation
Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests.

(Signed) John L. Winstead M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Aug 13 1925

20 UNDERTAKER John J. Fiddes — ADDRESS 200 N Eutaw

Spec.—1-10-21—M&T—1500 Blks.

E 01104 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01104

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH First Baltimore General Hospital REGISTERED NO. 6-23

CITY OF BALTIMORE: (No. Penne Leignor Duke Lane ST. WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. B Kaplan

(a) RESIDENCE NO. 123 N. Eutaw ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jailer

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Kaplan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca Lavable

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. Kaplan (Address) 123 N. Eutaw St

15 Filed MAY 12 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/29, 1925, to 8/17, 1925, that I last saw him alive on May 12, 1925, and that death occurred, on the date stated above, at 1:38 A.M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 3rd 25

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) J. Marcuse, M. D.

May 12 1925 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrem Rosedale DATE OF BURIAL 8/12 1925

20 UNDERTAKER Jack Levin ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 01105 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01105

41

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs minnie Senick

(a) RESIDENCE NO. 1831 E. Baltimore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Senick

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Charles Senick

(Address) 1831 E Balto St

15 Filed AUG 12 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/11 1925

17

I HEREBY CERTIFY, That I attended deceased from 7/27, 1925, to 8/11, 1925, that I last saw her alive on 8/11, 1925, and that death occurred, on the date stated above, at 4:35 P m.

The CAUSE OF DEATH* was as follows:

Septicemia - B. Coli Communis

(duration) 0 yrs. 0 mos. 17 ds.

CONTRIBUTORY (Secondary) Pulmonary edema -

(duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. findings

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrews Hebrew Rm	8/13 1925

20 UNDERTAKER Jack Levin ADDRESS 1439 E Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01106

CERTIFICATE OF DEATH.

E 01106

1-PLACE OF DEATH Johns Hopkins Hospital. REGISTERED NO. 26-290

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Corkey

(a) RESIDENCE No. 20 Bellevieu Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Catherine Corkey

6 DATE OF BIRTH (month, day, and year) 4-3-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer): 29

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Charles H Corkey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Amelia Kemble

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records Johns Hopkins Hospital

15 Filed AUG 12 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1925

17 I HEREBY CERTIFY, That I attended deceased from July 31 1925 to Aug 11 1925

that I last saw h alive on Aug 11 1925

and that death occurred, on the date stated above, at 2.05 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Mitral Stenosis (Rheumatic)

Pulmonary Emb.

(duration) 1 yrs. + mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Manfred Sternberg, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 14 1925

20 UNDERTAKER: William Cook

ADDRESS: 502 E Mad

Cor.—1-12-28—M&T—100 Blks.

E 01107 HEALTH DEPARTMENT—CITY OF BALTIMORE 179 E 01107

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto General Hospital REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE, (No.) ST. (or WARD)

2-FULL NAME Beatrice E. Willoughby

(a) RESIDENCE NO. 3605 Harlem Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Willoughby

7 DATE OF BIRTH (month, day, and year) 6-13-1881

8 AGE Years 44 | Months 1 | Days 28 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ax Hornet
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER James Brannan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Eliza Madigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Carl E. Willoughby
(Address) 3605 Harlem Ave

Filed 1925 ROBERT A. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Second degree burns of body.

accidental (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) clothes caught fire from gas stove. (duration) yrs. mos. ds.

(Signed) D. T. Hennessy, M. D.
(Coroner.)

Aug 11, 1925 (Address) 2 N Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery | DATE OF BURIAL 8/13 1925

20 UNDERTAKER William Cook | ADDRESS 562 E Lexington

Spec.—1-10-21—M&T—1500 Bks.

E 01108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

-113 E 01108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5321 Denmore ST., 27-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Ray Mason

(a) RESIDENCE NO. 5321 Denmore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 13, 1925

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. gpd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER B. H. Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Cath. Kusey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant B. H. Mason
(Address) 5321 Denmore

15 Filed [illegible] 19 25 Registrar

2303 Garrison Blvd.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 6. 1925 to Aug 10, 1925.

that I last saw h[illegible] alive on Aug 10, 1925.

and that death occurred, on the date stated above, at 3 20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro - Enteritis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. E. Mackey, M. D.

, 19 (Address) 2303 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: Aug. 19 25

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Greenmt. Ave.

E 01109

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01109

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH Pronounced dead at

City of BALTIMORE: (No. ~~1819 E. Pratt St~~ Hopkins St Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Paetzold

(Residence in Baltimore: No. 1819 E. Pratt St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	married

6-DATE OF BIRTH. April 17-1897 (Month) (Day) (Year)

7-AGE. 28 yrs. 3 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorcycle
(b) General nature of industry, business, or establishment in which employed (or employer): dealer & repairer

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Gustav A. Paetzold

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Hedwig Maurer

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfred F. Paetzold (Bro)

(Address) 1627 W. North Ave

15- Filed ..... 192.... ROBERT H. KRAUTZ Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 10-25 (Month) (Day), 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide- pistol shot thru heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. H. Falck M. D. (Coroner.)

8-11-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Carmel Cemetery DATE OF BURIAL. Aug 13 1925

20-UNDERTAKER. Robt J Turner ADDRESS. N. 443 Broadway

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01110

CERTIFICATE OF DEATH.

16 E 01110

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S. Montford Ave WARD 1-2)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Ruth (Rush)

(a) RESIDENCE No. 604 S. Montford ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Ruth

7 DATE OF BIRTH (month, day, and year) May 5 1865

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cannmaker
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 1 year
(c) Name of employer Southern Can Company

BIRTHPLACE (city or town) Balto
(State or country) Md

10 NAME OF FATHER Jacob Ruth

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Phillips

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

Informant Mollie Ruth
(Address) 604 S. Montford Ave

Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poisoning Ill—
Suicide

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) AS Physician

(Duration) yrs. mos. ds.

(Signed) J. C. Blades, M. D.
(Coroner)

Aug 10 1925 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL Aug 13 1925

20 UNDERTAKER Henry Sander Sons Inc. — ADDRESS 1710 Eutaw

AUG 12 1925 ROBERT R. KRAUTER
Burial Permit Clerk.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01111

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 526 S Curley St., ... Ward) 1-2

Registered No. 113

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Walter Gordon Mundt

(a) Residence No. 526 S. Curley St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) April 4/25

7-AGE. ..... yrs. 4 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... Baltimore
(State or Country), ... Md.

PARENTS.

10-NAME OF FATHER, Walter M. Mundt

11-BIRTHPLACE OF FATHER (city or town) ..... Baltimore
(State or Country), ... Md

12-MAIDEN NAME OF MOTHER, Marie McElroy

13-BIRTHPLACE OF MOTHER (city or town) ..... Baltimore
(State or Country), ... Md

14- (Informant) ..... Marie Mundt
(Address) ..... 526 S. Curley St

AUG 12 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 11/25

17- I HEREBY CERTIFY, That I attended deceased from Aug 8-25 to Aug 10 19 25
that I last saw him alive on Aug 10-25
and that death occurred, on the date stated above, at 3.50 A. m.
The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) none.

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Frederick Monroe M. D.

Aug 12 19 25 (Address) 2913 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Evangelical Cem,	Aug 12 19 25
20-UNDERTAKER.	ADDRESS.
Henry Sander Sons Inc	1710 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01112

CERTIFICATE OF DEATH.

129 E 01112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Harford ave ST., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis A. Feger

(a) RESIDENCE NO. 2205 Harford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 29 ds. How long in U. S., if of foreign birth? ~~Bpt~~ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Catherine Feger

6 DATE OF BIRTH (month, day, and year) Sept. 12 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	66	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broom Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER William Feger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr. Frederick Feger

(Address) 2205 Harford Ave

15 Filed ..... 19 .....

2 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 9 , 1925 , to Aug 11 , 1925

that I last saw him alive on Aug 11 , 1925

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Sill Murray M. D.

, 19 (Address) 1614 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Aug 14 1925
20 UNDERTAKER	**ADDRESS**
Henry Horch Son	1301 E Eager St

E 01113 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01113

CERTIFICATE OF DEATH.

12-9

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Hopkins Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifton Bacon

(Residence in Baltimore: No. 417 E. Federal St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	Single

6-DATE OF BIRTH. May 13-25 (Month) (Day) 1..... (Year)

7-AGE. ....yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Thomas Bacon

11-BIRTHPLACE OF FATHER, (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Susie Roberts

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Bacon

(Address) 417 E. Federal

15-Filed AUG 12 1925 192.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 10-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laryngeal Spasm

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Pertussis

(Duration).....yrs.....mos.....ds.

(Signed) J. J. Kelly M. D. (Coroner.)

8-11-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury Cem	Aug 12 1925

20-UNDERTAKER. Mrs J. G. Locke ADDRESS 1302 Jefferson

Spec.—1-10-21—M&T—1500 Blks.

E 01114 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01114

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1932 W. Franklin ST., 20-5 WARD)

REGISTERED NO. 24 001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel M. Armstrong

(a) RESIDENCE No. 1932 W. Franklin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lila M. Armstrong

6 DATE OF BIRTH (month, day, and year) July 15 - 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52		25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Kent Co Md

PARENTS

10 NAME OF FATHER Samuel Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Stoppfer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Lila M. Armstrong

(Address) 1932 W. Franklin St

15 Filed AUG 12 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 9 1925

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1925, to Aug 9, 1925, that I last saw him alive on Aug 9, 1925, and that death occurred, on the date stated above, at 9-30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(duration) 4 hours

CONTRIBUTORY (Secondary) Arterio sclerosis & Myocarditis

(duration) about 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Henry C. Eade, M. D.

Aug 9 1925 (Address) 1203 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Aug 12 1925

20 UNDERTAKER H. C. Brannigan Son

ADDRESS 617 N Schroeder St

Spec.—1-10-21—M&T—750 Bks.

E 01115

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001 E 01115

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Scott

(a) RESIDENCE NO. 823 N Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced (or) ~~WIFE~~ of Wife of Benjamin Scott

6 DATE OF BIRTH (month, day and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Benj. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sophie Grove

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant University Hosp Records (Address)

15 Filed ....., 19 ..... Registrar

1 2 1925

ROBERT R. KRAUTER
Asst. Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-10 1925

17

I HEREBY CERTIFY, That I attended deceased from 7-23-25, 19..., to 8-10, 19 25,

that I last saw h.. alive on 8-10, 19 25,

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(duration) yrs. 2 mos 17 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of No

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Lee Hun Egan, M. D.

, 19 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt auburn	8/13/25
20 UNDERTAKER	ADDRESS
RC Geoll	1405 McElderry

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 01116

E 01116

CERTIFICATE OF DEATH.

75-002

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 28a-1 WARD)

2-FULL NAME Mary Philomena Edelen

(a) RESIDENCE NO. Mt Hope Retreat ST., 28 WARD Bryanlown Md -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a ~~If married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Mr Edelen

6 DATE OF BIRTH (month, day, and year) Jan 23. 1858 ~~Not Known~~

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
(?)	abt 67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (?)
(State or country) Md

PARENTS

10 NAME OF FATHER ~~Not Known~~ Jos. Gardiner

11 BIRTHPLACE OF FATHER (city or town) (?)
(State or country) Chas. Co Md

12 MAIDEN NAME OF MOTHER Mary Gardiner

13 BIRTHPLACE OF MOTHER (city or town) (?)
(State or country) Chas. Co. Md

14 Informant Records of Mt Hope Retreat
(Address)

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1923

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 1911 to Aug 12 1923, that I last saw h[illegible] alive on Aug 11, 1923, and that death occurred, on the date stated above, at 8.10 A m.

The CAUSE OF DEATH* was as follows: Chr. Paralysis (Progressive)

abt 14 or (duration) 13 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Man. Psychosis - Post Paralysis - (duration) 13 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Bryanlown Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bryanlown - Maryland

DATE OF BURIAL Aug 14 1923

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21 M&T 1500 Bks.

01117

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 01117

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 553 W Barnet St. (ST.,) 27-1 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bishop

(a) RESIDENCE NO. 553 W. Barn ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 18th 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20,	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caulker

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Wm D. Bishop

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Welch

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md (State or country)

14 Informant Mrs. Thos. Cropper (Address) 453 W Barnet St

15 Filed ..... 19 1925 HUBERT R. KRAUTER, Chief Record Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1925, to Aug. 11, 1925, that I last saw h[illegible] alive on Aug. 9, 1925, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 10 mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum +

(Signed) J M Dillett, M. D.

Aug 11, 1925 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	Aug 13 1925
20 UNDERTAKER Edw J Cowan & Son	ADDRESS
Edw J. Cowan	901 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

183166

E 01118

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01118

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1827 N. Castle St. ST., 8-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora M Lineweber

(a) RESIDENCE NO. 1927 N. Castle St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 15/1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
— — —	8.	27.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) #

(c) Name of employer #

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Walter Lineweber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Flora Steigna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Records (Address) Johns Hopkins Hosp

15 Filed 8-12 1925 19 A Adler Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12 1925

17

I HEREBY CERTIFY, That I attended deceased from aug 1, 1925, to Aug 12, 1925, that I last saw h e alive on Aug 12, 1925, and that death occurred, on the date stated above, at 4 00 P.m.

The CAUSE OF DEATH* was as follows:

acute gastro-intestinal indigestion

Diarrhoea (Not Dysentery)

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical test.

(Signed) Wm Scott, M. D.

8-12, 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	8/13 1925
20 UNDERTAKER Walter Davis	ADDRESS 3307 Paine St.

Spec.—1-10-21—MAT—1500 Blks.

E 01149

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01149

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH West Balto. Gen. Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raynor Ave / Oakland ST., 5-2 WARD)

2-FULL NAME Edith Thomas.

(a) RESIDENCE NO. 414 N. Spring St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 17 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Black.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer) none.

(c) Name of employer none.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Ralph Thomas

11 BIRTHPLACE OF FATHER (city or town) Hobson.
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Dovie Brown.

13 BIRTHPLACE OF MOTHER (city or town) Isle of White
(State or country) Virginia.

14 Informant Ralph Thomas.
(Address) 414 N. Spring St.

Filed 5 12 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1925, to Aug 11, 1925, that I last saw her alive on Aug 11, 1925, and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) acidosis.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical findings.

(Signed) Jas Hurst Wilkerson, M. D.

, 19 (Address) West Balto Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Aug 13 19 25
20 UNDERTAKER	ADDRESS
Chas. H. Thomas & Co.	N. Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01120

91-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2446 Montebello Ave. St., 4-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Ohlendorf

(a) Residence No. 2446 Montebello Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of William Ohlendorf

6-DATE OF BIRTH (month, day and year) ----------

7-AGE. 77 yrs. -- mos. -- ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md.

PARENTS

10-NAME OF FATHER. John E. Eschbach

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Margaret

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Wash. D. C.

14-Informant. John W. Ohlendorf

(Address) 726 Greenmount Ave.

15-Filed ....., 192.. Robert P. Harrison, Registrar.

1825

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8/11/25

17- I HEREBY CERTIFY, That I attended deceased from 7/26 1925 to 8/11 1925

that I last saw h.. alive on 8/11 1925

and that death occurred, on the date stated above, at 11.400 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Senility

Contributory (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Gotts, M. D.

8/12, 1925 (Address) 914 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St. Peters Cemetery	Aug 13, 1925

20-UNDERTAKER.	ADDRESS
Henry W. Spears and Son	805 N. Calvert

E 01121 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 5-185 E 01121

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 659 Sterling St ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Grace Strother .....

(Residence in Baltimore: No. 659 Sterling St ..... St.; yrs..... mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	col	married

6-DATE OF BIRTH. August 1887 ....., 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
38 yrs. ..... mos. ..... ds.	..... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. John Williams

11-BIRTHPLACE OF FATHER. (State or Country). Md

12-MAIDEN NAME OF MOTHER. Fannie unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Strother (husband)

(Address) 659 Sterling St

15- Filed ..... 192 ..... Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. ..... Aug 11-25 ....., 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ...inquiry.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prob. progressive degeneration of spinal cord etc. Fracture of 1st lumber vertebra onDec. 15-24

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Accidently fell from 2nd story window at 659 Sterling St

(Signed) ..... M. D.
(Coroner)

8-11-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem't DATE OF BURIAL: 8/13/25 1925

20-UNDERTAKER. Byron Wright ADDRESS 218 W Eldersp

Spec. 1-10-21—M&T—1500 Blks.

E 01122

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01122

CERTIFICATE OF DEATH.

14-129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Druid Hill Ave ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel D. Bell

(a) RESIDENCE NO. 1804 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md.

12 MAIDEN NAME OF MOTHER Louisa Peterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge Md.

14 Informant (Address) Louise Mason 1832 Orleans St

15 Aug 2 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 3 - 1925. to Aug 10 - 1925.

that I last saw him alive on Aug 10 - 1925.

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis & Complication Diseases yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. L. W. Kennard M. D.

8-11. 1925 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem.	8/13 1925
20 UNDERTAKER Byron D Wright	ADDRESS 1218 McCulloh St

Spec.—1-10-21—M&T—1500 Blks.

E 01123 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01123

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST., 14-1 WARD) REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton P. Hicks

(a) RESIDENCE No. 2018 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec - 1911

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....mln.
13	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Richard R. Hicks

11 BIRTHPLACE OF FATHER (city or town) N. C. (State or country)

12 MAIDEN NAME OF MOTHER Nona V. Gadd

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Nona V. Hicks (Address) 2018 McCulloh St

Filed AUG 12 1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1925, to Aug 11th, 1925, that I last saw him alive on Aug - 11 - 1925, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Gangrenous appendix (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septic Peritonitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Aug 8/25

Was there an autopsy?

What test confirmed diagnosis? Operature

(Signed) S B Fitzhugh M. D.

(Address) 1413 D. Hill St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 8/13/25

20 UNDERTAKER MRS. GEORGE H. HOLLAND — ADDRESS 1631 DRUID HILL AVENUE

E 01124 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01124

CERTIFICATE OF DEATH. 16-118-005

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hortense E. Randall

(Residence in Baltimore: No. 1425 Winchester St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	col	Single

6-DATE OF BIRTH. Jan 19-25 1.....
(Month) (Day) (Year)

7-AGE. yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Thos Randall

11-BIRTHPLACE OF FATHER. (State or Country). Md

12-MAIDEN NAME OF MOTHER. Gladys Clark

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gladys Randall

(Address) 1425 Winchester St

15- Filed ..... 192.....

[illegible] Harrison]
Registrar.

[illegible] Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 11/25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intussusception of intestine-ileo-cecal region.
(Autopsy)

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
.....(Duration).....yrs.....mos.....ds.

(Signed) J. S. H. Cullen M. D.
(Coroner.)

8-13-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	8-13 1925
20-UNDERTAKER. George T. O'Fallon	ADDRESS 1735 Orleans Hilltop

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01125

CERTIFICATE OF DEATH.

24-1 129

01125

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1229 Light ST., (WARD) 24-1

2-FULL NAME Susie Rogers

(a) RESIDENCE No. 1229 Lights ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas A Rodgers

6 DATE OF BIRTH (month, day, and year) Dec 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER E. Chaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thomas Rodgers

(Address) 1229 Light St

15 Filed 1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1925

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1925 to Aug 11, 1925

that I last saw h alive on Aug 11, 1925

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Interstitial duration yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. K. Campbell M. D.

Aug 11 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cemetary Shadyside C. A. Co.	Aug 14 1925
20 UNDERTAKER	**ADDRESS**
A. Howard Evans	38 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01126

E 01126

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 E Ford ave ST., 23-2 WARD)

2-FULL NAME Anna Marie Kauderer

(a) RESIDENCE NO. 40 E. Ford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John K Kauderer

6 DATE OF BIRTH (month, day, and year): Sept 14, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Frederick Conrad

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline L. Vordenbrugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Elizabeth Witte

(Address): 40 E Ford ave

Filed 12 1925 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13, 1925.

17 I HEREBY CERTIFY, That I attended deceased from March 30. 1925. to Aug. 10. 1925.

that I last saw her alive on Aug 7. 1925.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
& metastasis to bladder
ureters (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Marcus Kurlis M. D.

(Address) 810 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Hill Cem — DATE OF BURIAL: Aug. 13, 1925

20 UNDERTAKER: A. Howard Evans — ADDRESS: 38 E Ford ave

Spec.—1-10-21 M&T 1500 Blks.

E 01127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01127

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Tuma

(a) RESIDENCE NO. 921 N. Duncan st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 880

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER August Tuma

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Dora Rada

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Hospital Records (Address)

15 Filed 2 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 7, 25, to Aug. 12, 1925, that I last saw him alive on Aug. 12, 1925, and that death occurred, on the date stated above, at 6.40 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Delirium tremens

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical findings

(Signed) H. O. McClane Jr. M. D.

8-12 1925 (Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Aug 15 1925

20 UNDERTAKER Knauf Brothers — ADDRESS 1900 E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 01128

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01128

CERTIFICATE OF DEATH.

1-3 51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 ½ Port st ST., 1-3 WARD)

2-FULL NAME Katharine Hladky

(a) RESIDENCE NO. 817 ½ Port st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ludwig Hladky

6 DATE OF BIRTH (month, day, and year): Oct 9

7 AGE: Years 66; Months; Days; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 631

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Frank Bieber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant (Address): Emma Hladky 817 ½ Port st

15 Filed ....., 19..... Robert F. [illegible] Registrar

27925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 25 to Aug 9 1925, that I last saw h[illegible] alive on Aug 9 1925, and that death occurred, on the date stated above, at 6:45 m.

The CAUSE OF DEATH* was as follows:

Acute diffuse Nephritis

Acute Rheumatic Fever

Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Oct 10 19 25 (Address) 600 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 13 19 25

20 UNDERTAKER: Hud[illegible] & Son — ADDRESS: 1900 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 01129 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01129

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 364 Franklin Ave ST. 26-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Pinkas

(a) RESIDENCE NO. 364 Franklin Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 19 1925

7 AGE — Years — Months: 3 — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Morley Pinkas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Frances Havlik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Morley Pinkas (Address) 364 Franklin Ave

15 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1925, to Aug 11, 1925, that I last saw him alive on Aug. 10, 1925 and that death occurred, on the date stated above, at 4.15 A m.

The CAUSE OF DEATH* was as follows:

Ileo-colitis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent V. Cooke M. D.

, 19 (Address) 845 W. Fayette St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Aug 14 1925

20 UNDERTAKER Jos E Cook & Son — ADDRESS 1906 Gilmor

Spec.—1-10-21—M&T—1500 Bks.

01130

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01130

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto. General Hospital. REGISTERED NO. 129

CITY OF BALTIMORE: (No. Rayner Ave / Oakland ST., 20-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry John Shoemaker

(a) RESIDENCE NO. 347 S. Furrow ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 4. 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
21		6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer) Dr 32

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER ~~Henry Kiefer~~ Philip J. Shoemaker.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Dora Kiefer

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Philip Shoemaker (Address) 347 S Furrow St.

15 1925 Robert P. Harrison, .19 Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10 1925.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 9. 1925. to Aug 10 1925.

that I last saw him alive on Aug. 10. 1925.

and that death occurred, on the date stated above, at 7:00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

Chronic Myocarditis.

Chronic Endocarditis.

5. (duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremia Acute dilatation of heart. (duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Chem.

(Signed) [illegible], M. D.

. 19 (Address) West Balto General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug 13 1925
20 UNDERTAKER	ADDRESS
Jos Joerdens Son	2178 Ba

Spec.—1-10-21—M&T—1500 Bks.

E 01131

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 01131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 214 Canal ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tyler Kirtley

(a) RESIDENCE No. 214 Canale ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ~~...~~ yrs. ~~...~~ mos. ~~...~~ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~(...) WIFE of~~ HUSBAND of Jamie Kirtley

6 DATE OF BIRTH (month, day, and year) Feb 29 1876

7 AGE: Years 29; Months —; Days —; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): — 040

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Louis Kirtley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Phyllis C. Ellis Sister

(Address) 214 Canal St.

15 Filed Aug 12 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1925

17 I HEREBY CERTIFY, That I attended ~~deceased~~ from Aug 10 — 1925, to Aug 10 1925, that I last saw ~~him~~ alive on Aug 10 — 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

about (duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Acut Bronchitis

about (duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? Dalto

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) Samuel A Bain M. D.

, 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: MT Auburn Cem — DATE OF BURIAL: Aug 1925

20 UNDERTAKER: Samuel A Bradley — ADDRESS: 578 W. Biddle St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01132

CERTIFICATE OF DEATH.

X100-001 E 01132

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Univ. Hospital

CITY OF BALTIMORE: (No. Linbard & Green ST., 4-1 WARD)

2-FULL NAME Wm J. Allan

(a) RESIDENCE No. 618 Woodbourne ave ST., Towson WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21/19

7 AGE — Years: 6 — Months: 2 — Days: 20 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: notary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Scotland

PARENTS

10 NAME OF FATHER Wm J. Allan

11 BIRTHPLACE OF FATHER (city or town) Scotland (State or country)

12 MAIDEN NAME OF MOTHER Polly Waters

13 BIRTHPLACE OF MOTHER (city or town) Scotland (State or country)

14 Informant Wm J. Allan (Address) 618 Woodbourne Ave Towson

15 Filed AUG 13 1925 ROBERT A. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1925, to Aug 11, 1925, that I last saw him alive on Aug 11, 1925, and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory.

(Signed) Lee Wm Elgin M. D.

, 19 (Address) University Hosp.

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount — DATE OF BURIAL: Aug 13 1925

20 UNDERTAKER: Chas Mitchell — ADDRESS: 320 W. Lafayette

Spec.—1-12-23—M&T—500 Blks.

E 01133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

E 01133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 158 N 8th ST., 76-3 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick W. Martin

(a) RESIDENCE NO. 158 N 8th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ellison

7 DATE OF BIRTH (month, day, and year) Dec 3-1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Veneering Mill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Elizabeth Martin

(Address) 158 N 8th St

Filed OCT 13 1925 ROBERT R. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1925

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1925, to Aug 11, 1925, that I last saw him alive on Aug 11, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Frank A. Sloan, M. D.

Aug 11, 1925 (Address) 3244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Aug 13 1925

20 UNDERTAKER John Lucas

ADDRESS 2008 Aliceanna

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01134

CERTIFICATE OF DEATH.

38 ✓ E 01134

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST. 5. WARD) 16-1

2-FULL NAME James Bond

(a) RESIDENCE NO. 3032 Baker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	married.

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Bond

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Structural Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co

PARENTS

10 NAME OF FATHER John Bond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Mary Benson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co.

Informant Thomas Bond

(Address) Rockville Md

Filed AUG 13 1925 ROBERT N. KRANTZ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11. 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 8. , 1925 to Aug 11. , 1925

that I last saw him alive on Aug. 11. , 1925

and that death occurred, on the date stated above, at 11. P. m.

The CAUSE OF DEATH* was as follows:

Aneurysm of descending aorta

(duration) unascertainable yrs. mos ds.

CONTRIBUTORY (Secondary) Ruptura, haematemesis.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy findings

(Signed) M Gavardo, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto DATE OF BURIAL

Dan'l M'Cluer Aug 14 25

20 UNDERTAKER John E Burt ADDRESS Rockville

A. S. Marshall

Spec. 1-10-21 M&T 1500 Blks.

E 01135

HEALTH DEPARTMENT--CITY OF BALTIMORE

16 E 01135

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital St., 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Edgar

(a) RESIDENCE NO. 201 Gittings Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8 | 12 | 1925

7 AGE — Years — Months — Days — If LESS than 1 day, 3 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER Harry Edgar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER Mary Forman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant Harry Edgar

(Address) 201 Gittings Ave. Hamilton

Filed 8-13 1925 (ROBERT H. KRAUTH) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/12/1925

17 I HEREBY CERTIFY, That I attended deceased from August 12, 1925 to August 14 1925, that I last saw h alive on August 12, 1925, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Atelectasis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Postmortem

(Signed) Thomas F Ruth M. D.

19 (Address) 457 E. 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 8/13 1925

20 UNDERTAKER: George J Ruth — ADDRESS: 1731 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

E 01136 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01136

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6027 Bellona ave. St., 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Ella Miles

(a) RESIDENCE NO. 6027 Bellona Ave. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry E. Miles

6 DATE OF BIRTH (month, day, and year): October 2, 1864

7 AGE: Years 60 Months 10 Days ____ If LESS than 1 day, hrs. or min. ____

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: William Ayer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Rosa Replinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Informant: Helen R. Miles

(Address): 6027 Bellona ave.

Filed Aug 15 1925 19 H. A. Mill Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 12 1925

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1925, to Aug 12, 1925, that I last saw h[illegible] alive on August 12, 1925, and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis -
Chronic Interstitial Nephritis
Cholelithiasis

(duration) 10+ yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. 1+ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab tests

(Signed) D. W. Bishop, M. D.

Aug 12, 1925 (Address) 501 Sherwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bishop Cemetery — DATE OF BURIAL: Aug 14 1925

20 UNDERTAKER: Wm C Brooks — ADDRESS: Sparks Md

Spec.—1-10-21—M&T—1500 Bks.

E 01137

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01137

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 N Fulton ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Bayly

(a) RESIDENCE NO. 1705 N Fulton ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced (or) ~~WIFE~~ of HUSBAND of: Agnes Bayly

6 DATE OF BIRTH (month, day, and year): Sept 23 1

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Coal Miner do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Retired

BIRTHPLACE (city or town) (State or country): England

10 NAME OF FATHER: Richard Bayly

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Ann Lyttleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

Informant: Mrs Janet Smith

(Address): 705 N Fulton

Filed AUG 13 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1924, to August 12, 1925, that I last saw him alive on August 10, 1925, and that death occurred, on the date stated above, at 1:05 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ~

Was there an autopsy? no

What test confirmed diagnosis? ~

(Signed) C E Burton, M. D.

8/12/, 1925 (Address) 301 E Conway St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Ohio,

DATE OF BURIAL: Aug 13 1925

20 UNDERTAKER: William Cook

ADDRESS: 502 E Hoff St.

Spec.—1-10-21 M&T 1500 Blks.

E 01138

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01138

CERTIFICATE OF DEATH.

REGISTERED NO. 112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 W. Lexington St. ST., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Babra Jingles

(a) RESIDENCE NO. 1512 W. Lexington St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1st '25

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER George Price Jingles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gaston Co. N.C.

12 MAIDEN NAME OF MOTHER Hattie Diggers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gaston Co. N.C.

Informant Geo Jingles (Farther)
(Address) 1512 W. Lexington

Filed 8-13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/11/1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10th. 1925 to Aug. 11th. 1925
that I last saw her alive on Aug. 10th. 1925
and that death occurred, on the date stated above, at 1;30 a.m.
The CAUSE OF DEATH* was as follows:
Entero-Colitis (Summer Diarrhea

(duration) yrs. mos 8/ ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Physical Exam.
(Signed) Walter J. Jackson, M. D.
, 19 (Address) 1618 W. Mulberry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Zion	8-13-25 19

20 UNDERTAKER Joseph A. Lively ADDRESS 1617 Winters ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01139

CERTIFICATE OF DEATH.

31

E 01139

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2038 McCulloh St. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred E Dickerson

(a) RESIDENCE NO. 2038 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1905

7 AGE: Years 20 Months May Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Chas W Dickerson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton Md

12 MAIDEN NAME OF MOTHER Maggie Sample

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Maggie L Cole

(Address) 2038 McCulloh St

15 Filed AUG 13 1925

Chief Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from about 2 mos. ago 19 , to Aug. 12 , 1925

that I last saw her alive on Aug. 12 , 1925

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No but physical examination

What test confirmed diagnosis? Physical signs and symptoms

(Signed) J. T. Shemwell M. D.

1925 (Address) 2226 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harbaugh AA Co Va	8/14/25

20 UNDERTAKER: Samuel Gilbert ADDRESS: 214 N Carey St

Spec.—1-10-21—M&T—1500 Bks.

Emerson

E 01140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01140

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Arlington ST., 16-6 WARD)

REGISTERED NO. 175-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carson Savage

(a) RESIDENCE NO. 1012 Arlington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Savage

6 DATE OF BIRTH (month, day, and year) Mar 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	mo	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schauffer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs Gieb

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Abe Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Elizabeth Smith (Address) 10 E Carlington Ave

15 Filed AUG 13 1925, 19 ..... Registrar ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1925

17 I HEREBY CERTIFY, That I attended deceased from July 24 1925 to Aug 12 1925

that I last saw him alive on Aug 11 1925

and that death occurred, on the date stated above, at 11:20 A m.

The CAUSE OF DEATH* was as follows: Paralysis following operation for tumor of spinal column April 18-1925

Duration 6 yrs 7 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

Aug 12 1925 (Address) 2039 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pt Carlton	Aug 15 1925

20 UNDERTAKER Hammett & Wright Co

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

01141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 E 01141

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 N. Montford ave ST.) 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loretta R. Goetz

(a) RESIDENCE NO. 1502 N. Montford ave ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months ~~Days~~ 2 Weeks If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Christopher Goetz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Scholliam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Christopher Goetz (Address) 1502 N Montford Ave

15 Filed DEC 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1925

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1925, to August 12 1925.

that I last saw her alive on August 11, 1925

and that death occurred, on the date stated above, at 6 45A m.

The CAUSE OF DEATH* was as follows: Status Lymphaticus

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation 15 minutes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no Examination and symptoms

What test confirmed diagnosis?

(Signed) Albert Abrahams M. D.

8/12 1925 (Address) 202 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Century

DATE OF BURIAL August 13 1925

20 UNDERTAKER Robt. J. Turner

ADDRESS 1442 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01142

CERTIFICATE OF DEATH.

X165 E 01142

1-PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., E 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Boyle

(a) RESIDENCE NO. 2729 West Grace St. Richmond Va. ST., WARD Richmond Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Thomas Boyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Caroline Coulfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant F. F. Doyle Jr

(Address) Richmond Va

Filed AUG 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 21st, 1925, to Aug. 13th, 1925.

that I last saw her alive on Aug 13th 1925.

and that death occurred, on the date stated above, at 5.55 a. m.

The CAUSE OF DEATH* was as follows:

Lung abscess,
(Suicidal attempt with ammonia 2 mos ago)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Richmond Va; July 28th 25

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis? X Ray; oesophagoscopy;

(Signed) F. I. Wertheimer M. D.

, 1925 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va	Aug 13 1925
20 UNDERTAKER	ADDRESS
K. C. Wiedefeld	914 Gwynn Oak Av

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01143

CERTIFICATE OF DEATH.

90 E 01143

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Glen ave & Pimlico Road.

CITY OF BALTIMORE: (No.) Glen ave & Pimlico Road. ST.: 27-4 WARD)

2-FULL NAME James B. Darby.

(a) RESIDENCE. No. Glen ave & Pimlico Road. ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male .	white,	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella May Darby.

6 DATE OF BIRTH (month, day, and year) June 12/1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipe Fitter 054

(b) General nature of industry, business, or establishment in which employed (or employer) Retired.

(c) Name of employer B.&O.R.R.

9 BIRTHPLACE (city or town) (State or country) Martinsburg. West. Virginia.

10 NAME OF FATHER Grafton Darby.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

Informant Joseph H. Darby.
(Address) Glen ave & Pimlico Road.

Filed AUG 13 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August. 12/25.

17 I HEREBY CERTIFY, That I attended deceased from 8/9, 19 25, to 8/12, 19 25, that I last saw h er alive on 8/9, 19 25, and that death occurred, on the date stated above, at 11.35 P m.

The CAUSE OF DEATH* was as follows: Myocardial D[illegible]

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 5 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

8/13, 19 25 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakland Cem.	8/15/25

20 UNDERTAKER J. Walter Davis. ADDRESS
3807 Paine St. J. W. Davis,

Spec.—1-10-21—MAT—1500 Bks.

E 01144

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 01144

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1015 S. Clinton ST., 26-8 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F. Himmelmann

(a) RESIDENCE NO. 1015 S. Clinton ST., 26 WARD ~~26~~

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Himmelmann

6 DATE OF BIRTH (month, day, and year) Oct 29-1855

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 50

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Geo. Himmelmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Folland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Elizabeth Himmelmann

(Address) 1015 S. Clinton St.

AUG 13 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st 1924 to Aug 12 1925, that I last saw him alive on Aug 12 1925, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

& Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilated heart

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. J. McAvoy, M. D.

8/13, 1925 (Address) 839 S. Ellwood Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakland Cem.	Aug 16 1925
20 UNDERTAKER	ADDRESS
Zirkler + Zirkler	1739 E. Eager St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01145

CERTIFICATE OF DEATH. 113

E 01145

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 S. East Ave ST. No-8 WARD)

2-FULL NAME Amelia Nickel

(a) RESIDENCE NO. 1009 S. East Ave ST., .. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 20-1924

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
—	8	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Earl Nickel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Minnie Braunshweiger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Minnie Nickel

(Address) 1009 S. East ave

Filed AUG 13 1925 19 Registrar

ROBERT H. KRAUTH, Chief Bureau Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1925, to Aug 12, 1925, that I last saw her alive on Aug 12, 1925, and that death occurred, on the date stated above, at 6.10 A. m.

The CAUSE OF DEATH* was as follows:

Acute gastro enteritis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) eclampsia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

8/14 19 25 (Address) 1014 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery — DATE OF BURIAL: Aug. 19 1925

20 UNDERTAKER: Zickler & Zickler — ADDRESS: 1739 E. Eager st.

Spec.—1-10 21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01146

CERTIFICATE OF DEATH.

34 E 01146

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) Broadway & Monument St., 13-4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Morris Strauss

(a) RESIDENCE NO. Hamburg apt. W. 39th St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6-1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	39	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pittsburgh, Pa

10 NAME OF FATHER Chas. Louis Strauss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pittsburgh Penn.

12 MAIDEN NAME OF MOTHER Bertha Strauss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pittsburgh Pa.

Informant Mrs. Byrd Leytheus

(Address) Baltimore Md.

AUG 13 1925 HUBERT R. KRAUTER, Registrar

Bureau Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13/ 1925

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1925, to Aug 13, 1925, that I last saw him alive on Aug 13, 1925, and that death occurred, on the date stated above, at 7 05 P m.

The CAUSE OF DEATH* was as follows:

Psoas abscess.

(duration) yrs 2 mos 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia Septicaemia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 8 1925

Was there an autopsy? no

What test confirmed diagnosis? Blood culture & Stain

(Signed) George B Brieel, M. D.

, 19 (Address) Church Home & Infy.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pittsburg Pa

DATE OF BURIAL 8/13 1925

20 UNDERTAKER Chas F. Frank & Son

ADDRESS 1180 West Royal ave

Spec.–12-23-21–E.B.R.S.–400 Bks.

E 01147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-001

E 01147

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 408 Orange St. Ward 4-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Cox

(a) Residence No. 408 Orange St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Monroe

6-DATE OF BIRTH (month, day and year) May 2, 1894

7-AGE. 31 yrs. 3 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Washington (State or Country) D. Columbia

10-NAME OF FATHER Joseph Smith.

11-BIRTHPLACE OF FATHER (city or town) Washington (State or Country) Dis Columbia

12-MAIDEN NAME OF MOTHER Celia Travers

13-BIRTHPLACE OF MOTHER (city or town) Washington (State or Country) Dis Columbia

(Informant) Christina Carter

(Address) 507 E. 41st St. W. Washington D.C.

AUG 13 1925

ROBERT R. KRAUT

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug-9-1925

17- I HEREBY CERTIFY, That I attended deceased from July-26 1925 to Aug. 9, 1925

that I last saw her alive on Aug-9 1925

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dan Francken M. D.

8/9 1925 (Address) 122 E. Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Cemtery

DATE OF BURIAL. Aug 13 1925

20-UNDERTAKER Walter B. Spriggs

ADDRESS 139 W. Hamburg St.

THE MORGUE.

E 01148

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01148

CERTIFICATE OF DEATH

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital Ward) 65-2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Dwight G. Horton

(Residence in Baltimore: No. Ellicott City St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

6-DATE OF BIRTH. Dec. 13th 1900
(Month) (Day) (Year)

7-AGE. 24 yrs. 8 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)..... 023

9-BIRTHPLACE, (State or Country). North Carolina

10-NAME OF FATHER. E. L. Horton

11-BIRTHPLACE OF FATHER. (State or Country). N. C.

12-MAIDEN NAME OF MOTHER. Martha C. Gray

13-BIRTHPLACE OF MOTHER. (State or Country). N C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gladys Horton

(Address) Romeike Hospital - Balto

Filed 1925

Robert J. Harrison, 192.....
Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 12th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Duration) 1 yrs. hours

CONTRIBUTORY (Secondary) Thrown by Horse

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Horton M. D.
Coroner.

Aug 12 1925 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Baptist Church Cemetery Aug 15. 1925

20-UNDERTAKER. Carl M Storr ADDRESS Ellicott City

Spec.—1-10-21—M&T—1500 Blks.

E 01149

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01149

CERTIFICATE OF DEATH

1-PLACE OF DEATH West Balto. Gen Hospital 175

CITY OF BALTIMORE: (No.) Payson & Oakland Sts. WARD

REGISTERED NO. 1053

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Webster Parnes

(a) RESIDENCE NO 1020 Whitmore Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1903

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or .... min.
22	4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer William F. Callahan

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER David W. Parnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Matilda Biddinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

Informant (Address) David W. Parnes 1020 Whitmore Ave

1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/11 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/22, 1925, to 8/11, 1925, that I last saw him alive on Aug 11, 1925, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Purulent Hepatitis

Purulent Pancreatitis

(duration) yrs. mos 20 ds.

CONTRIBUTORY— (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of 7/22/25

Was there an autopsy? YES

What test confirmed diagnosis?

(Signed) Jas H. Wilkerson M. D.

19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 8/14 1925

20 UNDERTAKER C. D. Fanning (Inc-1460

ADDRESS Battery Av.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01150

CERTIFICATE OF DEATH.

90 E 01150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 357 Rosebank ave ST., 27-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marian C. Clark

(a) RESIDENCE NO 357 Rosebank ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 22d 1864

7 AGE: Years 61; Months; Days; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Teacher, 68
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) (State or country) Mt Washington Balto City

10 NAME OF FATHER John F. Clark.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md.

12 MAIDEN NAME OF MOTHER Sarah J. Buckley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Henry S. Clark
Address 357 Rosebank Ave Govans

15 Filed AUG 13 1925 Robert J. Barrick, Registrar
Burial Permit Clark

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia
Dr J Hearst
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John G. Morgan, M. D.
(Coroner.)
Aug 13, 1925 (Address) 522 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem Govans

DATE OF BURIAL Aug 14" 1925

20 UNDERTAKER Wm J Hartwell & Co

ADDRESS 223 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 01151

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01151

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 Maryland Ave. WARD) 17-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Lammers

(a) RESIDENCE NO. 2521 Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Lammers

6 DATE OF BIRTH (month, day, and year) March 6 1832

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
93	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER George Schafer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Elizabeth Lammers

(Address) 521 Maryland Ave

15 Filed 8 13 1925, 19 Robert P. Hayden, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 11 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 19 24 to August 11, 19 25.

that I last saw h[illegible] alive on August 11, 19 25.

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) many yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage 1

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank M. Little, M. D.

8/12 1925 (Address) 421 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 8/14/25

UNDERTAKER Frohsale Furey Funeral Dir

ADDRESS [illegible]

Cor.—1-12-23—M&T—100 Bks.

E 01152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01152

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie King

(a) RESIDENCE NO. 446 W. 23. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) June 12 - 1920

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3 -	2	1	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

BIRTHPLACE (city or town) Mass.
(State or country)

10 NAME OF FATHER Dr. Wm King

11 BIRTHPLACE OF FATHER (city or town) Fraser
(State or country)

12 MAIDEN NAME OF MOTHER Helen Miller

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

Informant Mrs Nellie Miller
(Address) 446 W 23

Filed 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an In quest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said In quest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns 1-2-3 degree
accidental (matches)
1 day (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Nephritis
Gen Toxemia (duration) yrs. mos. ds.

(Signed) W. J. Riley (Coroner.), M. D.

Aug 13, 1925 (Address) 1639 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leland Md

DATE OF BURIAL Aug 15 1925

20 UNDERTAKER George A Talley

ADDRESS Lexington & Fayette

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01153

CERTIFICATE OF DEATH.

160 E 01153

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 Auburn Ave ST.; 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert S. Douglass

(a) RESIDENCE. No. 2713 Auburn Ave ST.; 1 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7 1924

7 AGE: Years — Months 9 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Robert F. Douglass

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Wilcoxen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant (Address) Robert F. Douglass 2713 Auburn Ave.

Filed ..... 19 .....

Registrar

DEC 1 A 1925

ROBERT R. KRAUTER, Asst. Registrar Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 8 1925, to Aug 17 1925, that I last saw him alive on Aug 12 1925, and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. A. Ackenden M. D.

. 19 (Address) 1120 W. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Aug 14 1925

20 UNDERTAKER: Ehenower & Son

ADDRESS: 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks.

E 01154 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

7117 E 01154

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital. ST., 11.-2 WARD)

2-FULL NAME Master Herman Brandenburg.

(a) RESIDENCE No. Westminster Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	School Boy.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of School Boy.

6 DATE OF BIRTH (month, day, and year) July 25-1911

7 AGE	Years	Months	Days.	If LESS than 1 day, ... hrs. or ... min.
	14	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy. gd

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

BIRTHPLACE (city or town) Westminster Md
(State or country)

10 NAME OF FATHER Herbert Brandenburg.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Nellie Gover

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

Informant Father.
(Address)

AUG 14 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 9 , 1925, to Aug 13 , 1925, that I last saw him alive on Aug 13 , 1925, and that death occurred, on the date stated above, at 9:30 p.m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis following articular rheumatism (5 years) duration.
Acute Appendicitis 2 days.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY acute Endocarditis (3 days).
(Secondary)

Septic Meningitis 1 day.
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Aug 9/25

Was there an autopsy? No.

What test confirmed diagnosis? Objective-Clinical Evidence

(Signed) Dr Loom, M. D.

, 19 (Address) Maryland General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster	Aug 17 1925
20 UNDERTAKER H Bankard & Son.	ADDRESS Westminster

Spec.—1-10-21—M&T—1500 Blks.

01155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 01155

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 S. Fifteenth St. ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Helen Schmidt

(a) RESIDENCE NO. 634 S. Fifteenth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 19 - 1923

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Colbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) John Schmidt. 634 S. Fifteenth St.

Filed , 19 Registrar

AUG 14 1925 Board of Health Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1925, to Aug 12, 1925, that I last saw her alive on Aug 12, 1925, and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) dont know of any

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. J. Bender, M. D.

, 19 (Address) 3035 Edmondson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	Aug 14 1925

20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01156

CERTIFICATE OF DEATH.

34

1 - K

E 01156

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 S. Ellwood Ave ST., WARD)

2-FULL NAME Henry Hartman

(a) RESIDENCE NO. 709 S. Ellwood Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 19 - 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER George Hartman

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Miller

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant George Hartman

(Address) 709 S. Ellwood Ave.

AUG 14 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1-25 19.... to Aug 14-25

that I last saw h alive on Aug 12-25

and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) .... yrs. 2 mos .... ds.

CONTRIBUTORY (Secondary) 1B Spine (Pott's) Cervical Dorsal (duration) 10 yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death?....

Did an operation precede death? .... Date of ....

Was there an autopsy? ....

What test confirmed diagnosis?

(Signed) H. D. Norman M. D.

Aug. 15-25 2913 E Baltimore (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Aug. 15 1925

20 UNDERTAKER Lilly & Julian ADDRESS 4038 Wolfe St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01157 E 01157

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 14-1 Ward)

2-FULL NAME. Baby Tasker

(Residence in Baltimore: No. 2219 Etting St St.; yrs. ..... mos. 20 ds.)

Registered No. C 1161-002

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. col

5-Single, Married, Widowed, Divorced, (Write the word.) single

6-DATE OF BIRTH. July 22-25 (Month) (Day) (Year)

7-AGE. ....yrs. ....mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Balto. Md

10-NAME OF FATHER. Vernon Tasker

11-BIRTHPLACE OF FATHER. (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Corinne Byrd

13-BIRTHPLACE OF MOTHER. (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vernon Tasker

(Address) 2219 Etting St

15- AUG 14 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 11-25 (Month) (Day) (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracrainial Hemorrhage

(Autopsy)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Pollitt M. D. (Coroner.)

8-13-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery DATE OF BURIAL. Aug 14 1925

20-UNDERTAKER. Mrs Jas. H. Dennis per F. A. Nelson ADDRESS 1303 Bressman St

pec.—1-12-23—M&T—500 Bks.

E 01158

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-001 E 01158

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 Forest. ST., 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucius Brown.

(a) RESIDENCE NO. 829 Forest. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: C. | 5 Single, Married, Widowed, or Divorced, (write the word):

If married, widowed, or divorced (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 8, 1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) (State or country) S. C.

10 NAME OF FATHER Van Gilland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Hattie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

Informant Hattie Brown

(Address) 829 Forest St

Filed AUG 14 1925 ROBERT R. KRAUTER, Registrar

Social Service Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-13-1925

17

I HEREBY CERTIFY, That I attended deceased from 8-5-, 1925, to 8-13-, 1925, that I last saw h alive on 8-12-, 1925, and that death occurred, on the date stated above, at 4:15 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

8-13-1925 (Address) 611 N. Carol

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arbutus Cemetery	Aug 15 1925
20 UNDERTAKER	ADDRESS
Jos. T. H. Rockwell	1139 Hoffman St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01159

CERTIFICATE OF DEATH.

16-002

E 01159

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3301 Elmley Ave ST. 8-1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Selters

(a) RESIDENCE NO. 3301 Elmley Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Fred. H. Selters

7 DATE OF BIRTH (month, day, and year) 8-5-1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Not known.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mr. Edw. Lastner

(Address) 3301 Elmley Ave

Filed 1925 Registrar

AUG 14 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1925

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1925, to Aug 11, 1925.

that I last saw h W alive on Aug 10, 1925,

and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Chronic Dysentery

(duration) yrs. 30 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Carl Eyler, M. D.

8/11, 1925 (Address) 1823 N. Washington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Crem

DATE OF BURIAL 8-14 1925

20 UNDERTAKER E & J Hale 115

ADDRESS E. Lest St

Spec.—1-10-21—M&T—1500 Blks.

E 01160

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01160

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO. 179

CITY OF BALTIMORE: (No. 14-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estelle Washington

(a) RESIDENCE NO. 2124 Druid Hill Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE: Years 40; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER Samuel Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER Columbia Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Records Johns Hopkins Hospital

Filed AUG 14 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 13 1925

17 I HEREBY CERTIFY, That I attended deceased from August 8, 1925, to August 13, 1925, that I last saw her alive on August 13, 1925 and that death occurred, on the date stated above, at 8.55 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Uraemia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Trevor Owen M. D.

Aug 13, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery DATE OF BURIAL: Aug 17 1925

20 UNDERTAKER: Helen W. Holland ADDRESS: 1601 Druid Hill Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01161 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01161

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 411 Markland ave ST.: 21-7 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Stanley Fishpaw

(a) RESIDENCE. No. 411 Markland ave ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

6 If married, widowed, or divorced HUSBAND of (or) WIFE of None

DATE OF BIRTH (month, day, and year) Mar-11-24

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	5	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer

BIRTHPLACE (city or town) Germany (State or country)

10 NAME OF FATHER Wm S Fishpaw

11 BIRTHPLACE OF FATHER (city or town) Balto Co (State or country)

12 MAIDEN NAME OF MOTHER Agnes M Burns

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country)

Informant W. S. Fishpaw

(Address) 411 Markland ave

Filed 8 13 1925 ROBERT H. KRAUS Registrar

Vital Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-13 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug-1, 1925, to Aug 13, 1925; that I last saw him alive on Aug-12, 1925, and that death occurred, on the date stated above, at 4P-m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Haas, M. D.

8-13 1925 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem.	Augs 15 1925
20 UNDERTAKER	ADDRESS
John E Burns Sons	Towson Md

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 01162 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01162

CERTIFICATE OF DEATH. + 129

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 435 Evesham ave ST.: 27-1 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Young

(a) RESIDENCE. NO. Falls Rd Balto. Co. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? 10 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Jos George Young

DATE OF BIRTH (month, day, and year) Feb 27-1884

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	5	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant Joseph G. Young
(Address) Glyndon R.F.D. 2

Filed AUG 14 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1925

17 I HEREBY CERTIFY, That I attended deceased from July-1 1925 to Aug 13 1925

that I last saw her alive on Aug 13 1925

and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows: Chron Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H C Haus M. D.

(Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grace M. P. Cem. DATE OF BURIAL Augs 15 1925

20 UNDERTAKER John Burns Sons ADDRESS Towson Md

Spec.—1-10-21—M&T—1500 Bks.

E 01163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 01163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 347 Balto. Ave ST., (St Helena) WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred F. Patterson

(a) RESIDENCE NO. 347 Balto. Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

062

BIRTHPLACE (city or town) (State or country): Ireland.

10 NAME OF FATHER: James Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Jane Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Elizabeth M. McShane

(Address): 347 Balto ave

AUG 14 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 10/25 to Aug 13 1925, that I last saw him alive on Aug 13 1925 and that death occurred, on the date stated above, at 9 5/4 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 200 Washington Blvd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W M Carnes M. D.

8/14 1925 (Address) Sparrows Pt Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk

DATE OF BURIAL: 8/15 1925

20 UNDERTAKER: Philip Henry

ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 01164 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01164

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 N. Broadway ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lula G. Mauldin

(a) RESIDENCE No. 1007 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard F. Mauldin

6 DATE OF BIRTH (month, day, and year): Oct. 16-1868

7 AGE — Years: 56 — Months: 9 — Days: 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Newburn, N.C

10 NAME OF FATHER: Lafayette Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Susan Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

Informant (Address): Records Johns Hopkins Hospital

Filed DEC 10 1925, 19 A. Lee Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1924, to Oct 15, 1924, that I last saw her alive on August 11, 1925 and that death occurred, on the date stated above, at 1240 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast with metastasis to brain.

(duration) 1 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Not Known.

Did an operation precede death? Yes Date of 9/23/24

Was there an autopsy? No.

What test confirmed diagnosis? Microscopical

(Signed) Wm Francis Runtzff M. D.

, 19 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Atlanta Ga. DATE OF BURIAL: 8/14 1926

20 UNDERTAKER: Philip Hennig ADDRESS 2066 Orleans

Spec.—1-16-21—M&T—1500 Bks.

E 01165 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01165

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 E. Eager ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaretha Oertel

(a) RESIDENCE NO. 1803 E. Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (or) WIFE of Herman Oertel

DATE OF BIRTH (month, day, and year) Dec 6th 70

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER John Reddelbuggen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Barbetta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Carl H. Oertel 1801 E Eager St.

Filed G 14 1925 H. A. W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/11 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-1 1925 to 8-11 1925

that I last saw her alive on 8-1 1925

and that death occurred on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation Chronic
Original Acute Nephritis
Cerebral Hemorrhage

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. Reddelbuggen M. D.

1919 (Address) 1801 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk

DATE OF BURIAL: 8/13 1925

20 UNDERTAKER: Philip Herrig

ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 01166

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01166

CERTIFICATE OF DEATH.

24-113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 Balt ST., WARD)

2-FULL NAME Clarence H Pierce

(a) RESIDENCE NO. 1532 Balt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Infant

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): April 6, 1925

7 AGE: Years 1 Months 4 Days 7 If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER Clarence Pierce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md

12 MAIDEN NAME OF MOTHER Agnes Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Mrs Agnes Pierce

(Address) 1532 Balt St.

Filed AUG 14 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13 1925

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1925, to Aug 13, 1925, that I last saw h alive on Aug 13 1925 and that death occurred, on the date stated above, at 1 05 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Exhaustion (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R E H Campbell M. D.

(Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, Balto, DATE OF BURIAL: Aug 15 1925

20 UNDERTAKER: Chas L. Edwards ADDRESS: 1501 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

E 01167 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01167

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH Mercy Hospital. REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 27-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Bruck

(a) RESIDENCE NO. 343 White Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or ~~Divorced, (write the word)~~

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13, 1925

7 AGE Years | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER W. M. Bruck.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country)

12 MAIDEN NAME OF MOTHER M. E. Mathews

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country)

14 Informant .....
(Address) .....

Filed AUG 14 1925 H. A. W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1925, to Aug 14, 1925, that I last saw h/e alive on Aug 14, 1925, and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Toxemia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. F. Brugandt, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem | DATE OF BURIAL 8-15- 1925

20 UNDERTAKER Robert Brooks & Son | ADDRESS Calhoun & Hollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01168

E 01168

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1200 Pima av ST., 17 (WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Offar Arthur

(a) RESIDENCE NO. 1200 Pima av ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Cold	Widowed

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
62	—	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER William Offer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Ethel Arthur

(Address) [illegible] Pennsylvania Ave

Filed AUG 4 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Aug 13, 1925, that I last saw h.[illegible] alive on Aug 12th, 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustav Goldman, M. D.

, 19 (Address) 836 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chems Chapel C.A. Co	8/16 1924
20 UNDERTAKER	ADDRESS
Daniel Easton	916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

E 01169 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01169

CERTIFICATE OF DEATH. 38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 W Baltimore St., 15 WARD) 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas F Lucas

(a) RESIDENCE No. 1600 W Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 53 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver of Truck

(b) General nature of industry, business, or establishment in which employed (or employer): Driver

(c) Name of employer: Mayer & Sons

9 BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: John H Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Ellen Hales

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: George W Johnson

(Address): 1600 W Baltimore

Filed Aug 14 1925 H. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1925, to Aug 12, 1925, that I last saw h— alive on Aug 12, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Marasmus

..... (duration) ..... yrs. mos 5 ds.

CONTRIBUTORY (Secondary): Work + Heat

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Robt Myerberg M. D.

, 19 (Address) 1602 W Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem

DATE OF BURIAL: 8/14/1925

20 UNDERTAKER: Daniel Easton

ADDRESS 916 Eo ne.

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 01170

CERTIFICATE OF DEATH.

15-4 3T

REGISTERED No. E 01170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3513 Fairview Ave ST.) WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Healey Byrd

(a) RESIDENCE No. 3513 Fairview Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced (or) WIFE of Mary A Byrd

DATE OF BIRTH (month, day, and year) April 11 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	4	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer) Coal Business

(c) Name of employer H. C. Inc Comas Co

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John H. C. Byrd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary E Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

Informant Beulah Byrd Denny

(Address) 3311 Cathedral Av. Wash DC.

Filed AUG 14 1925

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 1, 1925, to Aug 12, 1925;

that I last saw him alive on Aug 12, 1925;

and that death occurred, on the date stated above, at 1 45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary & Intestinal Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) H. D. Smith, M. D.

(Address) 69 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Aug 15 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

...ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 0172 — 31 — E 0172

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Hanover ST., 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Conort

(a) RESIDENCE NO. 624 Hanover ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced (or) WIFE of: John Conort

DATE OF BIRTH (month, day, and year): Oct 20 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	9	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: Edw A. Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary Arikal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant (Address): John Conort 624 S Hanover st

Filed ..... 19... Registrar

ROBERT R. KRAUER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 13 August 1925

17

I HEREBY CERTIFY, That I attended deceased from 1 August 1925 to 12 August 1925 that I last saw h[illegible] alive on 12 August 1925 and that death occurred, on the date stated above at 10:20 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jno S Hoffman M. D.

19 (Address) 624 S Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Aug 17th 1925

20 UNDERTAKER: F. A. Kramer — ADDRESS: 703 Hanover

E 01172

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01172

CERTIFICATE OF DEATH.

186-003

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto Gen. Hosp. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Catherine E. Mc. Bee

(Residence in Baltimore: No. 2405 Lauretta ave St.; yrs. 4 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: July 14, 1920 (Month) (Day) (Year)

7-AGE: 5 yrs. mos. 30 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country): Balto. Md.

10-NAME OF FATHER: Chas. A. Mc. Bee

11-BIRTHPLACE OF FATHER, (State or Country): W. Va.

12-MAIDEN NAME OF MOTHER: Sarah J. Culler

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. A. Mc. Bee

(Address) 2405 Lauretta ave

AUG 14 1925 (Filed) 192.. J. T. Ann (Registrar.)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug. 13, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to punctured wounds of lungs following crushing injury to chest.

(Duration) ..... yrs. ..... mos. 23 hrs.

CONTRIBUTORY (Secondary) automobile accident

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. J. Hennessy M. D. (Coroner.)

Aug. 14, 1925 (Address) 2402 Eutaw Place

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Aug 17 1925
20-UNDERTAKER.	ADDRESS
Edward W. Conklin	1724 Eager St.

Spec. 1-10-21 M&T 1500 Blks.

01173

HEALTH DEPARTMENT—CITY OF BALTIMORE

01173

CERTIFICATE OF DEATH.

15-1 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Hawthorne ave ST., 15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Le- Long

(a) RESIDENCE NO. 4104 Hawthorne ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 29 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	56			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Wesley Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lavinia Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Ethel L Weyand

(Address) 4104 Hawthorne Ave

AUG 14 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 11, 1925, to Aug 12, 1925.

that I last saw he alive on Aug 12, 1925

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Ac. Cardiac Dilation

(duration) X yrs. X mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examn

(Signed) J E W Talbott M. D.

19 (Address) 1363 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 15 1925
20 UNDERTAKER George J Smith	ADDRESS 153 Collins

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01174

CERTIFICATE OF DEATH.

129 E 01174

1-PLACE OF DEATH

City of BALTIMORE: (No. 3027 Rennah Ave 16-2 St., Ward)

Registered No.

2-FULL NAME. Wm Elmer Hearn

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 3027 Rennah Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. White

5-Single, Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) July 4/1886

8-AGE. 39 yrs. 1 mos. 5 ds. If LESS than 1 day, hrs. or. min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Salesman

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

BIRTHPLACE (city or town) (State or Country). Md

10-NAME OF FATHER. Wm H Hearn

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Mary Nathanuel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

(Informant) Wm H Hearn

(Address) 3027 Rennah Ave

AUG 14 1925

(Filed) (By) ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 13/25

17- I HEREBY CERTIFY, That I attended deceased from Aug 12, 1925, to Aug 13, 1925, that I last saw h-- alive on Aug 12, 1925, and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bright's Kidney Disease

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pastritis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? Portland Oregon

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A C Hearn M. D.

8/14 1925 (Address) 3901 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Lorraine Cemetery	Aug 15 1925
20-UNDERTAKER. George J Smith	ADDRESS 1532 Hollins St

Spec.—1-10-21—M&T—1500 Blks.

E 01175 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01175

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 Bolton ST., 13-6 90 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank R. Mustard

(a) RESIDENCE NO. 2126 Bolton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 6 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	5	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist 025

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Phila. Pa

10 NAME OF FATHER John C. Mustard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Emma Lyon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

Informant Mrs. Florence M. Shipley

(Address) 2126 Bolton St

Filed AUG 14 1925 Registrar Frank R. Mustard

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1915, to August 13, 1925, that I last saw h— alive on August 13, 1925, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic hypocardiitis with Hypertension

(duration) 7 yrs. 3 mos 13 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation -

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Robert E. Lee Hall, M. D.

Aug 14 1925 (Address) 7117 Wrenlawn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Laurel Hill. Penna — DATE OF BURIAL: Aug 15 1925

UNDERTAKER: John O. Little & Hall — ADDRESS: 1201 N. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

E 01176

E 01176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 W. Saratoga St. ST., 4-1 WARD)

2-FULL NAME Stany Fonti

(a) RESIDENCE NO. 614 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? 13 yrs. 9 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 22-1911

AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	13	9	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Giuseppe Fonti

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Margaret Lachow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Mrs: Dominica Fonti

(Address) Mother - 614 W. Saratoga St

Filed G 14 1925 T. A. Adams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1925, to Aug. 13th, 1925, that I last saw h alive on Aug. 12th, 1925; and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Valvular disease. Cardiac. Mitral insufficiency

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Acute articular rheumatism 5 wks (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? No. Date of ———

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination

(Signed) Ira W. Pinto M. D.

8/13, 1925 (Address) 1313 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	8/15 1925
20 UNDERTAKER George J Ruth	ADDRESS 1735 Harford Ave

Rec'd 10:45 AM-

Spec.—1-10-21—M&T—1500 Bks.

E 01177

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01177

3 6-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The City Hospitals ST., 3-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Turner

(a) RESIDENCE NO. 106 S. Eden ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE: Years 24; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): St. Marys Co. Md.

PARENTS

10 NAME OF FATHER: Elliot Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co. Md.

12 MAIDEN NAME OF MOTHER: Henrietta ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St. Marys Co. Md.

14 Informant (Address): The City Hosp. Records Robert P. Harrison.

Filed AUG 14 1925 Burial Permit Issued

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-2-25.

17 I HEREBY CERTIFY, That I attended deceased from 4-2-25, 19..., to 8-2-25, 19.

that I last saw her alive on 8-2-25, 19

and that death occurred, on the date stated above, at 6:45 P m.

The CAUSE OF DEATH* was as follows:

(1) Tuberculous adenitis of axillary lymph nodes. (right) (2) Generalized tuberculosis - (1) 6 months

(2) 3 months (duration) yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Terminal broncho pneumonia (duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 4-18-25

Was there an autopsy? no.

What test confirmed diagnosis? Laboratory test

(Signed) L. P. Champe, M. D.

, 19 (Address) The City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

AUG 14 1925

Spec.—1-10-21—M&T—1500 Bks.

E 01178 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01178

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horace Jackson

(a) RESIDENCE NO. 111 St Helena Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE: Years: 65 yr. Months: Days: If LESS than 1 day, hrs or min.:

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Pa.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Annie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

Informant: Baltimore City Hospitals Records (Address)

Filed AUG 14 1925 Robert P. Harrison, Registrar

Burial Permit Issued THE MORGUE, by Attendant

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924. to Aug 1 1925.

that I last saw him alive on Aug 1 1925

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis, Syphilitic aortitis

Aortic insufficiency, Myocardial insufficiency

(duration) 7 (History) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller. M. D.

8/3 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health.

AUG 14 1925

Spec.—1-10-21—M&T—1500 Bks.

E 01179 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01179

CERTIFICATE OF DEATH.

118-008

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Mercy Hospital ST., 6-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matthew Fry

(a) RESIDENCE NO. 7 N Caroline St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, ~~Married, Widowed, or Divorced~~, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va. (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant .....

(Address) .....

15 Filed ....., 19 .....

Robert T. Harrison, Registrar

Burial Permit Issued

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9- 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-25-, 1925, to 8-9-, 1925, that I last saw him alive on 8-9-, 1925, and that death occurred, on the date stated above, at 9.40 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus.

(duration ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy.

(Signed) N. Borgandt. M. D.

. 19 (Address) Provident Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

AUG 14 192

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01180 ✓ E 01180

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 314 S Sharp St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Elsey.

(a) Residence No. 314 S Sharp St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, Col | 5-Single, Married, Widowed, or Divorced, (Write the word.) \

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) 8/10/25

8-AGE. — yrs. — mos. — ds. | If LESS than 1 day, 6 hrs. or — min.

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

10-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland.

10-NAME OF FATHER, Eman Sidney

11-BIRTHPLACE OF FATHER (city or town) Virginia
(State or Country),

12-MAIDEN NAME OF MOTHER, Beatrice Elsey

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country), Maryland.

14-(Informant) Eman Sidney

(Address) 314 S Sharp St

Filed ..... 192 ..... Registrar.

Burial Permit from THE MORGUE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 8/10/25

17- I HEREBY CERTIFY, That I attended deceased from 8/10 19 25 to 8/10 19 25

that I last saw h— alive on 8/10 19 25

and that death occurred, on the date stated above, at 5-30 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth -

7 mo. duration —

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Suspected Syphilis

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Dr. Francis Smith M. D.

8/10, 19 25 (Address) 121 W Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, ... 19....
20-UNDERTAKER.	ADDRESS.

BEL. CEMETERY

Commissioner of Health, AUG 14 1925

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01181

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1411 Longwood St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lowie A Tegler

(a) Residence No. 1411 Longwood St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of Edith S. Matthews

6-DATE OF BIRTH (month, day and year) Aug 25/07

7-AGE. 23 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Watch maker 20 yrs repairing clocks

(b) General nature of industry, business, or establishment in which employed (or employer): for street lights

(c) Name of employer: City Street Lighting Co

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

10-NAME OF FATHER, Hermann A Tegler

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Nettie Carroll

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Co.

14-(Informant) Mrs Edith S. Tegler

(Address) 1411 Longwood St

15-Filed ..... 192.. Robert P. Harrison, Registrar.

Burial Permit 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 13-1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 23, 1922 to Aug 13, 1925

that I last saw him alive on Aug 12, 1925,

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

about 5 yrs.
(Duration)

CONTRIBUTORY (Secondary) Uremia (Convulsions + Coma)

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H E Krotz M. D.

Aug 13, 1925 (Address) 1002 N Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loraine Cemetery	8/15/25, 19....
20-UNDERTAKER.	ADDRESS
Wm Peter + Son	2503 Edmondson Ave

Spec.—1-10-21 M&T 1500 Bks.

E 01182

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01182

CERTIFICATE OF DEATH.

114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5241 Clarkson ST. 28-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Warner

(a) RESIDENCE NO. 5241 Clarkson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Warner

DATE OF BIRTH (month, day, and year) Jan. 4, 1836

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	89	7	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Frederick

(State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Unknown

Informant Daughter in law. (Mrs Warner)

(Address) 5241 Clarkson.

Filed Aug 14 1925, 19 Robert P. Harrison,

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1925, to Aug 13, 1925, that I last saw h— alive on Aug 12, 1925, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Sepsis - Enteritis (Colitis).

(No definite type infection)

(duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary) Senility - arteriosclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Wyliedale - Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	8/15/25 19

20 UNDERTAKER Gr. Weber & Son 2503 Edmondson Ave

ADDRESS

Cor.—1-12-23—M&T—100 Blks.

(William J. Hainke)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01183 E 01183

CERTIFICATE OF DEATH.

196

1-PLACE OF DEATH ~~University Hospital~~ 90-4 REGISTERED NO.

CITY OF BALTIMORE: (No. ~~405 S. Bentalou~~ ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm J. Hainke Jr.

(a) RESIDENCE NO. 403 S. Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 9 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 18 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	9	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrician B&O R.R.
(b) General nature of industry, business, or establishment in which employed (or employer) 279
(c) Name of employer B&O R.R.

9 BIRTHPLACE (city or town) (State or country) Bath Md

10 NAME OF FATHER Wm J. Hainke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bath Md

12 MAIDEN NAME OF MOTHER Molly Krempus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bath Md

Informant Mollie Hainke
(Address) 403 S. Bentalou St

Robert P. Harrison,
Registrar

Filed ..... 192 .....
4 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ~~Inquest, au~~topsy or inquiry.) find that said deceased came to ~~h~~is death on the day stated above.

The CAUSE OF DEATH* was as follows:

Electric Shock & probably internal injuries

(duration) ..... yrs. a few hrs. mos. ..... ds.

CONTRIBUTORY (Secondary) Came in contact with live Electric wire

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H K Gorsuch, M. D.
(Coroner.)

8-14, 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Aug 15 1925
20 UNDERTAKER Mc & Mc J. W. Leufer & Son	ADDRESS 881 W Fayette

Cor.—1-12-23—M&T—100 Bks.

(Hull or)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01184

E 01184

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 Hall ST. 24-3 WARD) REGISTERED NO. 182

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Cigrzloki

(a) RESIDENCE NO. 1229 Hall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 19-1922

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	2	8	23	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) ood
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Walter Cigrzloki

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J

12 MAIDEN NAME OF MOTHER Edla Bielinska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Edla. Cigrzloki
(Address) 1229 Hall

Filed 1925 192 Robert P. Harrison, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned
accidental —
(duration) ... yrs. 1 mos 19 days

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.
(Coroner)

Jan 14, 1925 (Address) 1229 Hall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients, or Recent Residents.) Gen Memorial
At place of death ... yrs., ... mos., ... ds. State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL 8/15 1925

20 UNDERTAKER Wm Hartford Sons ADDRESS Eastern

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3526 Frederick Ave St., 20-1 Ward)

Registered No. 114

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina C Huster

(a) Residence No. 3526 Frederick Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E Huster

7-DATE OF BIRTH (month, day and year) July 7 1854

8-AGE, 71 yrs. 1 mos. 6 ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Baltimore Md

10-NAME OF FATHER, Clement X Weber

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Gertrude Klezimier

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-(Informant) Earl E Huster

(Address) 3526 Frederick Ave

15-Filed 192 Robert P. Harrison, Registrar.

1925 Buried Parish Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 8/13/1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1925 to Aug 13 1925

that I last saw h alive on Aug 13 1925

and that death occurred, on the date stated above, at 12 P.m.

The CAUSE OF DEATH* was as follows:

Ulcerative Enteritis 2 Toxemia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Chr Cystitis 2 Pyelonephritis

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Cochu M. D.

8/13 1925 (Address) 2105 N Bals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Aug 17 1925

20-UNDERTAKER, Harry H Almack — ADDRESS 4202 Redgewood Ave

Spec.—1-10-21—M&T—1500 Blks.

(See Letter on file from Dr Kelly. Sept 8-1925)

HEALTH DEPARTMENT—CITY OF BALTIMORE

01186

CERTIFICATE OF DEATH.

47 E 01186

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apartments ST. 17-3 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlesetta Askew Scrivener

(a) RESIDENCE NO. Charles & 30th, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

4 COLOR OR RACE: W

5 ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: S. Garner Scrivener

DATE OF BIRTH (month, day, and year) Oct 30th, ~~1872~~ 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
53	~~52~~	9	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John B. Askew

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary E. Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Mrs J. H. Smith

(Address) Hampton Court Apts

AUG 15 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13th, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1924. to Aug 13, 1925.

that I last saw her alive on Aug 12, 1925.

and that death occurred, on the date stated above, at 12 Noon m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

(duration) 0 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? Yes Date of Aug 15/24

Was there an autopsy? No

What test confirmed diagnosis? - Section of Breast.

(Signed) Joseph William Kelly, M. D.

, 19 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Aug 15, 1925

20 UNDERTAKER: Eutaw Place

ADDRESS: 1723 Eutaw Place

Spec.—1-10-21—M&T—1500 Rks.

18 3565
18 01187

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 01187

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ridout

(a) RESIDENCE NO. 543 Moore ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ... yrs. ... mos. Life ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Black
5 Single, Married, Widowed, or Divorced, (write the word): Widow
6a If married, widowed, or divorced (b) WIFE of Chas Ridout
6 DATE OF BIRTH (month, day, and year): unknown 1860
7 AGE: Years 65 | Months - | Days - | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER Geo. Jefferson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER Catherine Johns
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records (Address) Johns Hopkins Hospital

15 Filed ... 19 ... ROBERT R. KRAUTER, Registrar
AUG 15 1925 Clerk Circuit Court

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1925, to Aug 12, 1925, that I last saw him alive on Aug 12, 1925 and that death occurred, on the date stated above, at 9 15/a.m.

The CAUSE OF DEATH* was as follows:
Carcinoma Rectum
(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Pyelonephritis
(duration) ... yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? Yes Date of Aug 8
Was there an autopsy? Yes
What test confirmed diagnosis? Operation
(Signed) F. L. Reichert, M. D.
, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. DATE OF BURIAL: Aug 15 1925
20 UNDERTAKER: Dennis F. Kinsley ADDRESS 28 E Biddle

E 01188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01188

CERTIFICATE OF DEATH.

Registered No. C 14-001

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hospital St. 19-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris J. Jones

(Residence in Baltimore: No. 1529 Cole St St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. Oct 9th 1868 (Month) (Day) (Year)

7-AGE. 56 yrs. 10 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. City Street
(b) General nature of industry, business, or establishment in which employed (or employer). Sweeper 020

9-BIRTHPLACE. (State or Country). Balto. Md

10-NAME OF FATHER. Wm Jones

11-BIRTHPLACE OF FATHER. (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Annie Eggleston

13-BIRTHPLACE OF MOTHER. (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victoria D. Jones

(Address) 1529 Cole St

15- Filed Aug 15 1925, 192 H. A. Mill Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 13th 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Duration 1 hr

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) Thos B. Norton M. D.

Coroner.

Aug 13th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto, Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Aug 15 1924

20-UNDERTAKER, Tom Cook ADDRESS 502 E Hollins Ave

Spec.—1-10-21—M&T—1500 Bks.

E 01189

E 01189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-25-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. In Gun Hospital, ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bessie Rudisill

(a) RESIDENCE NO. 724 Monument St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Abram M. Rudisill

6b DATE OF BIRTH (month, day, and year) Jan 10, 1863

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jno Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Bessie Rudisill

(Address) 724 Monument St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14/25

17 I HEREBY CERTIFY, That I attended deceased from 11/3/1918, 19..., to Aug 14/25, 19...

that I last saw h— alive on Aug 14/25, 19...

and that death occurred, on the date stated above, at 6:20 a.m.

The CAUSE OF DEATH* was as follows:

Hemoplegia

(duration) 6 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. D. Thompkins, M. D.

, 19 (Address) Bay. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Aug 17 1925

20 UNDERTAKER Wm Cook — ADDRESS 532 E Fort Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01190 E 01190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

22-101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 672 Haw St., 22 Ward) 1 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Wise

(a) Residence No. 672 Haw St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 2 mos. — ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Wise

7-DATE OF BIRTH (month, day and year) Feb 1890

8-AGE, 35 yrs. 4 mos. — da. If LESS than 1 day, ...hrs. or.....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Maryland Calvert Co. Md.

10-NAME OF FATHER, Bruson Chase

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland Calvert Co. Md

12-MAIDEN NAME OF MOTHER, Sarah Munson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland Calvert Co. Md

14-(Informant) Edward Wise

(Address) 672 Haw Street

15-Filed AUG 15 1925 19 Hall Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8-13-25

17-I HEREBY CERTIFY, That I attended deceased from July 6, 19 25 to Aug 13, 19 25

that I last saw h.. alive on Aug 13, 19 25

and that death occurred, on the date stated above, at 5:45 P.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Nephritis 2 mos

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno H. Crooks, M. D.

, 19 (Address) 655 W. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF BURIAL, Aug 15 19 25

20-UNDERTAKER, John H. Loadenthal ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

E 01191 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01191

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 604 N. Potomac St

CITY OF BALTIMORE: (No. ..... ST., 7-3 WARD) 74-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Regac

(a) RESIDENCE NO. 604 N. Potomac ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. Regac

DATE OF BIRTH (month, day, and year) Nov. 20, 1846

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	8	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... At Home

(b) General nature of industry, business, or establishment in which employed (or employer) ..... NO

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Austria

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

Informant Mrs. Albina Bily

(Address) 604 N. Potomac St

Filed AUG 15 1925 ROBERT R. KRAUSER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1925, to Aug. 14, 1925, that I last saw h[er] alive on Aug. 13 1925, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypertension, nephritis arterio-sclerotic

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. C. Dobihal M. D.

1925 (Address) 647 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cem. DATE OF BURIAL Aug. 16 1925

20 UNDERTAKER Jos. J. Herr ADDRESS 154 E. Lanvale

Spec.—1-10-21—M&T—1500 Bks.

E 01192 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01192

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 16-5 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Hall

(a) RESIDENCE NO. 923 N. 2nd St. Canton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29 24

7 AGE Years Months 7 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Wyatt Hall

11 BIRTHPLACE OF FATHER (city or town)
(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Lila May Likes

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) South Carolina

14 Informant Records
(Address) Johns Hopkins Hospital

15 Filed AUG 15 1925 ROBERT H. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1925

17 I HEREBY CERTIFY, That I attended deceased from August 6, 1925, to August 13, 1925, that I last saw her alive on August 13, 1925, and that death occurred, on the date stated above, at 2.05 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Wm Deaver M. D.

8-13 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int- Greenmount Cemetery DATE OF BURIAL Aug 15 1925

20 UNDERTAKER Wm R.A. Elliott ADDRESS Ashland

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01193

CERTIFICATE OF DEATH.

90 E 01193

9-31

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 3002 Independence St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Charles W. Becker

(Residence in Baltimore: No. 3002 Independence St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	married

6-DATE OF BIRTH. Nov. 11-1872 (Month) (Day) (Year)

7-AGE. 53 yrs. 8 mos. 2 ds. If LESS than 1 day hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

10-NAME OF FATHER. Conrad Becker

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elizabeth Becker (wife)
(Address) 3002 Independence St

AUG 15 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 13-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Insufficiency

(Treated for cardiac asthma 2yrs ago

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. S. W. Porter M. D.
(Coroner)
8-14-25 (Address) 508 E. north Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL. Aug 17th 1925

20-UNDERTAKER. Josiah Lyle ADDRESS 1602 N. North Ave

01194

HEALTH DEPARTMENT—CITY OF BALTIMORE

01194

CERTIFICATE OF DEATH.

9-188-003

1-PLACE OF DEATH Beclared dead at

City of BALTIMORE: (No. St. Joseph Hopsital St., 9-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion E. Smith

(Residence in Baltimore: No. 2528 Robb St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, Divorced. (Write the word.): widow

6-DATE OF BIRTH: Sept. 16-1855 (Month) (Day) (Year)

7-AGE: 69 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General natnre of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country): Balto. Md

10-NAME OF FATHER: John Hart

11-BIRTHPLACE OF FATHER, (State or Country): unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora Gill (Daughter)

(Address) 2528 Robb St

15- AUG 15 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 12-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thoracic & Abdominal Hemorrhage
Fractured left Arm.
Struck by autotruck

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. H. Calvin M. D. (Coroner.)

8-13-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: Aug 15 1925

20-UNDERTAKER: Robt G Turner — ADDRESS: N Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 01195

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01195

CERTIFICATE OF DEATH.

161-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 507 N Glover ST. 7-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard W Alles Elles

(a) RESIDENCE NO. 507 N Glover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W Sute

5 Single, Married, Widowed, or Divorced, (write the word): Baby

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 13/1925

7 AGE: Years | Months | Days: 1 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bab

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Winfield Alles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Madeline Spross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Bertha Sprossal

(Address): 507 N Glover

Filed AUG 15 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 13 1925 to Aug 14 1925

that I last saw h alive on Aug 14 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bron

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rosenau M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore County	Aug 15 1925

20 UNDERTAKER: Wm C. Miller Son

ADDRESS: 2334 Jeffer St

E 01196

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 01196

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Souther Hospital & home ST. 124 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edward Charles Clayton

(Residence in Baltimore: No. ~~Kent Co Md~~ St.: 1 yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Widowed

6 DATE OF BIRTH Jan 27, 1849 (Month) (Day) (Year)

7 AGE 76 yrs. 6 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward W Clayton

11 BIRTHPLACE OF FATHER (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Saulsbury

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Margaret C Engel

(Address) 500 East 39 st

15. ROBERT R. KRAUTER,

Filed ..., 191 Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 14, 1923 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1923, to Aug 14 1923, that I saw h~~e~~r alive on Aug 14, 1923, and that death occurred, on the date stated above, at 2.50 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitual nephritis

Ill about year or two previous to my last attendance (Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. G. Prentiss M. D.

..., 191 (Address) 634 Gorsuch Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Aug 17, 1923
20 UNDERTAKER John H. Denny	ADDRESS 715 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01197 E 01197

CERTIFICATE OF DEATH.

4-1 161-001

Registered No.....

1-PLACE OF DEATH University Hosp.

City of BALTIMORE: (No. Lombard & Greene St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Boy Balderson

(a) Residence No. Ellicott City Md. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. 12 hrs. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) Aug. 14, 1925

8-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 1 hrs. 50 min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

BIRTHPLACE (city or town) (State or Country). Baltimore Md.

10-NAME OF FATHER. Fred Balderson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Howard County Md.

12-MAIDEN NAME OF MOTHER. Maude May McKinzie

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Howard County Md.

(Informant) Maude Balderson

(Address) Ellicott City, Md.

AUG 15 1925 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 14th, 1925, to Aug 14th 1925, that I last saw him alive on Aug. 14th 1925, and that death occurred, on the date stated above, at 8:00 A. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Frederick R. Snyder M. D.

Aug 14 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Johns Cemetery

DATE OF BURIAL, Aug 15, 1925

20-UNDERTAKER. Easton Sons

ADDRESS Ellicott City

Cor.—1-12-23—M&T—100 Bkn.

E 01198 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01198

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 7-280

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No.) 5433 Ethelbert ave ST., WARD)

2-FULL NAME Wilbur Becker

(a) RESIDENCE No. 5433 Ethelbert Ave ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, and year) Sept. 3 1914

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	11	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

RTHPLACE (city or town) Balto. Md.
(State or country)

NAME OF FATHER William Becker

BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

MAIDEN NAME OF MOTHER Mary Leutner

BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

Informant William Becker
(Address) 5433 Ethelbert Ave

Filed ..... 192 ....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Consolidation

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) John Hommerer M. D.
(Coroner.)

Aug 14, 1925 (Address) 632 Reisterstown Rd

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	8-15 1925
20 UNDERTAKER	ADDRESS
Mrs Chas A G Rohde	600 N Carlington Ave

Spec.—1-10-21—M&T—1500 Blks.

E 01199 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01199

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1005 Somerset St. ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary May

(a) RESIDENCE NO. 1005 Somerset St. ST., 10 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John G May

DATE OF BIRTH (month, day, and year) May 9, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Charles Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) German

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

PARENTS

Informant (Address) Mr. John G May 1005 Somerset St.

Filed AUG 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) Aug 14 1925

17 I HEREBY CERTIFY, That I attended deceased from July 29 1925 to Aug 14 1925, that I last saw her alive on Aug. 14/25, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 5 years

Myocarditis 1 year

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Conrad Haublein M.D.

8/15/25 (Address) 2411 Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetry	Aug 17, 25
20 UNDERTAKER	ADDRESS
Henry Hauck Son	1801 E Eager

Cor.—1-12-23—M&T—100 Blks.

E 01200 HEALTH DEPARTMENT—CITY OF BALTIMORE 1825 E 01200

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Modo

(a) RESIDENCE NO. 216 S. Albemarle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Sept 18-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	10	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Vincent Modo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosalin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Vincent Modo

(Address) 216 S. Albemarle St

Filed AUG 15 1925 H. Amer Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his (Unquest, autopsy or inquiry.) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull (vault)

Automobile Accident

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Kaufman, M. D.

(Coroner.)

8-15-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lacarale Cem.	Aug. 15 1925
20 UNDERTAKER	ADDRESS
Wm. C. Duppelson	372 Ave

Spec.—1-10-21—M&T—1500 Blks.

01201

HEALTH DEPARTMENT—CITY OF BALTIMORE

01201

162

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 N. Madeira ST., 6-2 WARD)

2-FULL NAME Agnes Dvorak

(a) RESIDENCE NO. 426 N Madeira ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 14/25

AGE Years Months Days If LESS than 1 day, 9 hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER Joseph Dvorak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER Anna Jarosz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant Joseph Dvorak (Address) 426 N Madeira

15 Filed AUG 15 1925 ROBERT R. KRAMER Registrar

Burial Permit Chart

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1925 to Aug 14, 1925 that I last saw h[illegible] alive on Aug 14, 1925 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos 1 da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. J. Reynolds, M. D.

19 (Address) 801 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Aug 15 1925

20 UNDERTAKER: Frank C. Roach & Son

ADDRESS: 1916 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

E 01202 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01202

CERTIFICATE OF DEATH.

9-44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 Taylor ST.; 9-44 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha T. Deal

(Residence in Baltimore: No. 2133 Taylor St.; 30 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Aug. 22, 1882
(Month) (Day) (Year)

7-AGE, 43 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country), Martinsburg W. Va.

10-NAME OF FATHER, James Darem

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Nora Purvey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Deal

(Address) 2133 Taylor St

Filed AUG 15 1925, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Aug. 14, 1925
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 1st 1925, to Aug 14 1925, that I saw h[illegible] alive on Aug 14 1925, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Malignant growth

Stomach Dorothy Allen

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Extra uterus

(Duration) 1 yrs. 5 mos. ....ds.

(Signed) Thos. R. Moyer M.D.

8/14, 1925 (Address) 14 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Aug 16, 1925

20-UNDERTAKER Zinkan & Zinkan ADDRESS 1739 E. Eager St

Spec. 1-10 21 — M&T — 1500 Blks.

E 01203 HEALTH DEPARTMENT—CITY OF BALTIMORE VE 01203

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 Union Ave ST., 25-3 WARD) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Naomi Ford

(a) RESIDENCE NO. 32 Union Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

6 If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Harry E. Ford.

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	23	2	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto.
(State or country) Md.

10 NAME OF FATHER Wm J. Ogle

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Isadore Kinsey

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

PARENTS

14 Informant Wm J. Ogle
(Address) 3 Union Ave

15 Filed Aug 15 1925 H. Lane Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1925

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1924, to Aug 12, 1925.
that I last saw ... alive on Aug 11, 1925.
and that death occurred, on the date stated above, at 9 a. m.
The CAUSE OF DEATH* was as follows: Pulmonary Oedema

(duration) yrs. 1 mos 1 ds.
CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
(duration) yrs. 16 mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical findings
(Signed) James R. McGuigan M. D.
8/14 1925 (Address) 1727 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug 15 1925
20 UNDERTAKER	ADDRESS
Harry L. Witzke	1521 W Lombard St

E 01204 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01204

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 8-5 Hf

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1437 N Luzerne ST., 8 WARD)

2-FULL NAME Bernardine M. Steinkamp

(a) RESIDENCE NO. 1437 N. Luzerne ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married; Widowed, or Divorced, (write the word)
Fem.	White	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) May 23-1861

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	2	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country)

10 NAME OF FATHER Frank Steinkamp

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Kath Myers

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Mrs. Catherine Steinkamp
(Address) 1437 N Luzerne St.

Filed Aug 15 1925, 19 H.A.W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1924, to Aug 14, 1925,
that I last saw h alive on August 13, 1925,
and that death occurred, on the date stated above, at 11.15a m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. 7 mos 14 ds.

CONTRIBUTORY (Secondary) V

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

What test confirmed diagnosis? /

(Signed) /, M. D.

14, 19 (Address) 10 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Century	Aug 17 1925
20 UNDERTAKER F. A. Wause & Son.	ADDRESS 703 Hanover St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01205

CERTIFICATE OF DEATH.

12 E 01205

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 735 Dolphin ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morgan Hanson

(a) RESIDENCE NO. 735 Dolphin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Hanson

DATE OF BIRTH (month, day, and year): Sept 1871

AGE 53 Years 11 Months 13 Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Chas Co Md

10 NAME OF FATHER: John Hanson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

PARENTS

14 Informant: Mrs Margaret Hanson

(Address) 726 E Oliver St

Filed AUG 15 1925 H. A. Hall Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1925 to Aug. 13 1925.

that I last saw him alive on Aug. 13 1925.

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Ag. Cardiac Dilatation

(duration) yrs. mos 3 days

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. J. Carey M. D.

(Address) 5-15 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 8-16 1925

20 UNDERTAKER: Helen A. Holland

ADDRESS: 1631 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

01206 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 01206

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1113 Briscoe St., 21-3 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Earl King .....

(a) Residence No.... 1113 Briscoe .....St.,.....Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male | 4-COLOR OR RACE, Colored | 5-Single, Married, Widowed, or Divorced, (Write the word.) single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) Sept 1924

8-AGE, ...yrs. 11 mos. .....ds. | If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0 0 0
(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

10-NAME OF FATHER, Wm Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Elsie King

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), (?)

14-(Informant)..... Elsie King
(Address)..... 1113 Briscoe St

15-Filed ....., 192.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 14 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 10th, 1925, to Aug 14th, 1925, that I last saw him alive on Aug 14, 1925, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

..... Acute Intestinal
..... Auto-intoxication

.....(Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY (Secondary) Marasmus

.....(Duration).....yrs. 2 mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) D. Harrell, M. D.
8/14, 1925 (Address) 136 W Hill St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Zion Cemtry	aug 15, 1925
20-UNDERTAKER,	**ADDRESS**
Chas G. H. Hoffa	406 N. Carey

Spec.—1-10-21—M&T—1500 Bks.

01207

HEALTH DEPARTMENT—CITY OF BALTIMORE

01207

CERTIFICATE OF DEATH.

X 44

4-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., WARD)

2-FULL NAME Joseph C. Ashley

(a) RESIDENCE NO. Rock Hall Maryland WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed or divorced (HUSBAND) of (or) WIFE of: Augusta Ashley

7 DATE OF BIRTH (month, day, and year): Unknown

8 AGE: Years: 50 yrs. Months: ..... Days: ..... If LESS than 1 day, ... hrs. or ..... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): ..... do

(c) Name of employer: .....

10 BIRTHPLACE (city or town) (State or country): maryland

PARENTS

11 NAME OF FATHER: Joseph C. Ashley

12 BIRTHPLACE OF FATHER (city or town) (State or country): md.

13 MAIDEN NAME OF MOTHER: Mollie Bush

14 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant (Address): Univ. Hosp. Records

15 Filed AUG 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1925, to Aug 14, 1925, that I last saw him alive on Aug 14, 1925 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pylorus and L. of Stomach.

Diabetis Mellitus.

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary): myocardial failure

Lumbal Broncho-pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home ?

Did an operation precede death? yes Date of Aug 12

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) M. Edwards, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rock Hall Md. DATE OF BURIAL: 8/16/25

20 UNDERTAKER: Geo. Schillinger Sons ADDRESS: Monument & Cathedral

Spec—12-23-21—E.B.R.S.—400 Bks.

01208

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01208

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1032 Leadenhall St., 23-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Turner

(a) Residence No. 1032 Leadenhall St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of John Turner

7-DATE OF BIRTH (month, day and year) Feb 1867

8-AGE. 58 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country), Balto. Md

10-NAME OF FATHER, Geo. Hall

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Amelia Young

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-Informant (Informant) John Turner

(Address) 1032 Leadenhall St

15-

(Filed) AUG 15 1925 19.. ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8/13/25

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1925 to Aug 13 1925

that I last saw h.. alive on Aug 12 1925

and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Infected Tooth

(Duration) yrs. mos. 12 ds.

18-Where was disease contracted if not at place of death? Extraction of tooth 8/2/25

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H S McCard M. D.

8/13, 1925 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Aug 16 1925

20-UNDERTAKER, John A. Joadum — ADDRESS 1027 Druid Hill Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

01209

HEALTH DEPARTMENT—CITY OF BALTIMORE

61-001

E 01209

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH University Hospital 18-2

City of BALTIMORE: (No. Lombard & Greene St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME GEORGE A. WHALEN Baby Boy Whelan

(a) Residence No. 1024 Hollins St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) aug 6th 1925

8-AGE. ..... yrs. ..... mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) Baltimore

(State or Country) Md.

10-NAME OF FATHER, William Paul Whelan

11-BIRTHPLACE OF FATHER (city or town) Chicago

(State or Country), Ill.

12-MAIDEN NAME OF MOTHER, Anna Catoria Whelan

13-BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or Country), Md.

(Informant) Anna Whelan

(Address) 1024 Hollins St

AUG 15 1925 ROBERT R. KRAUTER, Registrar.

Rec'd 192

Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). aug. 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from aug. 8th, 1925, to aug. 14, 1925,

that I last saw him alive on aug. 14, 1925,

and that death occurred, on the date stated above, at 12.50 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) Frederick A. Snyder, M. D.

aug 14 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Aug 15, 1925

20-UNDERTAKER, Joseph B. Cook ADDRESS 1003 N. Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 01210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01210

CERTIFICATE OF DEATH.

REGISTERED NO. 16723

1-PLACE OF DEATH West Baltimore Gen'l + Hospital

CITY OF BALTIMORE: (No.) Laynor (St.) Dukeland (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carter Young

(a) RESIDENCE NO. Aldie (St.) Virginia WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 38 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown. 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	63			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Unknown.
(State or country)

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

PARENTS

Informant Hospital Records.
(Address)

Filed 1925 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1925

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1925, to Aug 15, 1925.

that I last saw h[illegible] alive on Aug 15, 1925.

and that death occurred, on the date stated above, at 4.00 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate gland

(Primary)

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 1½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 11

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Herbert Williamson, M. D.

19 (Address) West Balt. Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Aldie Virginia	Aug 15 1925

20 UNDERTAKER Harry E. Dietz ADDRESS 1531 W. Fayette St

Spec.—1-10-21—M&T—1500 Blks.

E 01211 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01211

CERTIFICATE OF DEATH. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 N. Highland Ave ST., 76-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Lane Chadwick

(a) RESIDENCE NO. 141 N. Highland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: James M. Chadwick

DATE OF BIRTH (month, day, and year): Sept. 24 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Dallas N. C.

10 NAME OF FATHER: — Stallings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant (Address): Elizabeth Chadwick 141 N. Highland Ave

6 1925 Robt P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 14 1925

17 I HEREBY CERTIFY, That I attended deceased from August 12, 1925 to Aug 14 1925, that I last saw him alive on Aug 14 1925, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis Chr Diffuse

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Cardiac Decompensation

(duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Donolla, M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmington N. C.

DATE OF BURIAL: Aug 14 1925

20 UNDERTAKER: Henry Sander & Sons Inc

ADDRESS: 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Bks.

01212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

-001 24E 01212

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3435 Leaverton St., (Ward) 26-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charley H. Garey

(a) RESIDENCE NO. 3435 Leaverton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Garey

7 DATE OF BIRTH (month, day, and year): July 21, 1858

8 AGE — Years: 67 — Months: — — Days: 24 — If LESS than 1 day, ... hrs. or ... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman 6 yrs

(b) General nature of industry, business, or establishment in which employed (or employer): Factory

(c) Name of employer: Schlenderberg & Kindle

10 BIRTHPLACE (city or town) (State or country): Md

11 NAME OF FATHER: John D. Garey

12 BIRTHPLACE OF FATHER (city or town) (State or country): M. d.

13 MAIDEN NAME OF MOTHER: Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

15 Informant (Address): Emma Garey 3435 Leaverton St

16 Filed Aug 17, 1925, 19... Robert P. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1925, to Aug 14, 1925, that I last saw him alive on Aug 13, 19..., and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary): Senile Senility

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) John W. Hamm, M. D.

Aug 16, 1925 (Address) Bergen Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Aug 17 1925

20 UNDERTAKER: Henry Sander & Sons Inc. — ADDRESS: 1710 Fleet St

Spec.—1-10-21—M&T—1500 Blks.

01213 HEALTH DEPARTMENT—CITY OF BALTIMORE 01213

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Fait Ave 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophie Lucinda Mobray

(a) RESIDENCE NO. 3116 Fait Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Mobray.

DATE OF BIRTH (month, day, and year) June 14. 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired 9 years.

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Henry Meyers

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Wells

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

Informant William Swayne, (Address) 3116 Fait Ave.

Filed 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1925, to Aug 14th, 1925, that I last saw h alive on Aug 12th, 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of. —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert S. Kirk, M. D.

8/16, 1925 (Address) 3126 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL Aug. 17 1925

20 UNDERTAKER Henry Sauter & Sons, Inc. — ADDRESS 1710 Eloed St.

Spec.—12-23-24—E.B.R.S.—400 Blks.

E 01214

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01214

CERTIFICATE OF DEATH.

7-129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 516 N. Luzerne Ave St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. Luckan

(a) Residence No. 516 N. Luzerne Ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Rose H. Luckan

7-DATE OF BIRTH (month, day and year) Aug 18. 1870

8-AGE. 54 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer) P. R. R. Co

(c) Name of employer Balto

10-BIRTHPLACE (city or town) (State or Country). Md.

10-NAME OF FATHER. Frederick Luckan

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14-Informant (Informant) Rose H. Luckan

(Address) 516 N. Luzerne Ave

15-Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 12/25

17- I HEREBY CERTIFY, That I attended deceased from May - 25 1925 to Aug - 12 1925

that I last saw h— alive on Aug 12 1925

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Dis. (Nephritis etc

(Duration) 1 yrs. - mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted, if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Dr. [illegible] M. D

19 (Address) 125 E Biddle

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mount Carmel Cem.	Aug 16, 1925
20-UNDERTAKER.	**ADDRESS.**
Henry Sander Sons Inc	1710 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01215 E 01215

CERTIFICATE OF DEATH.

24-1 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. General Hosp. ST., 2 WARD)

REGISTERED No. 9530.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Eugene Shipley.

(a) RESIDENCE NO. Severn, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Mar. 3, 1925.

8 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	6	12	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Severn, Maryland.

PARENTS

10 NAME OF FATHER William S. Shipley

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Mary Haas.

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Wm T. Shipley

(Address) Severn, Md.

15 1925 Robert P. Harrison, ..., 19 ..... Registrar

~~Burial Permit Clerk~~ THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/15 1925.

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1925. to Aug 15, 1925.

that I last saw him alive on Aug 15th, 1925.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Malnutrition, rickets, with gastro enteritis.

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) G.I. disorder (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart sounds abnormal.

(Signed) James Nelson, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Hamilton	8/17 1925
20 UNDERTAKER	ADDRESS
Walter Davis	330 Park

Spec.—1-10-21—M&T—1500 Bks.

E 01216

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01216

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Helvert Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Greenspun

(a) RESIDENCE No. 1017 N. Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta Greenspon

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 60 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 046

(b) General nature of Industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address) 1429 E Baltimore

15 Filed , 19 Robert P. Harrison, Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-15 19 25

17 I HEREBY CERTIFY, That I attended deceased from 7-13, 19 25, to 8-15, 19 25,

that I last saw him alive on 8-15, 19 25,

and that death occurred, on the date stated above, at 12:15 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Gangrene

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary): Pulmonary

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Amputation of right thigh 7-30

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab. signs & tests

(Signed) V. Victor Selinger, M. D.

, 19 (Address) Helvert Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and, Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mount Royal — DATE OF BURIAL: Aug 16 19 25

20 UNDERTAKER: Jack Lewis — ADDRESS: 1429 E Balt St

Spec—12-23-21—E.B.R.S.—400 Bks.

01217

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01217

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2108 Fremont Ave. Ward) 15-31

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Ehrlich

(a) Residence No. 2108 Fremont Ave. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) M

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Abraham Ehrlich

7-DATE OF BIRTH (month, day and year) Unknown

8-AGE. 54 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS

10-NAME OF FATHER, Moses A. Chused

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14-Informant Jack Lewis

(Address) 1439 E. Balt St

15-Filed 1925, 192 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8/15/25

17- I HEREBY CERTIFY, That I attended deceased from 4/17/25, 19..., to 8/15/25, 19...

that I last saw h[illegible] alive on 8/13/25, 19...

and that death occurred, on the date stated above, at 8 AM m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

Pul. Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum exam

(Signed) J. M. Greenberg M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Returned Rosedale — DATE OF BURIAL, Aug 16 19 25

20-UNDERTAKER, Jack Lewis — ADDRESS 1439 E Balt St

Spec.—1-10-21—M&T—1500 Blks.

E 01218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01218

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary 10-1 ST., 10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Susan Krebs

(a) RESIDENCE NO. Church Home + Inf. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) May 31. 1836

8 AGE: 89 Years | 2 Months | 14 Days | If LESS than 1 day, ... hrs. or .... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

11 NAME OF FATHER George Warner Krebs

12 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

13 MAIDEN NAME OF MOTHER Mdora Hoots

14 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

Informant Walter B. Warner

(Address) 15 E. Lanvale St. Balto. Md.

15 Filed ..... 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1925, to Aug. 15, 1925, that I last saw her alive on Aug. 15, 1925, and that death occurred, on the date stated above, at 4:48 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency and Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General Autopsy

(Signed) George B Bull M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Aug 17 1925

20 UNDERTAKER: Henry W. Jenkins Son Co — ADDRESS: Orchard & McCulloh

Spec.- 1-10-21 - M&T - 1500 Blks.

E 01219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 01219

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 Benton Heights ave ST., Raspeburg WARD 14

2-FULL NAME Catherine Schueler

(a) RESIDENCE NO. 20 Benton Heights ave ST., Raspeburg WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

~~d~~, widowed, ~~or divorced~~ ~~Wife~~ ~~Husband~~ of ~~the late~~ Louis Schueler

6 DATE OF BIRTH (month, day, and year) Dec 23 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Beiger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs Eleanor Hossbach

(Address): 18 S Hamilton ave

15 Filed Aug 17 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1925

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1925 to Aug 13, 1925.

that I last saw her alive on Aug 13, 1925

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Infirmities of old)

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Morris B. Greene M. D.

8/14 1925 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Aug 17 1925

20 UNDERTAKER: Geo Schilling & Sons — ADDRESS: 1220 E Monument

Spec.—1-10-21—M&T—1500 Blks.

E 01220

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01220

CERTIFICATE OF DEATH.

23-290

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Hanover ST., 23 WARD)

2-FULL NAME Peter J. Welsh.

(a) RESIDENCE No. 1829 Hanover ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Welsh.

7 DATE OF BIRTH (month, day, and year): Nov 5 1879

8 AGE: Years 45 Months 9 Days 8 If LESS than 1 day, ... hrs. or ..... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

10 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Peter Welsh.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): Mrs Myrtle Welsh. 1829 Hanover St

15 Filed Aug 23 1925, 19..... Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-13 1925

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1925 to Aug 13, 1925

that I last saw h~~e~~ alive on Aug 13, 1925

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) R.E. Campbell M. D.

Aug 14 1925 (Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M & Alves — DATE OF BURIAL: 8-17 1925

20 UNDERTAKER: E & B Hale 1152 W Pratt St — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

01221 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01221

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO. 9

CITY OF BALTIMORE: (No. 76-6 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thelma Bowden

(a) RESIDENCE NO. 422 S. 5th Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 1924

7 AGE: Years | Months: 9 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Lange Bowden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Clara Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records Johns Hopkins Hospital

15 Filed , 19 Robert P. Harrison, Registrar

E 1025 (Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1925, to Aug 15, 1925, that I last saw her alive on Aug 15, 1925, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Post-pertussis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) C. J. Scott, M. D.

8-16 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Swarz Cemetery — DATE OF BURIAL 8/16/25

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Bway

Spec.—1-10-21—M&T—1500 Bks.

E 01222

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01222

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary V. Brown

(a) RESIDENCE NO. New Paris, Ohio ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (or) WIFE of: William Brown

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE — Years: 58 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Emanuel Hays

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: ? Gough

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records
(Address)

15 Filed 6 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1925, to Aug 16, 1925 that I last saw her alive on Aug 16, 1925 and that death occurred, on the date stated above, at 5 55 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor Benign; Cerebello-Pontine angle Right

(duration) 15? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 8-15-25

Was there an autopsy? yes.

What test confirmed diagnosis? Operation

(Signed) Julian D. Hart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Paris Ohio — DATE OF BURIAL: 8/14/1925

20 UNDERTAKER: Joseph Abrens — ADDRESS: 221 Bway

Cor.—1-12-28—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01223 E 01223

CERTIFICATE OF DEATH.

01223 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 W. Franklin St. 17-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rynelder Thomas Sr.

(a) RESIDENCE NO. 722 W. Franklin ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE colored 5 Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) about 1847

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	about 77	-		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Gen
(c) Name of employer General

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) Mrs Thomas 21-E 136 St N.

Filed 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Aug 14, 1925 (Address) 2702 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cem.

DATE OF BURIAL Aug 15 1925

20 UNDERTAKER Emmert & Linsley

ADDRESS N Bel

Spec. 6-9-19 H. P. Co. 1000 Bks.

E 01224

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01224

CERTIFICATE OF DEATH.

52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1843 Hope st ST.: 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William George Lincoln

(a) RESIDENCE. NO. 1843 Hope. ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena B. Lincoln

6 DATE OF BIRTH (month, day, and year) Jun 3-1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electric Sawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Ams Ice Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER George Lincoln

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary E. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Lincoln 1843 Hope st.

15 Filed AUG 16 1925 19 Robert P. [illegible] Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15- 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10 . 1925. to Aug 14 . 1925.

that I last saw him alive on Aug. 13 . 1925.

and that death occurred, on the date stated above, at 5 15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 4 hrs

CONTRIBUTORY (Secondary) Mitral insufficiency

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Albert L. Hesser . M. D.

Aug 15 1925 (Address) 1723 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	8/17 1925
20 UNDERTAKER	ADDRESS
I. Frew McCully	130 E. Fayette

Stee—12-23-21—E.B.R.S.—400 Bks.

01225

HEALTH DEPARTMENT—CITY OF BALTIMORE.

01225

CERTIFICATE OF DEATH.

113

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 138 Rochester Place Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Eveplooms Voshell

(a) Residence No. 138 Rochester Place Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) Nov. 13 24

7-AGE. ..... yrs. 9 mos. 7 ds.

If LESS than 1 day ..... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

10-NAME OF FATHER William M Voshell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Del

12-MAIDEN NAME OF MOTHER Mable M Bosley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14-Informant William Voshell

(Address) 138 Rochester P

15-Filed ..... Registrar.

1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8/15/25

17- I HEREBY CERTIFY, That I attended deceased from Today Aug 15 19 25 to Aug 15 19 25

that I last saw h[illegible] alive on Aug 15 19 25

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Collapse

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cholera Infantum

(Duration) ..... yrs. ..... mos. 1/ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?. no Date of .....

Was there an autopsy? No

What test confirmed diagnosis?. none

(Signed) Wm Lew M. D.

. 19 (Address) 2901 E. Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge

DATE OF BURIAL. Aug 17 19 25

20-UNDERTAKER. J Few McCully

ADDRESS 28 E Fort Ave

E 01226

HEALTH DEPARTMENT—CITY OF BALTIMORE

118 E 01226

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2901 Belmont Ave. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Virginia Smith

(Residence in Baltimore: No. 2901 Belmont Ave ~~St.~~; 43 yrs., 8 mos., 17 ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. (Month) Jan. (Day) 2, (Year) 1883

7-AGE. 43 yrs. 8 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto. Md

PARENTS:

10-NAME OF FATHER, John W. Smith

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Rose Martin

13-BIRTHPLACE OF MUTHER, (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Austin Smith

(Address) 2901 Belmont Ave

15- Robert F. Harrison,

FILED 6 1925 192 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF HEATH.

16-DATE OF DEATH, (Month) Aug. (Day) 14, (Year) 192.5

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ....yrs. ....mos. 4 ds

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds

(Signed) J. T. Hennessy M. D. (Coroner.)

Aug. 15, 1925 (Address) 2702 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Aug 11 1925

20-UNDERTAKER, Mary E. Gaughran — ADDRESS 2237 Eastern

Spec—12-23-21—E.B R.S.—400 Blks.

E 01227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X6SE 01227

1-PLACE OF DEATH

City of BALTIMORE: (No. 613 E. 4 st St., 13-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William S. Diller

(a) Residence No. Hardingsp, Va St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Flora C. Diller

7-DATE OF BIRTH (month, day and year) Aug. 23-1867

8-AGE. 57 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Agriculture

(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country). Hanover Pa

PARENTS

10-NAME OF FATHER, Sarah P. Diller

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Isabella Barbour

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Nellie S. Bond

(Address) 613 E. 4 St. Balto

15-Filed 6-1825, 192.....

Robert P. Harrison, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 16/25

17- I HEREBY CERTIFY, That I attended deceased from July 17 1925 to Aug 16 1925

that I last saw h alive on Aug 15 1925

and that death occurred, on the date stated above, at 4.10 m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease 3 years

Acute Nephritis 1 month

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 20 ds.

18-Where was disease contracted if not at place of death? Hardingsp, Va

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Dif Blood + Mic. of Gland

(Signed) J M Driscoll M. D.

Aug 16 1925 (Address) 621 Washington Blvd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Rehoboth, Da — DATE OF BURIAL, Aug 14 1925

20-UNDERTAKER. Henry W Meas & Son — ADDRESS 805 N. Calvert St

Via B.C.&A. R.R.— Lawrence C. Diller, Escort.

Spec—12-23-21—E.B.R.S.—400 Blks.

01228

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001 E 01228

CERTIFICATE OF DEATH.

12-1

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Dundas Sanner

(a) Residence No. 3906 Canterbury Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Sanner

7-DATE OF BIRTH (month, day and year) June 12, 1885

8-AGE. 40 yrs. 4 mos. ds. If LESS than 1 day, hrs. or mtn.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS

10-NAME OF FATHER, William D. Sanner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Rosalie Crowles

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Sarah Elsie Sanner

(Address) 3906 Canterbury Road

15- AUG 17 1925 ROBERT R. KRAUS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 15th 1925

17- I HEREBY CERTIFY, That I attended deceased from August 11, 19 25 to August 15, 19 25

that I last saw him alive on August 14, 19 25

and that death occurred, on the date stated above, at 12.05 A.m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Carcinoma of Larynx

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Widal. Blood culture

(Signed) Charles Dudrow Davy M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Druid Ridge	Aug. 17, 1925

20-UNDERTAKER John Ottenstein ADDRESS 1201 W. Lafayette Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01229

E 01229

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH Homewood Hospital ST. 12-3 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2-FULL NAME Emily Gertrude Buck

(a) RESIDENCE NO. 2715 St Paul ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

single

6 DATE OF BIRTH (month, day, and year) Dec 31. 1872

7 AGE: Years 52 Months 8 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland Md

PARENTS

10 NAME OF FATHER Hezekiah B. Burch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emily J. Hoover

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Stash

14 Informant (Address) 3022 N. Calvert St

15 Filed AUG 17 1925 19 ROBERT R. KRAUS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1925

17 I HEREBY CERTIFY, That I attended deceased from July 29 1925 to Aug. 15 1925, that I last saw h-e alive on Aug 15 1925, and that death occurred, on the date stated above, at 10.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
Chronic Myocarditis
Cardiac decompensation

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) — (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Irvin N. Gay M. D.

19 (Address) 1014 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Aug 17 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette St.

Spec.–12-23-21–E.B.R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01230

CERTIFICATE OF DEATH.

E 01230

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 908 Peach Ct. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Charles James Cooper

(a) Residence No. 908 Peach Ct. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col-

5-Single, Married, Widowed, or Divorced, (Write the word.)

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) July-29-1924

7-AGE. 1 yrs. — mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... boy

(b) General nature of industry, business, or establishment in which employed (or employer)..... [illegible]

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Cooper

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER, Lillie Johnson

13-BIRTHPLACE OF MOTHER (city or town) North Carolina Co. (State or Country), Virginia

14-(Informant) Emily Smith

(Address) 908 Peach Ct

15-AUG 17 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug-15-1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 12 19 25 to Aug-15 19 25

that I last saw h—alive on Aug-14 19 25

and that death occurred, on the date stated above, at 12 20 A. m.

The CAUSE OF DEATH* was as follows:

Acute Entero colitis

(Duration) — yrs. — mos. 21 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? [illegible]

(Signed) Dr. Frank Shiman, M. D.

8/15, 1925 (Address) 122 W. Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Zion Ct. DATE OF BURIAL. Aug 17- 1925

20-UNDERTAKER, I. E. Brown & Son ADDRESS 108 W. Monument St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01231

CERTIFICATE OF DEATH.

113

E 01231

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2714 Bernard ST., 12 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Franklin Lettle

(a) RESIDENCE NO. 2714 Bernard ST., 12 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) June 2 1925

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	1	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md

(State or country)

10 NAME OF FATHER Arthur G. Lettle

11 BIRTHPLACE OF FATHER (city or town) Balto. Md

(State or country)

12 MAIDEN NAME OF MOTHER Laura Fraser

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md

(State or country)

4 Informant Arth G Lettle

(Address) 2714 Bernard Av

5 Filed ....., 19 ..... Registrar

ROBERT R. KRAUTER
STATE REGISTRAR CHIEF

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1925, to Aug 14, 1925

that I last saw h alive on Aug 14, 1925

and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Intestinal fermentation

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) Colitis

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examn.

(Signed) R B Norment M. D.

8.15.1925 (Address) 1547 Charlestown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltolem — DATE OF BURIAL Aug 17 25

20 UNDERTAKER Chenoweth & Son — ADDRESS Chestnut Ave

Cor.—1-12-23—M&T—100 Bks.

E 01232 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-2 155 E 01232

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 1 WARD)

2-FULL NAME Dorothy Chojnocka

(a) RESIDENCE NO. 2505 Fleet St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) Jan 2-1918

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	7	12	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Joseph Chojnocka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Pelagie Wonsowicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

Informant Pelagie Chojnocka
(Address) 2505 Fleet St

Filed AUG 17 1925, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Given

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Osteomyelitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Pollitt, M. D.
(Coroner)

8-15-25, 192 (Address) 508 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Aug 17 1925
20 UNDERTAKER	ADDRESS
John M. Weber	1803 Bank St

Spec.—1-19-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01233

CERTIFICATE OF DEATH.

88 E 01233

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N Carrollton Ave St., 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jane Harris

(a) RESIDENCE NO. 112 N Carrollton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Female Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Harris.

7 DATE OF BIRTH (month, day, and year) — — 1827

8 AGE: Years 98; Months —; Days —; If LESS than 1 day, ... hrs. or ... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nil

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

10 BIRTHPLACE (city or town) (State or country) Cumberland Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant ... (Address) 112 N Carrollton Ave

15 Filed ..., 19 ... Registrar

ROBERT P. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1925, to Aug 15, 1925, that I last saw he alive on Aug 12th 25. and that death occurred, on the date stated above at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. H. Rogers M. D.

1925 (Address) 112 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: Aug 17 1925

20 UNDERTAKER: Thos J. H. Locks — ADDRESS: 1302 Jeffer...

01234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23-182

Registered No. C 01234

1-PLACE OF DEATH

City of BALTIMORE: (No. Foot of Bush St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond R. Sorrell. (C)

(Residence in Baltimore: No. 116 Hammerbacher Court. St.; 5 yrs., ---- mos., ---- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: November 1, 1889 (Month) (Day) (Year)

7-AGE: 35 yrs. 9 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook. 021
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): West River A.A.Co. Md.

PARENTS.

10-NAME OF FATHER: Louis W. Sorrell (C)

11-BIRTHPLACE OF FATHER, (State or Country): Virginia.

12-MAIDEN NAME OF MOTHER: Josephine Bias (C)

13-BIRTHPLACE OF MOTHER, (State or Country): West River A.A.Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Sorrell. (C) wife.

(Address) 116 Hammerbacher Court.

15- AUG 17 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from a skiff.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Aug. 17, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Franklin Cemetery a.a.co Md	Aug 16, 1925
20-UNDERTAKER,	ADDRESS
C L Hopkins	Annapolis Md

Spec.—1-1621 M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01235

CERTIFICATE OF DEATH.

114

REGISTERED NO. B 84235

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 26-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Coates

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

7 DATE OF BIRTH (month, day, and year) 1856 or 1846(?)

8 AGE: Years 69 yr (?) 79 yr. Months Days If LESS than 1 day, hrs or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Baltimore City Hospitals Records

AUG 17 1925 ROBERT R. KRAUTER

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1924 to Aug. 14 1925.

that I last saw her alive on Aug. 14 1925.

and that death occurred, on the date stated above, at 11:45 a m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Colitis (non specific)

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

8/15 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 8/17/1925

20 UNDERTAKER: David Easton

ADDRESS 916 Penna Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01236

CERTIFICATE OF DEATH. 6-3 129

E 01236

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Eagleston

(a) Residence No. 122 N. Streeper St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Katie Eagleston

6-DATE OF BIRTH (month, day and year) July 4/57

7-AGE. 68 yrs. 1 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), City

PARENTS

10-NAME OF FATHER, Daniel Eagleston

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Kate

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Ernest Eagleston

(Address) 122 N. Streeper St

15-

AUG 17 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 15/25

17- I HEREBY CERTIFY, That I attended deceased from Aug. 13 1925 to Aug 15 1925

that I last saw h alive on August 15 1925

and that death occurred, on the date stated above, at 8 0 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Parasitic Nephritis

(Duration) 8 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrh

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Lab

(Signed) Ernest Lewis M. D.

, 19 (Address) St. Agnes Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel DATE OF BURIAL 8/17 19 25

20-UNDERTAKER, Philip Hennig ADDRESS 2046 Orleans

Spec—12-23-21—E.B.P.S.—400 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01237 — CERTIFICATE OF DEATH. — 8E 01237

Registered No. 13-5

1-PLACE OF DEATH

City of BALTIMORE: (No. 3312 Auchentorly Terrace Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harris Silverman Sr.

(a) Residence No. 3312 Auchentorly St. Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): M

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rebecca Silverman

7-DATE OF BIRTH (month, day and year): 1853

8-AGE. 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Clothing

(b) General nature of industry, business, or establishment in which employed (or employer): Mfg

(c) Name of employer:

10-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS.

10-NAME OF FATHER: Solomon Silverman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Watan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

14- (Informant) Rebecca Silverman

(Address) 3312 Auchentorly Terr

15-

Filed 192 ROBERT P. KRAUS Registrar.

Burial Permit Cle

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug 15 25

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1925 to Aug 15, 1925

That I last saw h[illegible] alive on Aug 15, 1925

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

Myocarditis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) I. Harry Glassman M. D.

Aug 16, 1925 (Address) 1268 Mercedes

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mach Rd — DATE OF BURIAL: Aug 17, 1925

20-UNDERTAKER: Jack Levis 1429 Eutaw St — ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

01238

CERTIFICATE OF DEATH. 26-7 1925 Registered No. C 003 E 01238

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miriam Kolman

(Residence in Baltimore: No. 411 D Eastern Ave St.; yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Sept 11 1911 (Month) (Day) (Year)

7-AGE: 13 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Pennsylvania

PARENTS

10-NAME OF FATHER: Morris Kolman

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Hanna Kolman

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Kolman

(Address) 411 Eastern Ave

15- AUG 17 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH, August 15 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage

Struck by Automobile

(Duration) yrs. mos. ds.

Hemorrhage & Killed Aug 15 - 25

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

Aug 16 1925 (Address) 1037 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Friendship | DATE OF BURIAL: Aug 17 1925

20-UNDERTAKER: Jack Lewis | ADDRESS: 1407 E Balt St

Spec.—1-10-21—M&T—1500 Blks.

01239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CE 01239
60-002

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Hebrew Hospital ST. 14-1 WARD)

2-FULL NAME Miss Willie Uman

(a) RESIDENCE No. 1503 Penna. ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE: Years 36 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Joseph Uman
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Ethel Sandofsky
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Dr L

15 AUG 17 1925 ROBERT R. KRAETER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/16 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-3, 1925, to 8-16, 1925, that I last saw her alive on 8-16, 1925, and that death occurred, on the date stated above, at 11:05 p m.

The CAUSE OF DEATH* was as follows:

Adenomatous Thyroid Gland
(c Basedow Symptoms)
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema
(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 8-15-25
Partial Thyroidectomy

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Lab. findings

(Signed) H. Victor Selzer, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Northern cycle Cem — DATE OF BURIAL: aug 17 1925

20 UNDERTAKER: Jack Lauis — ADDRESS: 1439 E Balto st

Spec.—1-10-21—M&T—1500 Blks.

E 01240

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002

E 01240

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp ST., 27-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Keller.

(a) RESIDENCE NO. 4666 Kenwood Ave ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): ——

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ——

6 DATE OF BIRTH (month, day, and year) Aug 17, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md Gen. Hosp.

PARENTS

10 NAME OF FATHER: John W. Keller.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Josephine Bates

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: John W. Keller

(Address): 7666 Kenwood Ave

15 Filed ..... 19 .....

ROBERT R. KRAMES Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16, 1925.

17

I HEREBY CERTIFY, That I attended deceased from Aug 14, 1925, to Aug 16, 1925,

that I last saw him alive on Aug 16, 1925

and that death occurred, on the date stated above, at 4 A m

The CAUSE OF DEATH* was as follows:

Cerebral hem. due to mid forceps delivery Contracted pelvis I mother.

8 (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Bilopathy & Pt hemiplegia

..... (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno A Turnbull M. D.

, 19 (Address) Md Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Garrison Forest — DATE OF BURIAL: Aug 17 1925

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Greenmt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01241

CERTIFICATE OF DEATH.

129

E 01241

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1611 Harford ave ST., 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida. A. Fleming

(a) RESIDENCE No. 1611 Harford ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. T. Fleming

6 DATE OF BIRTH (month, day, and year): Oct. 12 1859

7 AGE: Years 65; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jones F. Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Rose A. Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Albert Fleming 1611 Harford ave

15a Filed AUG 17 1925, 19

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): aug 14 1925

17 I HEREBY CERTIFY, That I attended deceased from aug 10, 1925, to aug 14, 1925

that I last saw h[illegible] alive on aug 14, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Endocarditis & Chronic Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Uraemia Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) H. Thomas, M. D.

(Address) 1228 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: 8/17 1925

20 UNDERTAKER: Geo. F. Puth

ADDRESS: 1735 Harford ave

Spec.—1-10-21—M&T—1500 Bks.

E 01242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01242

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts ST., 6 Charles St WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. Legg

(a) RESIDENCE NO. Homewood Apts ST. Charles St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

6a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Belle Cunningham Legg

6 DATE OF BIRTH (month, day, and year) Oct 5 1848

7 AGE: Years 76 | Months 10 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Grain

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Winchester Va.

10 NAME OF FATHER: Geo. W Legg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Alexandria Va.

12 MAIDEN NAME OF MOTHER: Eliza Doughty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Alexandria Va

14 Informant: John C Legg Jr

(Address): 111 Redwood St

15 AUG 17 1925 ROBERT R. KRAUTER, Clerk of Permits Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1925, to Aug 16th, 1925,

that I last saw him alive on Aug 13th, 1925,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

Myocardial Insufficiency

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) C. A. Shadel, M. D.

Aug 16, 1925 (Address) 1300 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 17 1925

20 UNDERTAKER: Henry J Jenkins Sons Lee

ADDRESS: McCulloh-Orchard Sts

Spec. 1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01243

129 E 01243

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 01243

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1019 W Saratoga ST. 18-1 WARD)

2-FULL NAME Jacob B. Summerville

(a) RESIDENCE No. 1019 W Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Summerville

6 DATE OF BIRTH (month, day, and year) Dec 12 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	34	8	2	

8 OCCUPATION OF DECEASED 040

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Chemical Factory

(c) Name of employer Davis Chemical Co

9 BIRTHPLACE (city or town) Henderson
(State or country) N.C.

PARENTS

10 NAME OF FATHER Nicholas Summerville

11 BIRTHPLACE OF FATHER (city or town) N.C.
(State or country)

12 MAIDEN NAME OF MOTHER Estella Stamper

13 BIRTHPLACE OF MOTHER (city or town) N.C.
(State or country)

14 Informant James Summerville
(Address) 913 Argyle Ave

15 Filed AUG 17 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15. 1925. to Aug 14. 1925.
that I last saw h[illegible]live on Aug. 13. 1925.
and that death occurred, on the date stated above, at 6 a. m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Months yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W Hoffelt M. D.

8/17/ 1925 (Address) 1191 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt Auburn — DATE OF BURIAL Aug 17 1925

20 UNDERTAKER Sam H Cross Sons — ADDRESS 1100 Mosher

Spec.—1-10-21—M&T—1500 Bks.

E 01244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01244

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (NO. 11-2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. Reid

(a) RESIDENCE NO. Park Hall P.O. St. Mary's Co. Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): yes

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Reed.

6 DATE OF BIRTH (month, day, and year): Jan 20-51

7 AGE — Years: 74 | Months: 6 | Days: 26 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Josiah Reid

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jane R. Barber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Frances Reid

(Address) 1007 E. Eastern Ave

15 Filed , 19 Registrar

Burial Permit Clerk

AUG 17 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-16-25 19

17 I HEREBY CERTIFY, That I attended deceased from 8-12-25, 19, to 8-16-25, 19.

that I last saw him alive on 8-16-25, 19.

and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

8/16 1925 (Address) 725 N. Carlton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Co Md	Aug 11 1925
20 UNDERTAKER	ADDRESS
Jno. H. Case & Son	1900 N. Carey

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01245

CERTIFICATE OF DEATH

E 01245

1-PLACE OF DEATH

CITY OF BALTIMORE, NO. 4201 Massachusetts Ave. WARD 19-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura V. Feathers

(a) RESIDENCE NO. 4201 Massachusetts Ave Irvington WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 15-1850

7 AGE: Years 75 | Months 3 | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Elliot City, Balto Co

10 NAME OF FATHER: Kinsey M. Feathers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Mary Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

PARENTS

14 Informant: Florence M. Reeside

(Address) 4201 Massachusetts Ave

Filed AUG 17 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1925, to Aug 14, 1925, that I last saw her alive on Aug 12, 1925, and that death occurred, on the date stated above, at 11.50 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Cardiac dilatation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Heart failure

(duration) few minutes yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Krumpf, M. D.

Aug 15, 1925 (Address) 1002 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: Aug 17 1925

20 UNDERTAKER: Mr & Mrs. John W. Tenfelde Son ADDRESS: 801 W. Fayette

Spec.—6-3-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

01246

CERTIFICATE OF DEATH.

5-2 131

REGISTERED NO. E 01246

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1132 Jan ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Handy

(a) RESIDENCE. NO. 1132 Jan ST., 5 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of Mannie Handy (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Mannie Handy
(Address) 1132 Jan St.

15 Filed AUG 1 7 1925 ROBERT R. KRAUTER, Registrar
Deputy Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14, 1925.

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1925, to Aug. 14, 1925, that I last saw him alive on Aug. 14, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Oedema of the Lungs Disseminated Sarcoma (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Exam. of urine

(Signed) Robert J. Green, M. D.

8.16. 1925 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Zion Cemetery	8/17/25 19
20 UNDERTAKER	ADDRESS
Mrs. Robert G. Elliott	523 Eastlander

Dec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01247

CERTIFICATE OF DEATH.

89 E 01247

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 451 Ilchester Ave., | 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George O. Gilberthorpe

(a) RESIDENCE No. 451 Ilchester ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Sarah S. Gilberthorpe

DATE OF BIRTH (month, day, and year) Feby 6 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	6	8	

OCCUPATION OF DECEASED

009

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Upholstery Dept

(c) Name of employer Stewart & Co Baltimore

BIRTHPLACE (city or town) York

(State or country) Penna

10 NAME OF FATHER William Gilberthorpe

11 BIRTHPLACE OF FATHER (city or town) unknown

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown

(State or country)

Informant Sarah S. Gilberthorpe

(Address) 451 Ilchester ave

AUG 17 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1925, to Aug. 14, 1925, that I last saw him alive on Aug 14 1925 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Uremic-Sclerosis, with Cingival attacks

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jacob H. Hartman M. D.

Aug 17 1925 (Address) 2211 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Aug 18 1925
20 UNDERTAKER	ADDRESS
William C. Black	927 N. Broadway

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01248

CERTIFICATE OF DEATH.

38 E 01248

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. BALTIMORE CITY HOSPITALS ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Burch

(a) RESIDENCE No. (Levering House) 100 N. Front ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	unknown

6a If married, widowed, or divorced HUSBAND of (or) WIFE of "

6 DATE OF BIRTH (month, day, and year) 1870 (?)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54 (?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

AUG 17 1925 ROBERT R. KRAUTER, Registrar

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to Aug 3, 1925.

that I last saw him alive on Aug 3, 1925.

and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Central Nervous System Syphilis

Rt. hemiplegia (Cerebral thrombosis)

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

8/3, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health, ADDRESS AUG 17 1925

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01249

E 01249

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 3-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Idabella Hobbs.

(a) RESIDENCE No. 1007 Saulsbury St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14

Informant .....
(Address)

15

Filed ..... 19 ..... Registrar

OCT 1 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6 1925

17

I HEREBY CERTIFY, That I attended deceased from 7-15 ....., 1925, to 8-6 , 1925,

that I last saw her alive on 8-6 , 1925,

and that death occurred, on the date stated above, at 1 00 a m.

The CAUSE OF DEATH* was as follows:

Ulceration Fibroma of Vulva with Secondary Infection

Myocardial Insufficiency (2 years duration) (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Visual & Physical Signs

(Signed) Dan G. Thompson, M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY.	19
20 UNDERTAKER (Commissioner of Health)	ADDRESS

ROBERT R. KRAUTER,

AUG 17 1925

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01250

CERTIFICATE OF DEATH.

18SE 01250

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bay View Hospital 3-2 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Beans

(a) RESIDENCE NO. 182 Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	-		—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic 10
(b) General nature of industry, business, or establishment in which employed (or employer) 01

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

Informant
(Address)

Filed AUG 17 1925 HUBERT R. KRAUTER, Registrar.

THE MORGUE. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an August (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said August. (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident
Fall from Bed Cerebral Hemorrhage
Fracture of neck

(duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) E Lawton (duration) ... yrs. ... mos. ... ds.

(Signed) G C Grady, M. D.
(Coroner)

192 (Address) 1937 Bank

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

(Commissioner Health.) AUG 17 1925

Cor.—1-12-23—M&T—100 Bks.

E 01251

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01251

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View ST., 16-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Enoc Paine

(a) RESIDENCE NO. Bay View ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	N	Not Rem'd

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) —

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			-	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) at
(c) Name of employer Bay View.

BIRTHPLACE (city or town) —
(State or country)

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

Informant
(Address)

Filed ..... 192 ... Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Gilliland, M. D.
(Coroner.)

Aug 3 1925 (Address) 1316 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. DATE OF BURIAL 192

20 UNDERTAKER ADDRESS

Bureau of Health, AUG 2 1925

Spec—12-23-21—E.B.R.S.—400 Eks.

E 01252

HEALTH DEPARTMENT—CITY OF BALTIMORE

-001

74 E 01252

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1206 Bayard St., 21-25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Anna Gibson

(a) Residence No. 1206 Bayard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, ~~Married~~, Widowed, or Divorced. (Write the word.) Widow

6-If ~~married, widowed, or divorced~~ (HUSBAND or) WIFE of John Gibson

6-DATE OF BIRTH (month, day and year) June 19-1858

7-AGE. 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Chas. Cassm

(Address) 1319 S Caney St

15- AUG 17 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 8/15/25

17- I HEREBY CERTIFY, That I attended deceased from July 31 1925 to Aug 14 1925

that I last saw h. alive on Aug 14 1925

and that death occurred, on the date stated above, at 1.35 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Gall Stones

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Boyd, M. D.

8/15, 1925 (Address) 602 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 8-18 1925

20-UNDERTAKER: Geo Leimbach & Son — ADDRESS: 1474 Pratt St

Spec. 6-9-19 H. P. Co. 1000 Bks.

01253

HEALTH DEPARTMENT—CITY OF BALTIMORE

01253

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 836 Cloney ST.: 18-1 WARD. REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Wehrt

(a) RESIDENCE. NO. 836 Cloney ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J Wehrt

6 DATE OF BIRTH (month, day, and year) March 29 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Kirchenkamp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Frederick Knabe

(Address) 660 Cheyanne St

15 Filed ..... 19..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1925, to Aug 16, 1925, that I last saw h e alive on Aug 15, 1925, and that death occurred, on the date stated above, at 12.45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas L Stopper, M. D.

, 19 (Address) 962 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Violetteville	8-18, 1925

20 UNDERTAKER Wm Chas A G Rohde

ADDRESS 600 N Arlington Ave

Spec.—1-10-21—M&T—1500 Blks.

Dr Brash
2229 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 01254

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1601 Ridgely ST., 21-1 WARD)

REGISTERED No. E 01254

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary K. Bamble

(a) RESIDENCE NO. 1601 Ridgely ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob A Bamble

6 DATE OF BIRTH (month, day, and year) April 19 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Golder Son
(Address) 1601 Ridgely St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-15 1925

17

I HEREBY CERTIFY, That I attended deceased from July 29, 1925, to July 14, 1925, that I last saw h alive on Aug. 6 1925, and that death occurred, on the date stated above, at 12:40 A m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leonard E Brash, M. D.

, 19 (Address) 2229 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	8-18 1925

20 UNDERTAKER James Dignan & Son ADDRESS 1 Pine St

ec.—1-12 23—M&T—500 Blks.

E 01255

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01255

CERTIFICATE OF DEATH.

+31

1-PLACE OF DEATH U.S. Marine Hospital #1 Baltimore Md.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 17-2 WARD)

2-FULL NAME Basford Thompson.

(a) RESIDENCE NO. #108 West 141st St ST., _____ WARD _____
(Usual place of abode) New York City
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? 4 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widower.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman O.S.

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer S/S Amelia

BIRTHPLACE (city or town) Jamaica
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Jamaica
(State or country)

Informant Self
(Address)

Filed _____, 19 _____ Registrar

AUG 17 1925 ROBERT H. KRAUTER, CITY REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to August 25 1925, that I last saw him alive on August 25, 1925, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Interstitial, Pulmonary, Chronic.

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings and laboratory exam

(Signed) _____, M. D.

Aug 15, 1925 (Address) U.S. Marine Hospital #1 Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Aug 17 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01256

CERTIFICATE OF DEATH

7H 001 E 01256

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 E 36 St., 9-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen A M Fenker

(a) RESIDENCE NO. 632 E 36th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60? yrs. mos. ds. How long in U. S., if of foreign birth? 60? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): M

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 5-1872

7 AGE: 53 Years; 6 Months; 9 Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Lena Henker (Address) 632 E 36th St

15 Filed OCT 7 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1925, to Aug 17, 1925, that I last saw h[illegible] alive on Aug 13, 1925, and that death occurred, on the date stated above, at 4 P M .m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) arterial Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Howard Fisher, M. D.

Aug 19, 1925 (Address) 3325 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetary — DATE OF BURIAL: Aug 17, 1925

20 UNDERTAKER: Geo. Limlack & Son — ADDRESS: 647 W Balto

Spec—12-23-21—E.B.R.S.—400 Eks.

01257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3-1 160 ✓ E 01257

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 834 E. Pratt St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roman S. Andrauchik

(a) Residence No. 834 E. Pratt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 16. 1925

7-AGE. - yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: No

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Ignat Andrauchik

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Anne Taltaska

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Austrea

14-Informant: J. Andrauchik

(Address): 834 E. Pratt Street

15-Filed DEC 12 1925 192? ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 16. 1925

17-I HEREBY CERTIFY, That I attended deceased from Aug. 14 19 25 to Aug 16 19 25

that I last saw him alive on Aug 16 19 25

and that death occurred, on the date stated above, at 10. P. m.

The CAUSE OF DEATH* was as follows:

General debility.
Malnutrition

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Trilinger M. D.

8/17 19 25 (Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Moriah Cemetery Rd — DATE OF BURIAL. 8/17/25 19....

20-UNDERTAKER: John Grebliauskas — ADDRESS 425 S. Paca St.

E 01258

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01258

CERTIFICATE OF DEATH.

V-129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 S. Regester ST., V-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Giesz

(a) RESIDENCE NO. 304 S. Regester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 30 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White,	Widow,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Giesz,

6 DATE OF BIRTH (month, day, and year) December---1845.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland,

PARENTS

10 NAME OF FATHER Adam Kalaszynski,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Not known,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

14 Informant Josephine Malecki,

(Address) 304 So. Regester St.

Filed Aug 17 1925 19 H. Lamm Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1925, to Aug 16, 1925, that I last saw h[er] alive on Aug 12, 1925, and that death occurred, on the date stated above, at 6.45 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Intestinal Nephritis

(duration) 1 mo yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) A. T. Rees, M. D.

Aug 17, 1925 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ST. STANISLAUS CEMETERY

DATE OF BURIAL 8/19. 1925.

20 UNDERTAKER M. F. Sadowski.,

ADDRESS 705 S. Ann St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01259 E 01259

01259

CERTIFICATE OF DEATH.

REGISTERED NO. C 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 956 Aisquith ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johannah Riordan

(Residence in Baltimore: No. 956 Aisquith St.; 37 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, October 17, 1854 (Month) (Day) (Year)

7-AGE, 71 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Joseph Sullivan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Fitzgerald

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William L. Mullen M.D

(Address) 1020 N. Calvert St

15- Filed AUG 17 1925, 191 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 16 (Day), 1925 (Year).

17. I HEREBY CERTIFY, That I attended deceased from August 3 1925, to Aug 16 1925, that I saw her alive on Aug 3 & 16 1925, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

Arteria Sclerosis (Duration) yrs. mos. ds.

(Signed) William L. Mullen M. D.

Aug. 16, 1925 (Address) 1020 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Aug. 19, 1925

20-UNDERTAKER Johannah Napoleon

ADDRESS 1004 Aisquith st

Spec.—1-10-21—M&T—1500 Blks.

E 01260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01260

CERTIFICATE OF DEATH.

9-3 57

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2641 Boone ST., (WARD)

2-FULL NAME John Spence

(a) RESIDENCE (No.) 2641 Boone ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	Apprx 50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wyoming Md. (State or country)

PARENTS

10 NAME OF FATHER Elgin Spence

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Marie Coturner

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Etta Lacy (Address) 2641 Boone St.

15 Filed ....., 19 Robert P. Harrison, Registrar

7 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925 to Aug 10, 1925.

that I last saw h— alive on Aug 15, 1925

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physician's Exam

(Signed) Dr. W. Ellis, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Baltimore Md

DATE OF BURIAL 8/18 1925

20 UNDERTAKER Mrs R.A. Elliott

ADDRESS 725 Eastlander

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01261

CERTIFICATE OF DEATH.

100-001

E 01261

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., B-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James William Berry

(a) RESIDENCE NO. 2058 Woodbourne Ave. WARD 13

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 3 1851

7 AGE: Years 74 Months 5 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) (Retired), 6 years.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Berry

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Barnhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. C. A. Case

(Address) 2058 Woodbourne Ave

15 Filed Aug. 18, 1925 Robert F. Garrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1925 to Aug. 15, 1925.

that I last saw him alive on Aug. 15, 1925.

and that death occurred, on the date stated above, at 8:45 p.m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

Chronic Arterio-Sclerosis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) B. M. Rhoda, M. D.

Aug. 15, 1925 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's, Hampden

DATE OF BURIAL: Aug. 18 1925

20 UNDERTAKER: Horace H. Burgie

ADDRESS: 363 Hall St.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 01262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01262

CERTIFICATE OF DEATH.

90

27-9

1-PLACE OF DEATH

City of BALTIMORE: (No. 805 Belgian Ave. St., Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael S. Grace.

(a) Residence No. 805 Belgian Ave, St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa A. Grace

6-DATE OF BIRTH (month, day and year) Feb. 28th. 1854.

7-AGE. 71 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Runner

(b) General nature of industry, business, or establishment in which employed (or employer) Metropolitan Savings Bank.

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country) Washington D.C.

PARENTS.

10-NAME OF FATHER, James Grace.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER, Mary Shannon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Rosa A. Grace.
(Address) 805 Belgian Ave.

15- Filed AUG 17 1925 19.. Robert F. Harrison, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 15th. 1925.

17- I HEREBY CERTIFY, That I attended deceased from Aug. 13 1925 to Aug. 15 1925, that I last saw h.. alive on Aug. 10 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden M. D.

8/17/ 1925 (Address) 1216 N. Carlton st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	Aug. 19 1925.
20-UNDERTAKER. Chas. P. Traud & Son	ADDRESS 118 W. Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01263 E 01263

CERTIFICATE OF DEATH

1-PLACE OF DEATH Church Home and Infirmary

REGISTERED NO. 6-1

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hyman Bennett.

(a) RESIDENCE NO. Macon Ga. ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S., if of foreign birth? 25 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	M	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Bennett

6 DATE OF BIRTH (month, day, and year) January 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Leon Bennett

(Address) Macon Ga

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1925

17 I HEREBY CERTIFY, That I attended deceased from July 12 1925, to Aug 17 1925, that I last saw him alive on Aug 14 1925, and that death occurred, on the date stated above, at 2.25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept 14-25

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. M. Wright M. D.

19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Macon Ga — DATE OF BURIAL Aug 17 19 25

20 UNDERTAKER Jack Lewis — ADDRESS 439 E Balt

Spec—12-23-21—E.B.R.S.—400 Bks.

01264 HEALTH DEPARTMENT—CITY OF BALTIMORE 01264

CERTIFICATE OF DEATH.

15-90

1-PLACE OF DEATH

City of BALTIMORE: (No. 4002 Ridgewood Ave. St., Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Louis Katz.

(a) Residence No. 4002 Ridgewood Ave. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced — HUSBAND of (or) ~~WIFE of~~ — Johanna G. Katz

6-DATE OF BIRTH (month, day and year) July 12-1855

7-AGE. 70 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Haberdasher
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Germany.

PARENTS.

10-NAME OF FATHER. Feist Katz

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Betty Metzger.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-
(Informant)..... L. Werthheim.....
(Address)..... 115 N. Eutaw St.....

15-
Filed..... 19.. Robert P. Harrison, Registrar.
17 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 16. 25

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to Aug. 16, 1925, that I last saw h. alive on Aug. 15, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:
Mural Regurgitation. Myocarditis
Mesentric Thrombosis.

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. F. Lucas, M. D.
8/17, 1925 (Address) 3501 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Friendship Cemetery | DATE OF BURIAL. August 19

20-UNDERTAKER. J. Ahrens Co. | ADDRESS 3314 Penna Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01265

CERTIFICATE OF DEATH.

16-6 129 E 01265

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., (Or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Haskins

(a) RESIDENCE NO. 1316 Mosher ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Haskins

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44 Yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Haskins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed ....., 19 Robert F. Barrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 16, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1925, to Aug 16, 1925, that last saw him alive on Aug 16, 1925, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, hypertension
Chronic nephritis

(duration) yrs. 7 (History) mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

8/16, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Aug 17 1925
20 UNDERTAKER Jno. H. Dennis per J. E. Nelson	ADDRESS 1303 Preston St

E 01266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 01266

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 618 Baker St. St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph R. Murray

(Residence in Baltimore: No. 618 Baker St. St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. April 13, 1922 (Month) (Day) (Year) (Y.T.N.)

7-AGE. 3 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or....mln.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). York, Pa.

PARENTS.

10-NAME OF FATHER. Charles J. Wilson

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Sarah T. Murray

13-BIRTHPLACE OF MOTHER. (State or Country). Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Murray

(Address) 618 Baker St.

15- Robert P. Harrison,

Filed ... 192 ... Registrar.

1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug 15, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. C. F. Hennessy M. D.
(Coroner)

Aug 16, 1925 (Address) 2302 Eutaw Place

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mns.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Zion Cemetery	aug. 18 1925

20-UNDERTAKER. Mr. Jas. H. Dennis. ADDRESS 1303 Division ave

Aug 15 E.R.

Spec.—1-10-21—M&T—1500 Blks.

E 01267 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 7-1 9 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME Wilton Grubb

(a) RESIDENCE NO. 1006 Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 4 24

7 AGE: Years 1 Months 3 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Charles Grubb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Hubert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Record Clerk

15 Filed 7 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 17 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1925, to Aug 17, 1925, that I last saw him alive on Aug 17, 1925 and that death occurred, on the date stated above, at 10.05 a m

The CAUSE OF DEATH was as follows:

Acute Bronchopneumonia
Post-Pertussis

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary): Pertussis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) C. O. Scott, M. D.

8 17 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery DATE OF BURIAL: Aug 18 1925

20 UNDERTAKER: [illegible] ADDRESS 1203 E. Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01268 | CERTIFICATE OF DEATH. | E 01268

1-PLACE OF DEATH — Registered No. .....

City of BALTIMORE: (No. 2432 Maryland Ave. St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Tolson Fowler

(a) Residence No. 2432 Maryland Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6-DATE OF BIRTH (month, day and year) Mar. 16, 1853

7-AGE	If LESS than 1 day,
72 yrs. 4 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) 055
(c) Name of employer .....

9-BIRTHPLACE (city or town) Baltimore, Md.
(State or Country),

PARENTS

10-NAME OF FATHER, Francis Fowler

11-BIRTHPLACE OF FATHER (city or town) .....
(State or Country), England

12-MAIDEN NAME OF MOTHER, Amelia Duck

13-BIRTHPLACE OF MOTHER (city or town) .....
(State or Country), England

14- (Informant) Mrs. Margaret Sisson Ayres
(Address) 2432 Maryland Ave.

15- Filed AUG 18 1925 19 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 15 1925

17- I HEREBY CERTIFY, That I attended deceased from ..... 19 15 to August 15 19 25
that I last saw h alive on August 15 19 25
and that death occurred, on the date stated above, at 7 p.m.
The CAUSE OF DEATH* was as follows:

Cardio vascular hypertension

many
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) George M. Kelly M. D.
8/16, 1925 (Address) 2430 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	8/18 1925

20-UNDERTAKER	ADDRESS
Henry W. Means & Son	505 N. Calvert St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01269

E 01269

CERTIFICATE OF DEATH. Rkaya Pa 14-001

1-PLACE OF DEATH

REGISTERED NO. 14-1

CITY OF BALTIMORE: (No.) 322 Woodland Road ST., (Ward) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Patrick

(a) RESIDENCE No 2321 Dirson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work cook
(b) General nature of industry, business, or establishment in which employed (or employer) Private
(c) Name of employer Wm F. Bolgiano

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Henrietta Roberts
(Address) 2321 Dirson St

Filed ....., 192 .....
Registrar

ROBERT R. KRAUTER
Registrar Vital Statistics

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Morrison M. D.
(Coroner)

Aug 17, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Aug 19th 1925
20 UNDERTAKER	ADDRESS
Joseph A Farrell	2317 Dawson

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01270 E 01270

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1631 N. Eden St

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. 1279

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma Saunders

(a) RESIDENCE NO. 1631 N. Eden ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of George Saunders.

6 DATE OF BIRTH (month, day, and year) Oct 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

PARENTS

10 NAME OF FATHER James H. Bishop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah L. Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Susie Lucas (Address) 1631 N. Eden St.

15 Filed ... 19 ... Registrar

AUG 18 1925 ROBERT R. KRAUTER

Clerical Records Check

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-16-25 19

17

I HEREBY CERTIFY, That I attended deceased from 8-8-25, 19 , to 8-16-25, 19 , that I last saw her alive on 8-15-25, 19 , and that death occurred, on the date stated above, at 7:20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ... yrs. ... mos. about ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) W. B. Butler, M. D.

19 (Address) 425 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion Cemetery

DATE OF BURIAL 8/19 1925

20 UNDERTAKER Mark D. Elliott

ADDRESS 225 Ashland Ave.

Spec.—1-10-21—M&T—1500 Bks.

1839 ~~E 01271~~ HEALTH DEPARTMENT—CITY OF BALTIMORE 135 E 01271

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. 11-2 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Joyce

(a) RESIDENCE No. 904 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Gen

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Joyce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Melinda Potter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address)

15 Filed AUG 18 1925, 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1925, to Aug 17, 1925.

that I last saw him alive on Aug 17, 1925

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate (benign

(duration) 3-4 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Thos Harrold M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 8/18 1925

20 UNDERTAKER Mac R. G. Elliott — ADDRESS 22 Ashland Av.

Spec.—1-10-21—M&T—1500 Blks.

E 01272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 01272

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 Madison Ave ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stuart Strouse Scott

(a) RESIDENCE No. 2437 Madison Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie S Scott

6 DATE OF BIRTH (month, day, and year): Oct 7. 1877

7 AGE: Years 17 Months 9 Days 10 If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bond Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer: Self

9 BIRTHPLACE (City or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John C Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary F Stuart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Hattie S Scott

(Address) 2437 Mad Ave.

15 Filed ..... 19..... Registrar

AUG 19 1925 ROBERT R. KRAUTER Chief Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24 1924, to Aug. 17, 1925, that I last saw him alive on Aug. 17, 1925, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary): Uraemia

(duration) — yrs. — mos one ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Urinary -

(Signed) Stieben F. Stuelmann M. D.

, 19 (Address) 6 East Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W M Cook — DATE OF BURIAL: Aug 20 1925

20 UNDERTAKER: W M Cook — ADDRESS: 562 E Lafayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01273

CERTIFICATE OF DEATH.

90 E 01273

1-PLACE OF DEATH 608 Fair Oak Ave., Balto. Md. 9-3

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 608 Fair Oak Ave., ST., 9th WARD)

2-FULL NAME John Williams Burrier

(a) RESIDENCE NO. 608 Fair Oak Ave ST., 9th WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 20 ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) Sept. 8, 1865.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Laverman

(c) Name of employer Penna. R.R. Co.

9 BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER John Burrier

11 BIRTHPLACE OF FATHER (city or town).....
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sara White

13 BIRTHPLACE OF MOTHER (city or town).....
(State or country) Maryland.

14 Informant John Rinner
(Address) 608 Fair Oak Ave

15 Filed AUG 18 1925 ..... 19 ..... Registrar

ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-18 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-6, 1925, to 8-18, 1925, that I last saw him alive on 8-17, 1925, and that death occurred, on the date stated above, at 12 30 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1 hour.

CONTRIBUTORY (Secondary) Chr. Myocarditis Bacterial Endocarditis Mitral Stenosis.

(duration) 21 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) ..... M. Tatole, M. D.

, 19 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL Aug 20 1925

20 UNDERTAKER Wm Cook — ADDRESS Forest Park

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01274 — 111-001 — E 01274

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto. General Hospital — REGISTERED No. .....

CITY OF BALTIMORE: (No. Raynor Ave & Oakland ST., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Korte.

(a) RESIDENCE No. 62 Lohrs Lane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Katie

6 DATE OF BIRTH (month, day, and year) Oct 10, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter & Painter

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Howard County.
(State or country)

PARENTS

10 NAME OF FATHER Frederick Korte.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Roland Korte
(Address)

15 Filed ....., 19 ..... ROBERT R. KRAUTER, Official Records Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1925 to Aug 16, 1925, that I last saw h[illegible] alive on Aug 16, 1925, and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Perforated Gastric Ulcer

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy

(Signed) Jas Hufford Welbourn M. D.

, 19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Corners Md — DATE OF BURIAL Aug 18 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fayette Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01275

CERTIFICATE OF DEATH.

16-001

E 01275

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1629 Madison Ave St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Johnson

(a) Residence No. 1629 Madison Ave St., 14th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 8-15-25

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 3 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Arthur Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Edith Wilson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant) Edith Johnson

(Address) 1629 Madison Ave

Filed AUG 18 1925 19..

ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 8-15-25

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1925, to Aug. 15, 1925, that I last saw h.. alive on Aug. 15, 1925, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Duration) yrs. mos. 2 hrs ds.

CONTRIBUTORY (Secondary) Premature

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Mills Williams, M. D.

8-15, 1925 (Address) 1630 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Cem DATE OF BURIAL, Aug 17 19 25

20-UNDERTAKER, Samuel J. Newsby ADDRESS 1629 Madison Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01276

CERTIFICATE OF DEATH.

90 ✓

E 01276 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 717 W Redwood St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Ella Mitchell

(a) Residence No... 717 W Redwood St., Ward...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: col

5-~~Single,~~ Married, ~~Widowed, or Divorced.~~ (Write the word.): Married

5-If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of: George Mitchell

6-DATE OF BIRTH (month, day and year): 1880

7-AGE: 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: domestic

(b) General nature of industry, business, or establishment in which employed (or employer): housework

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: unk.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): unk

12-MAIDEN NAME OF MOTHER: unk

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): unk

14-

(Informant) George Mitchell

(Address) 717 Redwood St.

15-

Filed 192

ROBERT R. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 8/15/25

17- I HEREBY CERTIFY, That I attended deceased from 8/15, 1925 to 8/15, 1925

that I last saw her alive on 8/15, 1925

and that death occurred, on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart, Acute indigestion

30 minutes (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Subacute Bacterial Endocarditis (Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Jackson, M. D.

8/17, 1925 (Address) 509 N Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether (Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem DATE OF BURIAL: Aug 18 25

20-UNDERTAKER: Edward D Hensley ADDRESS 533 N Bradford

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01277

CERTIFICATE OF DEATH.

4-3

E 01277

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Gilden

(a) RESIDENCE NO. 611 W. Baltimore st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Gilden

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Morgan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Hospital Records
(Address)

15 Filed AUG 18 1925 ROBERT P. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 22, 1924, to Aug. 17, 1925,

that I last saw him alive on Aug. 17, 1925,

and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. Speckard M. D.

8-17, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	8/18/25
20 UNDERTAKER John J. Fahey & Sons	ADDRESS 1318 Light St.

Spec.—1-10-21—M&T—1500 Bks.

01278

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01278

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 28-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Miller

(a) RESIDENCE NO. 30 North Dwt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Wh	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) October 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Chuna Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Balto St

15 Filed AUG 10 1925 ..., 19.. Registrar ROBERT R. KRAMER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-17 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-26, 1925, to 8-17, 1925, that I last saw h[illegible] alive on 8-17, 1925, and that death occurred, on the date stated above, at 7:20 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insuf & Stenosis (Rheumatic)

Cardiac Insuf.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Signs & Lab. Findings

(Signed) M. Vidaver Sellin C, M. D.

, 19 (Address) Hebrew Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrem Rosedale DATE OF BURIAL 8/18 19 25

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

Spec.—1-10-21—M&T—1500 Blks

183247
E 01279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+44 E 01279

1-PLACE OF DEATH Johns Hopkins Hospital. 7-1

CITY OF BALTIMORE: (No. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Dowell

(a) RESIDENCE NO. Sunderland Md ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Eva Dowell

6 DATE OF BIRTH (month, day, and year) Oct 18, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Dowell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Nipdorff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Elvin Dowell

(Address) Sunderland Calvert Co.

15 Date AUG 18 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1925, to Aug 17, 1925;

that I last saw h alive on Aug 17, 1925,

and that death occurred, on the date stated above, at 12 15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Peritonitis general

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of July 29

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) F. L. Reichert, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hamand (Calvert Co)

DATE OF BURIAL: Aug. 19 1925

20 UNDERTAKER: Margaret G. Flynn

ADDRESS: 1417 Light St.

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Blks.

E 01280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 E 01280

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 164 W. Cross ST., 23-1 WARD

2-FULL NAME Mary A. Maurer

(a) RESIDENCE No. 164 W. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Maurer

6 DATE OF BIRTH (month, day, and year): Oct. 6, 1869

7 AGE: Years 55 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Doolan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: John H. Maurer

(Address): 164 W. Cross St

15 Filed AUG 18 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1925 to Aug 15, 1925

that I last saw h[illegible] alive on " " , 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Typical signs & symptoms

(Signed) J Edward Norris M. D.

(Address) 107 E west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Aug. 19, 1925

20 UNDERTAKER: Margaret E. Flynn — ADDRESS: 1422 Light St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01281 CERTIFICATE OF DEATH. +37 ✓ E 01281

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benny Avery

(a) RESIDENCE NO. Non-resident ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER David Avery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ada Jordan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed AUG 18 1925 ROBERT R. KRAUTER Registrar

THE MORGUE, Asst. Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to August 14, 1925, that I last saw him alive on August 14, 1925, and that death occurred, on the date stated above, at 10.45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal pulmonary hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. D. McLane M. D.

8-14 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health, ADDRESS

AUG 1 1925

For Wm. R. Vosbeck

Cor.—1-12-25—M&T—100 Blks.

E 01282

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01282

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Canal alley St., 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Barber

(a) RESIDENCE NO. 209 Canal alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	male

5a If married, widowed, or divorced HUSBAND of (or) WIFE of single

6 DATE OF BIRTH (month, day, and year) about 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer General

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant N. W. Cor. Pratt & Paca sts. (Address)

15 Filed AUG 10 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 4, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inq (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. da.

(Signed) J. T. Hemsley, M. D. (Coroner.)

Aug 5, 1925 (Address) 2502 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL 192

20 UNDERTAKER Commissioner Health,

ADDRESS

AUG 10 1925 ROBERT R. KRAUTER, Chief Deputy

FILE MORGUE.

Dep. Reg. B. Health AUG 1925

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01283

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01283

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1020 S Kenwood Ave (St.:) 1st (Ward) 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Ringeldein

(a) RESIDENCE. No. 1020 S Kenwood Ave St., 1st Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. — mos. — ds. How long in U. S., if of foreign birth? 77 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Ringeldein

6 DATE OF BIRTH (month, day, and year) Nov 17th 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm Chas Bohn
(Address) Reisterstown Road

15 Filed AUG 18 1925 19.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 17 1925

17 I HEREBY CERTIFY, That I attended deceased from August 13 1925, to August 17, 1925, that I last saw h— alive on August 16, 1925, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Organic heart disease
(Hardening of the arteries)

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Suspected goitre Cancerous

(duration) ... yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Sign

(Signed) O. W. Herron M. D.

8/19, 1925 (Address) 2732 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Aug 19 1925

20 UNDERTAKER Peter Nicolaus ADDRESS 2060 Eastern Ave

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01284

CERTIFICATE OF DEATH.

114 E 01284

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Jones

(a) RESIDENCE NO. Bay View Asylum WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1821

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
about	104 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..., 19... HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to Aug 15, 1925 that I last saw her alive on Aug 15, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Colitis (non-specific) (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) D. Lindsay Miller M. D.

8/17 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 8/20 1925

20 UNDERTAKER Wm J. Tickner & Son ADDRESS N. Y. Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01285 01285

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 W. Lanvale Street, 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lanra Virginia Taylor

(a) RESIDENCE. No. 2412 W. Lanvale street WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Henry C. Taylor

6 DATE OF BIRTH (month, day, and year) Jan 25-1844

7 AGE Years 8 1 Months 6 Days 27

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Stallcup

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Henry C. Taylor

(Address) 2412 W. Lanvale St

15 Filed AUG 18 1925, 19 ROBERT R. KRAUTER, Registrar, Vital Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18- 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25- 1925, to Aug 18- 1925, that I last saw h[illegible] alive on Aug. 16th 1925, and that death occurred, on the date stated above, at 5.45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy Right Hemiplegia.

(duration) 22 days

CONTRIBUTORY (Secondary) Insanition

(duration) About three weeks

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Mental tests

(Signed) Carlton M. Cook, M. D.

Aug 15-, 1925 (Address) 2219 St. Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Aug 20 1925

UNDERTAKER W. J. Robinson Son & Co North Ave

Spec.–1-10-21–M&T–1500 Bks.

E 01286

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01286

CERTIFICATE OF DEATH.

103

8-4

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 E. Biddle St., ST., WARD)

2-FULL NAME Katherine A. Schritz

(a) RESIDENCE NO. 1611 E. Biddle St., ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Schritz

6 DATE OF BIRTH (month, day, and year) Dec. 27th 1836

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
88	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work XXXXXX

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Shannon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Polly Beaver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Margaret A. Schritz.
(Address) 1611 E. Biddle St

15 Filed ....., 19 ..... Registrar

O 1325

Robert P. Harrison

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1925, to Aug 17, 1925, that I last saw h.. alive on Aug 17, 1925, and that death occurred, on the date stated above, at 11.30 P.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia.
Lung oedema.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 108 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Havre de Grace Md.	Aug. 19 1925

20 UNDERTAKER Chas. E. Franck 802 ADDRESS Madison Ave

Spec.—1-10-21—M&T—1500 Bks.

E 01287

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 01287

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-13 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Lee

(a) RESIDENCE NO. 1458 N. Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 35 min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Baby) Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Major Lee

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Mabelle Summers

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mabelle Lee
(Address) 1458 N. Carey St.

15 Filed AUG 18 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1925, to Aug 17, 1925, that I last saw him alive on Aug 17, 1925, and that death occurred, on the date stated above, at 4:10 P.M.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Frederick A. Snyder, M. D.

Aug 17 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

JOHNS HOPKINS HOSPITAL
Robert F. Bartlett, Chief Clerk

AUG 19 1925

Cor.—1-12-23—M&T—100 Bks.

E 01288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 E 01

E 01288

1-PLACE OF DEATH

REGISTERED NO. 15-13

CITY OF BALTIMORE (No. 1438 Freshman ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Branch.

(a) RESIDENCE NO. 1438 Freshman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Branch

DATE OF BIRTH (month, day, and year): Aug 2nd 1852.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73		16.	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Louisianna

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Louisianna

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Louisianna

Informant: Eldridge Lee
(Address): 313 N Carey St

Filed Aug. 19, 1925. Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

Aug 19, 1925 (Address) 2802 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. Woods — DATE OF BURIAL: Aug 18 1925

20 UNDERTAKER: Banner Eldridge — ADDRESS: 2364 Mary

Spec.—1-12-23—M&T—500 Bks.

E 01289

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01289

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N. Mount St., Ward) 10-E

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Dougherty

(a) RESIDENCE NO. 881 Greenmount Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Dougherty

6 DATE OF BIRTH (month, day, and year) Aug 13, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) 029

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas - Maryland

PARENTS

10 NAME OF FATHER James Dougherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hannah Lyghed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Catherine Dougherty (Address) 907 S. Hamilton

Filed Aug 9, 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1925

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1925, to Aug 17, 1925, that I last saw h[illegible] alive on Aug 17, 1925, and that death occurred, on the date stated above, at 4.25 p.m.

The CAUSE OF DEATH* was as follows:

Edema of lungs

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hemocolitis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) C. G. Putnam, M.D.

, 19 (Address) 330 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Aug 20, 1925

20 UNDERTAKER Elmer W. Conklin ADDRESS 424 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

E 01290

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01290

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. X 8 ST., 11-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Bell

(a) RESIDENCE NO. 925 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ ?

6 DATE OF BIRTH (month, day, and year) ? Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	71	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Samuel Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary Bancroft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant. Records (Address)

15 Filed 8 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1925, to Aug 17, 1925.

that I last saw him alive on Aug 17, 1925.

and that death occurred, on the date stated above, at 6.25 P. M.

The CAUSE OF DEATH* was as follows:

(Interstitial [illegible]
[illegible] Thrombosis
124 days,

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Germantown, Pa. DATE OF BURIAL 8/18/1925

20 UNDERTAKER E. J. Timmins & Son ADDRESS 1938 E Lafayette Ave

Spec.—1-10-21—M&T—1500 Blks.

E 01291

HEALTH DEPARTMENT—CITY OF BALTIMORE

X/24 E 01291

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Josephs Hospital

REGISTERED NO. 9-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver ST., WARD)

2-FULL NAME Anna Samuel Riggs

(a) RESIDENCE NO. Woodbine Carroll Co. Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fmal	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE 4 2 Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Woodbine
(State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Grantley Riggs
(Address) Woodbine Md.

15 Filed 8 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/18 1925

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1925, to August 18, 1925, that I last saw h[illegible] alive on 8/18/25, 1925 and that death occurred, on the date stated above, at 11:15 m.

The CAUSE OF DEATH* was as follows:

Chronic Cholacystitis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home 1925

Did an operation precede death? Yes Date of June 30

Was there an autopsy? no Findings of Gall Bl. operation

What test confirmed diagnosis? Clinical &

(Signed) H. R. McConnell M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lutherville Cemetery	Aug 20 1925
20 UNDERTAKER H. M. Snyder	ADDRESS Mt Airy Md

Spec.—1-10-21—M&T—1500 Blks.

E 01292

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 01292

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 11-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Stewart,

(a) RESIDENCE NO. 806 N. Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W

5 Single, Married, Widowed, ~~or Divorced~~ (write the word): S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16/25

7 AGE: Years | Months | Days 32 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frederick Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chicago Ill

12 MAIDEN NAME OF MOTHER Marseli Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frederick Stewart
(Address) 806 N. Calvert St.

15 Filed AUG 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1925 to Aug 18, 1925, that I last saw him alive on Aug 18, 1925 and that death occurred, on the date stated above, at 5-35 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity baby.

(duration) yrs. mos 32 ds.

CONTRIBUTORY (Secondary) Pneumonia ovwl

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Bruguiere M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden DATE OF BURIAL Aug 19 25

20 UNDERTAKER William Cook ADDRESS 08 E. Monument ave

Spec.—1-10-21—M&T—1500 Blks.

E 01293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01293

CERTIFICATE OF DEATH.

1-00 V-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 248 S. Durham Street ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aleksandra . Zakroczemski

(a) RESIDENCE NO. 248 S. Durham Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank . Zakroczemski

6 DATE OF BIRTH (month, day, and year) Feb. 18 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Worked in Canning Co.

(b) General nature of industry, business, or establishment in which employed (or employer) Parkton Md. 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Anthony . Barczykowski

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mr . Frank. Zakroczemski

(Address) 248 S. Durham. Street

15 Filed 8 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) V/17/25 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1925, to Aug 17, 1925, that I last saw h alive on Aug 17, 1925, and that death occurred, on the date stated above, at 930 A m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. 2 mos 28 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 d.

18 Where was disease contracted if not at place of death? County

Did an operation precede death? No Date of

Was there an autopsy? No Physical Signs

What test confirmed diagnosis?

(Signed) J. B. Brohudion M.D.

8-18, 19 25 (Address) 3037 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	Aug 20 1925

20 UNDERTAKER John M Weber ADDRESS 1883 Bank St

Spec.—1-12-23—M&T—500 Blks.

E 01294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 01294

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Monroe ST., 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nora A. Weber

(a) RESIDENCE NO. 213 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred. J. Weber

6 DATE OF BIRTH (month, day, and year) March 1, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chicago Ill.

PARENTS

10 NAME OF FATHER Timothy Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Shottle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Fred J. Weber 213 N. Monroe

15 Filed Aug 19 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 16 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1925, to Aug 16, 1925,

that I last saw h.. alive on Aug 16, 1925,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

generalized arteriosclerosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Weakness

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Raymond Peters, M. D.

, 19 (Address) 1708 W. Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peter's Cemetery	Aug 19 1925

20 UNDERTAKER Wm J Hartwell ADDRESS 2236 W. Baltimore St

Spec.—1-12-23—M&T—500 Bks.

E 01295

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 01295

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md., ST. 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Louise Rowe

(a) RESIDENCE NO. 612 E Biddle Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0?

(b) General nature of industry, business, or establishment in which employed (or employer) Cook

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William B. Rowe,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E Paul

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

15 Filed AUG 19 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17, 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 2, 1925, to Aug 17, 1925, that I last saw h on alive on August 17, 1925, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ludwigs Angina

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 8-17-25

Was there an autopsy? no

What test confirmed diagnosis? Clinical examination

(Signed) Harry Lo Smith, M.D.

Aug 18, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Aug 20 1925
20 UNDERTAKER Henry Hoech Son	ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01296

CERTIFICATE OF DEATH.

3/ E 01296

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 Fleet ST., 2 WARD 3 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Rudolph Herman

(a) RESIDENCE NO. 1809 Fleet ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Herman

6 DATE OF BIRTH (month, day, and year) Jan 20. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Potter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Edwin Bennett Pottery

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John P. Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Yaeger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Herman (Address) 1809 Fleet St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 13 1925 to Aug 17 1925

that I last saw him alive on Aug 15 1925

and that death occurred, on the date stated above, at 3 15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. mos, ds.

CONTRIBUTORY (Secondary)

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Leo Peters M. D.

(Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Cemetery	Aug 19 1925
20 UNDERTAKER	ADDRESS
Henry Sander Sons Inc.	1710 Fleet St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01297

16-002

E 01297

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Wm Ickley

(a) RESIDENCE NO. 1744 E Lafayette Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 8 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Arthur R Ickley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Genevieve Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Arthur R Ickley.

(Address) 1744 E Lafayette Ave

15 Filed ..... , 19 ..... Registrar

AUG 19 1925 ROBERT P. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/11 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/7, 1925, to 8/11, 1925, that I last saw h[illegible] alive on 8/11, 1925 and that death occurred, on the date stated above, at 5 30 a. m.

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) ... yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? [illegible] Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) J. S. Winstead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral.	8-19 1925
20 UNDERTAKER	ADDRESS
E & B Hark	115 E Lexington

E 01298

HEALTH DEPARTMENT—CITY OF BALTIMORE

6-188-023

E 01298

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Foster

(Residence in Baltimore: No. 2322 E Fayette St.; yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. Oct (Month) 26 (Day) 1884 (Year)

7-AGE. 40 yrs. 9 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Bricklayer
(b) General nature of Industry, business, or establishment in which employed (or employer) Journeyman

9-BIRTHPLACE. (State or Country) Balto City

PARENTS.

10-NAME OF FATHER. Geo. B. Foster

11-BIRTHPLACE OF FATHER. (State or Country) Balto City

12-MAIDEN NAME OF MOTHER. Agnes Kenny

13-BIRTHPLACE OF MOTHER. (State or Country) Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. B. Foster

(Address) 2504 E. Biddle St.

AUG 19 1925 Filed ..... 192.. ROBERT R. KRAUTER, Special Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug (Month) 16 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed L. Chest & Internal Hemorrhage Auto Accident while Riding in automobile (Duration) ..... yrs. ..... mos. ..... ds. when it collided into another auto.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. mos. 2 ds.

(Signed) Jno. M. Kenton M. D. (Coroner.)

Aug 17 192.. (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents) At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? North Point Road near Colgate

Former or usual residence 2322 E Fayette St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Parkwood Cemetery	Aug 19 19.25

20-UNDERTAKER.	ADDRESS
Zirkler & Zirkler	1739 E. Eager St

Spec.—1-10-21—M&T—1500 Blks.

E 01299

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01299

CERTIFICATE OF DEATH.

129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Erdman ST., 8-1 WARD)

2-FULL NAME Sarah E. Harper.

(a) RESIDENCE NO. 2306 Erdman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Harper.

6 DATE OF BIRTH (month, day, and year) Nov. 2 - 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72.	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER George Crouch.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs. Mencke. (Address) 2306 Erdman

15 Filed AUG 10 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17th 1925

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1925, to Aug 17th, 1925.

that I last saw h[illegible] alive on Aug 17, 1925.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical.

(Signed) L. L. Gordy, M. D.

8-17. 1925 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL 8/20 1925

20 UNDERTAKER L. Frew McCully

ADDRESS 130 E. Fort

ROBERT H. KRAUTER

Cor.—1-12-23—M&T—100 Bks.

E 01300

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01300

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 3208 Clifton Ave ST.) 15-4 (WARD)

2-FULL NAME Hance Leonard Styrlander

(a) RESIDENCE No 3022 Wallbrook Ave. ST. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna N. Styrlander

7 DATE OF BIRTH (month, day, and year): Nov. 10 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Plant Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Shipbldg.
(c) Name of employer: R. Vestgrötland

9 BIRTHPLACE (city or town) (State or country): Sweden

10 NAME OF FATHER: Abel N. Styrlander

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sweden

12 MAIDEN NAME OF MOTHER: Hilda E. Hultman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sweden

Informant: Mrs. Sven Anderson

(Address) 3208 Clifton Ave.

Filed AUG 19 1925 by ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) no history (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

Aug. 19, 1925 (Address) 2803 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Aug 21 1925
20 UNDERTAKER	ADDRESS
Wm Fickus Sons	North Pa

Burial Permit Clerk

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01301

90 E 01301

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3035 Remington ave ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Skepper

(a) RESIDENCE NO 3035 Remington ave ST., 12 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 8/9/58

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	10	9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer ret
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

BIRTHPLACE (city or town) Balto Co
(State or country) Md

10 NAME OF FATHER John Skepper

11 BIRTHPLACE OF FATHER (city or town) Balto Co
(State or country) Md

12 MAIDEN NAME OF MOTHER Sallie Wilson

13 BIRTHPLACE OF MOTHER (city or town) Frederick Co.
(State or country) Md

Informant Mrs F. E. Gillespie
(Address) 3907 Brookside ave

Filed ..... 192 ROBERT R. KRAUTER Registrar

AUG 13 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inq (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Morrissey M. D.
(Coroner.)

Aug 19 1925 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 3035 Remington Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Aug 20 1925

20 UNDERTAKER Wm. Cook — ADDRESS 502 E Fayette

Spec.—1-10-21—M&T—1500 Blks.

01302

HEALTH DEPARTMENT—CITY OF BALTIMORE

33E 01302

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Lives & Caroline ST., 10-1 WARD)

2-FULL NAME Agnes Washington
St Francis school.

(a) RESIDENCE NO. Chase & Bentztown ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored.	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	13	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Reading Pa
(State or country)

PARENTS

10 NAME OF FATHER Walter Washington

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Reading Pa

12 MAIDEN NAME OF MOTHER Ellie Dennis

13 BIRTHPLACE OF MOTHER (city or town) Reading
(State or country) Pa

14 Informant Aunt Lister Price
(Address) Chase & Bentztown

15 Filed AUG 19 1925, 19.... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/18 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1925, to Aug 18, 1925, that I last saw h.. alive on Aug 18, 1925, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Intussusception Peritonitis (wk)

Ch. W. S. Reading Burned

(duration) about yrs. 6 mos da.

CONTRIBUTORY (Secondary) Died immediately after operation probably sudden release of abdominal pressure.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? yes Date of 8/18/25

Was there an autopsy? no.

What test confirmed diagnosis? Clinical & Operation

(Signed) Clement R. Manner M. D.

19..... (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	8/18/25

20 UNDERTAKER Mrs R. G. Elliott ADDRESS 1225 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

E 01303

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 01303

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 E Fairmount Ave St. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elem Thomas Jones

(a) RESIDENCE NO. 1413 E Fairmount Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Hattie Jones

6 DATE OF BIRTH (month, day, and year): Mar 11 1860

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer in Lumber yard

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer in Lumber Yard

(c) Name of employer: Otto Dilker Co.

9 BIRTHPLACE (city or town) (State or country): Petersburg, Va

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Susan Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Hattie Jones

(Address): 1413 E. Fairmount Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 17/1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 14/, 1925, to Aug 17, 1925, that I last saw him alive on Aug 17/, 1925 and that death occurred, on the date stated above, at 11.45 A.m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Hemiplegia 4 days

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Richard H Carlin Jr. M. D.

, 19 (Address) 514 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion Cemetery

DATE OF BURIAL: 8/20 1925

20 UNDERTAKER: Mrs R.A. Elliott

ADDRESS: 125 Eastland Ave

OCT 5 1925 Burial Permit Clerk

Spec—12-23-21—E.B.R.S.—400 Blks.

E 01304

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01304

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2129 Jefferson St., 6-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Caroline Smith

(a) Residence No. 2129 Jefferson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 16-1926

7-AGE. ..yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER Charles R. Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER Margaret Ratzfeld

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14-(Informant) Charles R Smith

(Address) 2129 Jefferson

15-AUG 19 1925 19... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 17-1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1925 to Aug 17 1925

that I last saw h... alive on Aug 17 1925

and that death occurred, on the date stated above, at 8-00 P M.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Leonard M. D.

8/17 1925 (Address) 416 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 19 1925
20-UNDERTAKER.	ADDRESS
Wm C Mullen Sr	2334 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

Palumbo

1838/13 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 01305 CERTIFICATE OF DEATH. 90 E 01305

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. 3-1 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nunzio Palumbo

(a) RESIDENCE NO. 1104 E. Pratt ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Non.

6 DATE OF BIRTH (month, day, and year): ? 10/19/15

7 AGE: Years 9 | Months 9 | Days 29 | If LESS than 1 day, hrs. or min. X

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph Palumbo

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Catherine Gobbo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Records

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1925, to Aug 17, 1925, that I last saw him alive on Aug 17, 1925, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Endocarditis
& adherent Pericarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Myocardial Failure

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) Wm. Scott M. D.

8-17 1925 Address Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincent's Cem — DATE OF BURIAL: 8/19/25. 19

20 UNDERTAKER: Geo. J. Pfeltz Son — ADDRESS: 1735 Hanover

Spec.—1-10-21—M&T—1500 Blks.

01306

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 01306

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View 14 August 22

CITY OF BALTIMORE: (No. Bay View ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ada Taylor

(a) RESIDENCE NO. 113 Carrie ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE: 54 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Ada Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ada Collins

(Address) 113 Carrie St

15 Filed ..... 19.. Registrar

AUG 16 1925 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-16- 1925

17

I HEREBY CERTIFY, That I attended deceased from 8-8, 1925, to 8-16-, 1925,

that I last saw her alive on 8-16-, 1925,

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix with Metastasis to Broad ligament

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No-

What test confirmed diagnosis? Biopsy & Autopsy Surg.

(Signed) Dr C Chaumgle M. D.

, 19 (Address) Bay View Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetry

DATE OF BURIAL: aug 19 1925

20 UNDERTAKER: Edward Bryan

ADDRESS 1631 orleans st

Cor—1-12-26—M&T—100 Hks.

E 01307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 001 E 01307

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hosp. St., 11-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Sarah Hopkins

(a) RESIDENCE NO. 772 Linden Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): 041
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) John Poulston 772 Linden Ave

Filed AUG 19 1925 Registrar

ROBERT R. KRAUTER
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy, M. D. (Coroner)

Aug 19, 1925 (Address) 288 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	Aug 19 1925
UNDERTAKER	ADDRESS
Samuel T. Busey	Preble St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01308

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01308

CERTIFICATE OF DEATH.

83

1-PLACE OF DEATH

City of BALTIMORE: (No. 1810-Bentalou-Street St. 15-9 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Burnside Brady

(a) Residence No. 1810-N-Bentalou-St. St., Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 80 yrs. 1 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Capt. Jas. Brady

6-DATE OF BIRTH (month, day and year): June-21-1845

7-AGE: 80 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: NONE

(b) General nature of industry, business, or establishment in which employed (or employer): NONE

(c) Name of employer: None

9-BIRTHPLACE (city or town) (State or Country): New Market, Maryland

PARENTS.

10-NAME OF FATHER: Jas. V. Burnside

11-BIRTHPLACE OF FATHER (city or town) (State or Country): ? MARYLAND

12-MAIDEN NAME OF MOTHER: Velinda Richardson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): ? MARYLAND

14- (Informant) Mrs. Flora W. Peters (cousin)
(Address) 1810-N-Bentalou-St., City

15-
Filed AUG 19 1925 19?
ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug-19/1925

I HEREBY CERTIFY, That I attended deceased from August 15 19 25 to August 19 19 25 that I last saw h[er] alive on August 18 19 25 and that death occurred, on the date stated above, at 1 8 m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Sclerosis

Duration ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Muskogee Cerebral Softening

(Duration) ....yrs. 6 mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank K. Steele M. D.

8/19, 19 25 (Address) 8435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: WINCHESTER, Va. DATE OF BURIAL: AUG-20-25. 19....

20-UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01309

E 01309

CERTIFICATE OF DEATH.

27-74-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 5911 Bellona Avenue St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.....Isabella Ingram Foreman

(a) Residence No.....5911 Bellona Avenue.....St.,.....Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? 83 yrs. 6 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (write word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Leander Foreman

6-DATE OF BIRTH (month, day and year) Feb-10-1842

7-AGE, 83 yrs. 6 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... None

(c) Name of employer..... None

9-BIRTHPLACE (city or town). Baltimore
(State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Charles Ingram

11-BIRTHPLACE OF FATHER (city or town). Baltimore
(State or Country). Maryland

12-MAIDEN NAME OF MOTHER, Eliza Edmundson

13-BIRTHPLACE OF MOTHER (city or town). Baltimore
(State or Country). Maryland

14- (Informant) The Misses Foreman (daughters)

(Address)...Govanstown-Baltimore-Md.

15- AUG 19 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 17-25

17- I HEREBY CERTIFY, That I attended deceased from Aug 12 1925, to Aug 17 1925, that I last saw h[illegible] alive on Aug 16 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia
Right side

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos. 5 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) E. H. Duncan, M. D.

Aug 17. 1925 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL. August-19[illegible]

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 105 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01310

CERTIFICATE OF DEATH.

16-129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1238 W Mosher St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Herman Kabernagel

(a) Residence No. 1238 W Mosher St., Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? 64 yrs. 10 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of None

6-DATE OF BIRTH (month, day and year) October 2 1860

7-AGE. 64 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Pharmacist

(b) General nature of industry, business, or establishment in which employed (or employer) Drugs

(c) Name of employer Self

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Herman Kabernagel

11-BIRTHPLACE OF FATHER (city or town) ? ? ?
(State or Country), Germany

12-MAIDEN NAME OF MOTHER, Marie Musterman

13-BIRTHPLACE OF MOTHER (city or town) ? ? ?
(State or Country), Germany

14- (Informant) Mrs. Augusta E. Euler, (sister)
(Address) 1238 Mosher Street.

15- Filed ....., 192.... Registrar.

ROBERT R. KRAUTER,
AUG 18 1925 Special Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug-17-1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 4 25 to Aug 17 25, that I last saw h.. alive on Aug 17 25 and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Acute Nephritis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Hypertrophy of Heart

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas R Dunn M. D.

, 19 (Address) 2108 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Aug-20-25
20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

E 01311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 01311

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2618 Mc Elderry ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Webster

(a) RESIDENCE NO. 2618 Mc Elderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alphonza Webster

6 DATE OF BIRTH (month, day, and year) Mar 15/48

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	76	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

PARENTS

10 NAME OF FATHER Sam'l. Webster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Geo. F. Webster

(Address) 2618 Mc Elderry

15 Filed , 19 ROBERT R. KRUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 4 1925 to Aug 17 1925

that I last saw him alive on " " 1925

and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Bladder

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Hagner M. D.

8/15 1925 (Address) 2001 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dials Island

DATE OF BURIAL 8/20 1925

20 UNDERTAKER Somerset Co. Philip Herring

ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

01312

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

E 01312

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mt. Hope Retreat ST. 19-1 WARD)

2-FULL NAME Mary Reilly

(a) RESIDENCE NO. 10 N. Calhoun St. Hyg. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (Ret'd)

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Francis Reilly

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Ellis

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mt. Hope Records. (Address) Balto. Md

15 Filed AUG 19 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1925, to Aug 18, 1925,

that I last saw her alive on Aug 15, 1925,

and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis. and

Chr. Interstitial Nephritis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Dementia

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton J. Hill M. D.

, 19 (Address) 409 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	8/21 1925

20 UNDERTAKER Chas. H. Ward & Son ADDRESS 111 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

01313 — 36-002 — E 01313

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3332 Hudson ST., 26 WARD)

2-FULL NAME Casper Reuter.

(a) RESIDENCE NO. 3332 Hudson ST., 26 WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Reuter.

6 DATE OF BIRTH (month, day, and year) Sept. 18 1858

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs or ..... min.
	67	11	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Reuter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Frances

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Nora Reuter (Wife)
(Address) 3332 Hudson St.

15 Filed ....., 19 ..... ROBERT R. KRAUTER, Registrar

AUG 19 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from March 4th, 1925, to August 17, 1925, that I last saw h[illegible] alive on August 15, 1925, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
(duration) yrs. 4½ mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of left Tibia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 7/H.H. about July 1/25

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Caleb R. Kelly, M. D.

Aug 18 1925 (Address) 1008 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: Aug 20 1925

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 1008 S. Monroe

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01314 E 01314

CERTIFICATE OF DEATH.

14-129

1-PLACE OF DEATH Registered No.....

City of BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Rev. John W. Smith

(a) Residence No. 1813 Eutaw Place St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Widowed, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Smith

6-DATE OF BIRTH (month, day and year) Aug. 25, 1838

7-AGE. 87 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. minister 018

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Maryland (State or Country).

PARENTS.

10-NAME OF FATHER. John W. Smith

11-BIRTHPLACE OF FATHER (city or town). Maryland (State or Country).

12-MAIDEN NAME OF MOTHER. Sarah Hewitt

13-BIRTHPLACE OF MOTHER (city or town). Maryland (State or Country).

14- (Informant) J. Maulsby Smith

(Address) 3134 St. Paul St

15- Filed ..... 192 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). August 17 1925

17- I HEREBY CERTIFY, That I attended deceased from August 7, 1925 to August 17, 1925

that I last saw him alive on August 17, 1925

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Charles Holmes Boyd M. D.

, 19 (Address) Union Memorial Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Druid Ridge	Aug. 21st 19 25
20-UNDERTAKER, Henry J. Watkins & Son Co	ADDRESS Orchard & Collins

Spec.—1-10-21—M&T—1500 Bks.

E 01315

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 01315

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2718 Phila. ave ST., 6-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Mullahey

(a) RESIDENCE No. 2718 Phila. ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Mullahey

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Mullahey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant [illegible] Mullahey

(Address) [illegible] E. Biddle

15 Filed AUG 19 1925 19.. ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1925, to Aug 16, 1925, that I last saw him alive on Aug 14, 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows: Endocarditis chronic

about

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenlon M. D.

Aug 17 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible]

DATE OF BURIAL Aug 20 19 25

20 UNDERTAKER J. J. Moran

ADDRESS 700 E. Baltimore

Cor.—1-12-23—M&T—100 Bks.

Berlincki

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01316

E 01316

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 21-374

CITY OF BALTIMORE: (No. 734 Columbia ave ST., 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Berlincki

(a) RESIDENCE No. 734 Columbia ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 15-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) ( )
(State or country)

12 MAIDEN NAME OF MOTHER ( )

13 BIRTHPLACE OF MOTHER (city or town) ( )
(State or country)

14 Informant Ruth Berlincker
(Address) 840 Appleton ave

15 Filed 9 1925, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or~~ inquiry.) thereon and from the evidence obtained by said ~~(Inquest, autopsy or~~ inquiry.) find that said deceased came to ~~Her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy
a Duration
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know
(duration) yrs. mos. ds.

(Signed) T K Gundrum, M. D.
(Coroner.)

8-19, 1925 (Address) 117 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — DATE OF BURIAL Aug 21 1925

20 UNDERTAKER W B Cook — ADDRESS 501 E Fayette

Spec.—1-10-21 M&T 1500 Blks.

E 01317 HEALTH DEPARTMENT—CITY OF BALTIMORE 001 E 01317

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Olive ST., 23 WARD) 23-2

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett V. Ryan.

(a) RESIDENCE NO. 1605 Olive ST., 23 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late John Ryan.

6 DATE OF BIRTH (month, day, and year) Feb. 21, 1843.

7 AGE: Years 82. Months 5. Days 27. If LESS than 1 day, ... hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland.

PARENTS

10 NAME OF FATHER: John Voyce.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland.

12 MAIDEN NAME OF MOTHER: Mary Johnson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland.

14 Informant: Mrs. Schawland, (Neice)
(Address) 1824 Marshall St.

15 Filed AUG 19 1925 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1925, to Aug 17, 1925, that I last saw h[illegible] alive on Aug 17, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Ephauestian

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.

Aug 18 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Aug 29 1925

20 UNDERTAKER: A. Howard Evans, 38 E Fort Ave ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 01318

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01318

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 S Montford Ave ST., 1-2 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph . Romecki

(a) RESIDENCE NO. 635 S. Montford Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 26 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wawrzyn . Romecki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Agnes . Zakrzewska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14

Informant Mr. Wawrzyn . Romecki

(Address) 635 S. Montford Avenue

15

Filed ..., 19

Robert P. Harrison,

Registrar

19 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/18/25

17

I HEREBY CERTIFY, That I attended deceased from Aug 5 , 1925 , to Aug. 12 , 1925 .

that I last saw him alive on , 1925

and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Entero colitis

(duration) yrs. 2 mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. J. Chrudzyn , M.D.

Aug , 1925 (Address) 1916 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	Aug 19 1925

20 UNDERTAKER ADDRESS

John M Weber 1803 Bank St

Spec.—1-10-21—M&T—1500 Blks.

E 01319 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01319

CERTIFICATE OF DEATH

1-001.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. V-3 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Jobleski

(a) RESIDENCE NO. 1933 Alice Ann St City WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 30-1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	13.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Cleveland Ohio

PARENTS

10 NAME OF FATHER William Jobleski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER Mary Hooka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 19 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-19-1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1925, to Aug 19, 1925, that I last saw him alive on Aug 19-, 1925, and that death occurred, on the date stated above, at 12:50 a-m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Purkton-Md.

Did an operation precede death? Yes Date of 8-12-25

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) [signature] M. D.

19 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus. DATE OF BURIAL 8/22-1925

20 UNDERTAKER: M F. Sadowski ADDRESS 705 S. Ann

Spec.—1-10-21—M&T—1500 Bks.

E 01320 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01320

CERTIFICATE OF DEATH. X 16802

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Ranson

(a) RESIDENCE NO. Sparrows Pt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Turner Ranson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Ethel Bevans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Record (Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 19 1925, 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1925, to Aug 18, 1925, that I last saw him alive on Aug 18, 1925, and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery, acute bacillary

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Aub Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: A. L. Brown's Son — DATE OF BURIAL: Aug 19 1925

20 UNDERTAKER: Asbury Ct — ADDRESS: 1817 Mary

Cor.—1-12-23—M&T—100 Blks.

E 01321

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01321

CERTIFICATE OF DEATH.

12

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1815 Maryland Ave ST., 17-6 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Panaway

(a) RESIDENCE NO. 1815 Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 64
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) md

10 NAME OF FATHER Andrew Panaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Clara Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Police Dept
(Address)

Filed ..., 192 ...

9 1925 Burial Permit Clerk. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't know - may have had acute Cardiac dilatation (duration) yrs. mos. ds.

(Signed) ..., M. D.
(Coroner.)

Aug 19, 1925 (Address) 1639

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mont Pleasant — DATE OF BURIAL Aug 20, 1925

20 UNDERTAKER Daniel Easton — ADDRESS 916 Penna ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002

E 01322

1-PLACE OF DEATH Union Memorial Hosp. Registered No.....

City of BALTIMORE: (No. 33rd + Calvert St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME miss Sarah Rooney

(a) Residence No. 817 E. Eager St. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, ~~Married, Widowed, or Divorced,~~ (write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of X

6-DATE OF BIRTH (month, day and year) Aug 31 1869

7-AGE, 55 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Operator

(b) General nature of Industry, business, or establishment in which employed (or employer)..... 080

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto. city

PARENTS.

10-NAME OF FATHER, Thomas Rooney

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER, Bridget gray

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland.

14- (Informant) Hospital.

(Address).....

15- Filed 9 1925 Robert P. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 19 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 8, 1925 to Aug 19, 1925 that I last saw h.. alive on Aug 19, 1925 and that death occurred, on the date stated above, at 10 25 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Partial, chronic —

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Post Operative. Broncho-Pneumonia

(Duration) yrs. mos. 1/2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Aug. 15. 1925

Was there an autopsy? no —

What test confirmed diagnosis? Examination of chest.

(Signed) R. J. Belford M. D.

, 19 (Address) Union memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Thomas Cemetery

DATE OF BURIAL, Aug. 22 1925

20-UNDERTAKER. Elmer W. Conklin

ADDRESS 924 E Eager St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 01323

CERTIFICATE OF DEATH.

46 E 01323

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Westwood Ave ST., 15-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Bowen

(a) RESIDENCE NO. 3022 Westwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Philip Bowen

6 DATE OF BIRTH (month, day, and year) Jany 25-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	66	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Jacob F. Muse

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Sheffendecker

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs Amy A Muse
(Address) 3022 Westwood Ave

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from January 10, 1924, to August 19, 1925.

that I last saw her alive on August 17, 1925.

and that death occurred, on the date stated above, at 5-25 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of body of uterus with extension to bladder and metastasis to liver and stomach

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? Date of 11/5/24

Was there an autopsy? No clinical & microscopic

What test confirmed diagnosis? pathology

(Signed) Maurice L. Shamer M. D.

8/19/1925 (Address) 3300 W. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Aug. 21 1925
20 UNDERTAKER	ADDRESS 1944
Harry W. Ehlen	W. North ave

Spec.—1-10-21—M&T—1500 Blks.

E 01324

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01324

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No.) Bay View Asylum (Ward) W-5

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Bullock.

(a) RESIDENCE No. ~~Hampton~~ Lombard Street 1833. West ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	72.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Kazwell Bullock.

11 BIRTHPLACE OF FATHER (city) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city) Baltimore
(State or country) Maryland

14 Informant Hospital Records
Baltimore City Hospitals

15 1925 Robert P. Harrison, ..., 19
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 18 1925

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1925, to August 18, 1925, that I last saw h.. alive on August 18, 1925, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Extensive Carcinoma of Cervix & Metastases

(duration) yrs. 4. mos. History ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (duration) yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Chemical & Lab. Tests

(Signed) Wm. F. Campe Jr., M. D.
Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Aug 21 1925
20 UNDERTAKER Joseph B Cook	ADDRESS 343 W Baltimore

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 01325

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01325

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. German Aged Home ST.: Baltimore & Payson Sts WARD 20-5

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Brunholzer

(a) RESIDENCE. No. 1938 W Baltimore ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4y yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louisa Grun Lolzer

6 DATE OF BIRTH (month, day, and year) Dec 9 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70 (1854)	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS

10 NAME OF FATHER Anton Brunholzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant German Aged Home Boards
(Address) Balto & Payson Sts

15 Filed . 19 Robert P. Harrison,
Registrar
Deputy Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 10 1925, to Aug 19 1925, that I last saw him alive on Aug 18 1925, and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ? yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Martin F Hamm M. D.

8/19. 1925 (Address) 182 W Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Aug 20 25
20 UNDERTAKER	ADDRESS
Jas R. Cork	603 N Balto St

E 01326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01326

CERTIFICATE OF DEATH.

90

18-3

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 943 W. Lombard St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Maxwell

(Residence in Baltimore. No. 943 W. Lombard St.; yrs., life ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. February 5 (Month) (Day) 1854 (Year)

7-AGE. 71 yrs. 6 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. Robert Maxwell

11-BIRTHPLACE OF FATHER. (State or Country). Philadelphia Pennsylvania

12-MAIDEN NAME OF MOTHER. Mary Elizabeth Lindenberger

13-BIRTHPLACE OF MOTHER. (State or Country). Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert C. Maxwell

(Address) 905 Hollins Street

15- Robert P. Harrison,

Filed 9 1925 192 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. August 18th (Month) (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(inquest, autopsy or inquiry.)~~ thereon and from the evidence obtained by said ~~(inquest, autopsy or inquiry.)~~ find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) Dont Know mos. ds.

CONTRIBUTORY (Secondary) Dont Know

(Duration) yrs. mos. ds.

(Signed) H K Gruenthal M. D. (Coroner.)

8-18 1925 (Address) 117 W. Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	Aug 21 1925
20-UNDERTAKER. Joseph B Cook	ADDRESS 1003 N Chas St

Spec.—8-24-14—M. & T.—2000 Bks.

E 01327

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 01327

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 upton ST. 17-1 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Smothers

(Residence in Baltimore: No. 1323 upton St St.; 43 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colred

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widw

6-DATE OF BIRTH, ... (Month) ..... (Day) 1869 (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), A-A. Co. Md

PARENTS.

10-NAME OF FATHER, James Owens

11-BIRTHPLACE OF FATHER (State or Country) A-A. Co. Md

12-MAIDEN NAME OF MOTHER Alice Offer

13-BIRTHPLACE OF MOTHER (State or Country) A-A. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse Taylor

(Address) 734 Wolfe St

15- AUG 20 1925 ROBERT R. KRAUTER, Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 18 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1. 1925, to Aug. 18 1925, that I saw h[illegible] alive on Aug 17 - 1925, and that death occurred, on the date stated above, at 6.000 m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Robert C Blake M. D.

8/19, 1925 (Address) 1014 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	Aug. 21, 1925
20-UNDERTAKER John H. Toadvine	ADDRESS 1027 Druid Hill Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01328

CERTIFICATE OF DEATH.

E 01328

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 Parkmore Rosebury ST., 2 WARD)

2-FULL NAME Gerard Stickler

(a) RESIDENCE No. 113 Parkmore Rosebury ST., 2 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	S

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 18/25

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Rosebury Park Md

10 NAME OF FATHER J. B. Stickler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Gerendasser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant James M. Stickler

(Address) Rosebury Park Md

Filed AUG 20 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and ..... find that said deceased came to h.. death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions probably from Constipation

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Bowers, M. D. (Coroner.)

Aug 18, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Aug 20 1925
20 UNDERTAKER	ADDRESS
Jas E. Pullet & Son	2354 Jefferson St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01329

CERTIFICATE OF DEATH.

21 E 01329

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1008 Scott ST., W WARD) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard P. Halley Jr.

(a) RESIDENCE No. 1008 Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17 1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Tacitus H. Halley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington Co

12 MAIDEN NAME OF MOTHER Katherine Calvert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Walter E. Halley

(Address) 1008 Scott St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19. 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Aug 19, 1925.

that I last saw h— alive on Aug 16, 1925;

and that death occurred, on the date stated above, at 10.50 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Gastritis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? X Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) 5[illegible] Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Aug 22 1925
20 UNDERTAKER	ADDRESS
Mrs Mary John H. Teufel Son	844 W. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 01330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 01330

1-PLACE OF DEATH 620 N. Bethel Street — 1 REGISTERED NO.

CITY OF BALTIMORE: (NO. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter E. Cooper

(a) RESIDENCE NO. 620 N. Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	married 18

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Cooper

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Joseph Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Clara Clegg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Clara Cooper (Address) 1439 Jefferson St

15 Filed AUG 20 1925 16 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8—17—25 19

I HEREBY CERTIFY, That I attended deceased from 8-15-25, 19 , to 8—17—25, 19 ,

that I last saw him alive on 8—17—25 19 ,

and that death occurred, on the date stated above, at 3:10 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis Mitral Insufficiency

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 425 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Aug 20, 1925

20 UNDERTAKER P. J. McCusker — ADDRESS 1403 Jefferson St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01331

CERTIFICATE OF DEATH.

11-234

E 01331

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Howard A. Kelly Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald J. Black

(a) RESIDENCE No. 1113 Tuttle ST., WARD Knoxville, Tenn.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 15 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Knoxville Tenn
(State or country)

PARENTS

10 NAME OF FATHER Walter M. Black

11 BIRTHPLACE OF FATHER (city or town) Lynchburg Va.
(State or country)

12 MAIDEN NAME OF MOTHER Hattie Grace Neal

13 BIRTHPLACE OF MOTHER (city or town) Morristown Tenn
(State or country)

14 Informant Walter M. Black
(Address) 1113 Tuttle st Knoxville

15 Filed AUG 20 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clark.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1924, to Aug. 20. 1925.

that I last saw him alive on Aug. 19, 1925.

and that death occurred, on the date stated above, at 12 10 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of dorsal spine

(duration) 3 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Vincents angina, thrush & duodenitis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Knoxville, Tenn.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray, culture

(Signed) Robert E. Fridy M. D.

19 (Address) 1418 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Knoxville Tenn. DATE OF BURIAL Aug 20 1925

20 UNDERTAKER Chas. G. Black ADDRESS 742 W. North ave

Cor.—1-12-23—M&T—100 Bks.

E 01332

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01332

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Baker St., 15-13 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Lancaster

(a) RESIDENCE NO. 1730 Baker St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): about 1872

7 AGE: Years 53 | Months | Days | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address): Henry Lancaster 1730 Baker St.

Filed JUN 20 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 15, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): pneumonia

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Aug. 19 1925 (Address) 200 Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: 8/20 1925

20 UNDERTAKER: Kate R. Williams — ADDRESS: 322 N. Eutaw St.

Spec.—1-10-21—M&T—1500 Blks.

E 01333 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01333

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 Dartmouth ST. W-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emergency Stanicwicz

(a) RESIDENCE NO. 2017 Dartmouth ST. 2 WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 8-1924

7 AGE: Years | Months: 9 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Peter Stanicwicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Berta Sabay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Peter Stanicwicz
(Address) 2017 Dartmouth ST.

15 Filed AUG 20 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 18 1925

17 I HEREBY CERTIFY, That I attended deceased from August 18, 1925, to August 18, 1925, that I last saw h[illegible] alive on August 18, 1925, and that death occurred, on the date stated above, at 11.45 p. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Purging & Vomiting

(Signed) H. Sinkelstein, M. D.

8-19-1925 (Address) 2042 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus | DATE OF BURIAL: aug 20 1925

20 UNDERTAKER: John M Weber | ADDRESS: 1503 Bank St

Spec.—1-10-21 M&T 1500 Blks.

E 01334 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 45 E 01334

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 W Franklin ST., 14-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Dixon Burton

(a) RESIDENCE NO. 1511 W Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Allard Burton

6 DATE OF BIRTH (month, day, and year) March 23 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary & Mgr

(b) General nature of industry, business, or establishment in which employed (or employer) Building Assn.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah Speden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Laura V. Allard Burton (Address)

15 Filed AUG 20 1925 19 H A W Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1925, to Aug 18, 1925, that I last saw h alive on Aug 17, 1925, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) 1 yr. mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Edw Talbot, M. D.

Aug 20, 1925 (Address) 1355 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem — DATE OF BURIAL Aug 21 1925

20 UNDERTAKER George J Smith — ADDRESS 532 Hollins

Spec. 6-9-19 H. P. Co. 1000 Blks.

E 01335 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 01335

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No.) 1402 W. Lexington St. 19-1 (Ward) 164

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Alice V. Tyler

(a) RESIDENCE. No. Aged Women's Home St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 15, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in whirh employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co

PARENTS

10 NAME OF FATHER James H. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co Md

12 MAIDEN NAME OF MOTHER Josephine V. Patrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Somerset Co Md

14 Informant Ella R. Jones

(Address) Aged Women's Home

15 Filed AUG 20 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 3, 1925, to Aug 18, 1925, that I last saw h e alive on Aug 17, 1925, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James L. Hooper, M. D.

Aug 19, 1925 (Address) 862 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Aug 20 1925
20 UNDERTAKER	ADDRESS
George J. Smith	1532 Hollins

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01336 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01336

CERTIFICATE OF DEATH.

15-129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1921 W. North Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Katie Stearns

(a) Residence No. 1921 W. North Ave. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-~~Single, Married,~~ Widowed, ~~or Divorced.~~ (Write the word.) widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Stearns

6-DATE OF BIRTH (month, day and year) April 18, 1866

7-AGE. 60 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. house work

(b) General nature of industry, business, or establishment in which employed (or employer). at home

(c) Name of employer.....

9-BIRTHPLACE (city or town) New Bern (State or Country), N. C.

PARENTS.

10-NAME OF FATHER. Anton Effenwalter

11-BIRTHPLACE OF FATHER (city or town) Baden-Baden (State or Country), Germany

12-MAIDEN NAME OF MOTHER. Mary Sauer

13-BIRTHPLACE OF MOTHER (city or town) Berlin (State or Country), Germany

14-

(Informant) Leo E. Stearns

(Address) 1002 W. Lanvale St.

15-

Filed AUG 20 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 13, 1925 to Aug 18, 1925 that I last saw h. alive on Aug 17, 1925 and that death occurred, on the date stated above, at 3:35 a. m.

The CAUSE OF DEATH* was as follows:

arterial hypertention, chronic interstitial nephritis

Acute 1-2 yrs -

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage 9

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Usual tests -

(Signed) George A Kupap M. D.

19 (Address) 1002 W. Lanvale St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Aug 21 1925
20-UNDERTAKER.	ADDRESS
George J Smith	1532 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

E 01337

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 01337

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 W Fayette St ST., 70-3 90 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia McClean

(a) RESIDENCE NO. 2018 W Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas H McClean

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Thos. Healey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Michael Healey 703 Hanover St.

15 Filed AUG 28 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 21 1924 to Aug 19, 1925, that I last saw her alive on August 19, 1925, and that death occurred, on the date stated above, at 2. P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan, M. D.

, 19 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Aug 27 1925
20 UNDERTAKER	ADDRESS
F. A. Krauser & Son	703 Hanover

Spec.—1-10-21—M&T—1500 Blks.

E 01338 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01338

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl. St. Dept 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Surley

(a) RESIDENCE NO. 1524 Byrd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 6 mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec-15-1895

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None given

(b) General nature of industry, business, or establishment in which employed (or employer) — 587

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John W. Surley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ella Kisley

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Mrs. Surley (Address) 1524 Byrd St.

15 Filed AUG 20 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1925, to Aug 19, 1925, that I last saw h[illegible] alive on Aug 19, 1925, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy - Cerebral Embolism - Acute dilitation.

(duration) yrs. mos 9 hrs.

CONTRIBUTORY (Secondary) Endocarditis.

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) James A. Nelson M. D.

, 19 (Address) South Balto Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	8/22 1925
20 UNDERTAKER	ADDRESS
I. Frew McCully	130 E. Fay

Spec.—8-24-14—M. & T.—2000 Bks.

E 01339

HEALTH DEPARTMENT—CITY OF BALTIMORE

Cal 2667

90 E 01339

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 W. Franklin St. / 763 / Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella B Phelps

(Residence in Baltimore: No. 424 W. Franklin St.; 3 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE, W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Widowed

6-DATE OF BIRTH, Unknown ....., 1853
(Month) (Day) (Year)

7-AGE, Years 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cor. & Stove Co.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Shop

9-BIRTHPLACE, (State or Country), Mass.

PARENTS.

10-NAME OF FATHER, William D Phelps

11-BIRTHPLACE OF FATHER (State or Country), Mass

12-MAIDEN NAME OF MOTHER Fannie Clark

13-BIRTHPLACE OF MOTHER (State or Country), Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella B Phelps

(Address) 1151 N. Fulton Ave.

15- Filed AUG 20 1925 Rd. H. A. M. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 18, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1925, to — 18 — 1925, that I saw h alive on Aug 17 1925, and that death occurred, on the date stated above, at 10 2 m.

The CAUSE OF DEATH* was as follows:

Heart failure

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191... (Address) 424 NO. GREENE ST.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. W Va. DATE OF BURIAL, Aug 20, 1925

20-UNDERTAKER William Cook ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01340

CERTIFICATE OF DEATH.

16-001

E 01340

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 West cross st ST.; 23-1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Chonsith Jr.

(Residence in Baltimore: No. 35 West cross st St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, color.

5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Tusday Augt 18, 1 (Month) (Day) (Year)

7-AGE, ...yrs. .....mos. 8 11 da.

If LESS than 1 day, 8 hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Chonsith sr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas H Brown

(Address) 131 W Hanlaugh St

15- AUG 20 1925 Filed, ..., 19.. JOHNS HOPKINS HOSPITAL. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Monday August 19, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Augt 18 1925, to Augt 19 1925, that I saw h // alive on Augt 18 1925, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as followa:

..... unknown
..... Primary Birth
.....
..... (Duration) 1 hrs. ..... mos. 8 hr. ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) I. D. Blanton M. D.

....., 191... (Address) 131 W Hanlaugh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

Commissioner Health, AUG 20 1925

Bureau of Vital Statistics

JOHNS HOPKINS HOSPITAL

Spec.—1-10 21 M&T 1500 Blks.

E 01341

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01341

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2733 Huntingdon ave ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah J Jones

(a) RESIDENCE No. 2733 Huntingdon ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eli V. Jones

6 DATE OF BIRTH (month, day, and year) Mar 3 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Anna Jones (Address) 2733 Huntington Ave

15 Filed AUG 20 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 8th, 1925, to Aug 19th, 1925, that I last saw h[illegible] alive on Aug 19th, 1925, and that death occurred, on the date stated above, at 9-05 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) — yrs. 8 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W A Fair M. D.

Aug 20, 1925 (Address) 12 E 25th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem DATE OF BURIAL aug 22 1925

20 UNDERTAKER Chenowith Son ADDRESS 567 Chestnut ave

ROBERT R. KRAUTER
Registrar

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01342

CERTIFICATE OF DEATH.

E 01342

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3846 Ivanry Ave ST.) 43 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin F Baker

(a) RESIDENCE. No. 3846 Ivanry Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND (or) WIFE of Late Maggie Baker

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Late George W Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Charles J Spangler

(Address) 3846 Ivanry Ave

15 Filed AUG 20 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1925

17

I HEREBY CERTIFY, That I attended deceased from July 31, 1925, to Aug. 19, 1925, that I last saw h alive on Aug 18, 1925, and that death occurred, on the date stated above, at 5 4 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C. F. Hemmeter, M. D.

8/19, 19 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Freeland Baltimore	Aug 22 1925

20 UNDERTAKER Chenoweth Son

ADDRESS 3617 Chestnut ave

Spec.—1-10-21—M&T—1500 Bks.

E 01343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01343

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Cedar Ave ST., 13-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn I. Mainel

(a) RESIDENCE NO. 2039 Woodbury Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto; Md.

PARENTS

10 NAME OF FATHER Geo. L. Mainel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Helen Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ire.

14 Informant George L. Mainel

(Address) 2039 Woodbury Ave.

15 Filed ..., 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1925, to Aug. 18, 1925, that I last saw h[illegible] alive on Aug. 18, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Entero-Colitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Frank H. Hamblin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Cem	Aug 20 19 25
20 UNDERTAKER	ADDRESS
Chenoweth Son	3617 and Chestnut

Spec.—1-10-21—M&T—1500 Blks.

E 01344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01344

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 2621 Hampden St. WARD 26-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W Robinson

(a) RESIDENCE NO. 2621 Hampden Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF Henry C Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary T Barron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Henry C Robinson 2621 Hampden Ave

15 Filed ....., 19..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1925

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1925, to Aug 19, 1925, that I last saw him alive on Aug 19, 1925, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. L. Zimmerman M. D.

(Address) 2858 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Aug 21 1925

20 UNDERTAKER Chenowet & Son Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks.

E 01345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01345

CERTIFICATE OF DEATH.

74-007

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital ST., — WARD)

2-FULL NAME Mrs. Mary Block

(a) RESIDENCE NO. 813 N. Carlin's St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Block

6 DATE OF BIRTH (month, day, and year) Oct. 19, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	77	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Benedict Wolpert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Isaac Block

(Address) Edward Apts

15 Filed AUG 29 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1925, to Aug 19, 1925.

that I last saw h[illegible] alive on Aug 19, 1925

and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Arteri-sclerosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage 3 Hrs.

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) H J Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem. DATE OF BURIAL 8/21/1925

20 UNDERTAKER David Sondheim ADDRESS 115 W mt. Royal Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01346 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01346

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

City of BALTIMORE: (No. 321 E. Lanvale St., 12-6 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.]

2-FULL NAME..... Florence S. Moyer

(a) Residence No. 321 E. Lanvale St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female | 4-COLOR OR RACE, white | 5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Clyde L. Moyer

6-DATE OF BIRTH (month, day and year) March 20, 1891

7-AGE. 34 yrs. 4 mos. 28 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or par'icular kind of work..... Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer)..... 037
(c) Name of employer.....

9-BIRTHPLACE (city or town)... Baltimore Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Allison D. Hawes

11-BIRTHPLACE OF FATHER (city or town) Wash. D.C.
(State or Country),

12-MAIDEN NAME OF MOTHER, Ella E. Sloan

13-BIRTHPLACE OF MOTHER (city or town)... Balto Md.
(State or Country),

14- (Informant)..... Clyde L. Moyer
(Address)..... 321 E. Lanvale St

15- Filed..... AUG 20 1925, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). August 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from August, 1924, to August 17, 1925

that I last saw h.. alive on August 17, 1925

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Frank T. Ayd, M. D.

Aug 19 1925 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem. | DATE OF BURIAL, Aug 22, 1925

20-UNDERTAKER. Geo M. Smith & Son | ADDRESS 811 N Howard

Spec.–1-10-21–M&T–1500 Blks.

E 01347

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01347

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (or) ST. 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Parker

(a) RESIDENCE NO. 611 Greenwillow st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work theatrical work

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Thomas Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant (Address) Hospital Records M.C.H.

15 1925 Robert F. Harrison, 19 Registrar

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 16, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to Aug. 16, 1925, that I last saw him alive on Aug. 16, 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) tuberculous enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. D. McFarlan M. D.

8-17, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem

DATE OF BURIAL 8-21 1925

20 UNDERTAKER J. Kemsley

ADDRESS 578 Biddle St

Spec. 1-10-21 M&T 1500 Blks.

E.01348 HEALTH DEPARTMENT—CITY OF BALTIMORE E.01348

CERTIFICATE OF DEATH. 100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 9-T WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John O'Brien

(a) RESIDENCE NO. 133 N Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	39 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Frank O'Brien

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 [illegible], 19 Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1925, to Aug. 19, 1925, that I last saw him alive on Aug. 19, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) W Lindsay Miller, M. D.

8/20 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Aug 20 1925

DATE OF BURIAL

20 UNDERTAKER Mr. Mrs. N. S. Fink

ADDRESS 1737 N Caroline

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01349 E 01349

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., W7-1 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julian R. Woolford

(a) RESIDENCE No. [redacted] NORFOLK Va. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva May Woolford

6 DATE OF BIRTH (month, day, and year) May 6, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mariner

(b) General nature of industry, business, or establishment in which employed (or employer) Southern Transportation Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Church Creek Md

PARENTS

10 NAME OF FATHER Oliver S. Woolford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Oliver H Woolford
(Address) Princeton N. J.

15 AUG 0 1925 Robert F. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10 1925 to Aug 19 1925, that I last saw him alive on Aug. 19 1925, and that death occurred, on the date stated above, at 9.15 p.m.

The CAUSE OF DEATH* was as follows:

Pellagra

Since 1917 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Va

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) F. I. Wortheimer M. D.

Aug 19 1925 (Address) ~~F. I. Wortheimer~~ Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Church Creek Md	Aug 22 1925

20 UNDERTAKER Mr & Mrs. John W. Zenfel Sr ADDRESS 801 W. Fayette

Spec—12-23-21—E.B.P.S.—400 Bks.

E 01350

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01350

CERTIFICATE OF DEATH.

21-31

1-PLACE OF DEATH

City of BALTIMORE: (No. 735 Dover St., 21-31 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Gibson

(a) Residence No. 735 Dover St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov-15-1915

7-AGE. 9 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School girl - 3rd

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, George Gibson

11-BIRTHPLACE OF FATHER (city or town) Washington (State or Country), D. C.

12-MAIDEN NAME OF MOTHER, Elizabeth Wright

13-BIRTHPLACE OF MOTHER (city or town) St Mary's Co, (State or Country) Maryland.

14- (Informant) Elizabeth Gibson

(Address) 730 Dover St

15- Filed 8-20-1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8/19/25

17- I HEREBY CERTIFY, That I attended deceased from 7/21, 19 25 to 8/19, 19 25

that I last saw h. alive on 8/18, 19 25

and that death occurred, on the date stated above, at 7 40 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) — yrs. 7 mos. — ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Dan Strauchen M. D.

8/19, 1925 (Address) 122 W. Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Zion Cemetery — DATE OF BURIAL. Aug. 21, 1925

20-UNDERTAKER. Mrs. Jas. H. Dennis — ADDRESS 1383 Presstman St.

Spec.—1-12-23—M&T—500 Bks.

E 01351

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01351

CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 920 Lemon ST., 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Sauer

(a) RESIDENCE NO. 920 Lemon ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Corrilla Sauer

6 DATE OF BIRTH (month, day, and year) Jan 31 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	65	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Miner

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Austin Sauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Corrilla Fredrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant August Sauer JR (Address) 920 Lemon St

15 Filed Aug 25 1925 Robert F. Barrieau, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-19-1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 10 - 1925 to Aug 19 - 1925

that I last saw him alive on Aug 19 - 1925

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Strangulated Inguinal Hernia

Right Gangrenous Hernia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Carton, M. D.

Aug 25 1925 (Address) 2105 N. Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: 8/21 1925

20 UNDERTAKER: Robert Brooks & Son — ADDRESS: Calhoun Hollins ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01352

E 01352

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Ridge Rd & Windsor Mill Rd ST., New Amper Rd WARD)

2-FULL NAME Anna Addison

(a) RESIDENCE NO. Ridge Rd & Windsor Mill Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colod

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year) Dec 1. 1848

7 AGE: 76 Years 8 Months 18 Days — If LESS than 1 day, hrs. or ..... min.

76 8 ±

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Howard County Md

PARENTS

10 NAME OF FATHER: William Joyce

11 BIRTHPLACE OF FATHER (city or town) (State or country): maryland

12 MAIDEN NAME OF MOTHER: Un Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): Anna Addison Ridge Rd & Windsor Mill Rd

15 0 1925 . 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 19 1925

17 I HEREBY CERTIFY, That I attended deceased from aug 16 . 1925 . to aug 19 . 1925.

that I last saw h-r alive on aug 18 . 19 25.

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

3Rd. degre burn on back legs & feet

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) 3Rd degre burn on both legs & feet (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter S Tibbett M. D.

aug 20 . 19 25 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 8-21 1925

20 UNDERTAKER: Helen A. Holland — ADDRESS: 1637 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

E 01353

HEALTH DEPARTMENT—CITY OF BALTIMORE

146

CERTIFICATE OF DEATH.

E 01353

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 2-1 WARD)

2-FULL NAME Mrs. Ora Blumenthal

(a) RESIDENCE NO. 2026 E. Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 10 mos. — ds. How long in U. S., If of foreign birth? 27 yrs. 10 mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Blumenthal

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	27	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Morris Friedman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fiona Sacks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) David Blumenthal 2026 E Pratt st

15 Filed AUG 20 1925 Registrar ROBERT P. KRAUTER, Chief Clerk

AUG 21 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-20 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-21, 1925, to 8-20, 1925, that I last saw h-r alive on 8-20, 1925 and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis. c Pelvic abscess.

(duration) yrs. 1 mos 30 ds.

CONTRIBUTORY (Secondary) Post-Partum Infection

(duration) yrs. 1 mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8-3-25

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) Philip Jacobson, M. D.

8/20, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	8/20 1925
20 UNDERTAKER	ADDRESS
Sol Kleiman & Bro	1127 E Balto st

Spec.—1-10-21 M&T 1500 Blks.

E 01354

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01354

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore. ST., 9-3 Gen'l Hospital. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene Ruth Homer.

(a) RESIDENCE NO. 3022 Frisby ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 22-24.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
one	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER John C. Homer.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Margaret Kraus

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Mrs Ruth Homer
(Address) 3022 Frisby

15 Filed AUG 21 1925 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-25, 1925, to Aug 20, 1925, that I last saw h[illegible] alive on Aug 20, 1925, and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Toxaemia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchial.

(duration) yrs. mos. 3 weeks ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? None.

What test confirmed diagnosis? —

(Signed) James Wilson M. D.

(Address) South Balto Hospl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 21 1925
20 UNDERTAKER	ADDRESS
George J. Ruth	735 Harford Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 01355 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01355

CERTIFICATE OF DEATH. 106

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Brehm Lane ST. 76-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Collins

(a) RESIDENCE NO. Brehm Lane ST. WARD

(Usual place of abode) near Loraine Ave (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4f yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Collins

6 DATE OF BIRTH (month, day, and year) Aug-6 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cement Blk.

(b) General nature of industry, business, or establishment in which employed (or employer) Own 013

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Brigit Rogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs Sarah Collins

(Address) Brehm Lane

15 Filed, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19th 1925

17 I HEREBY CERTIFY, That I attended deceased from April 5th, 1925, to Aug 19th, 1925, that I last saw him alive on Aug 15th, 1925 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pericardial Empyema

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W Thorner, M. D.

Aug 20 19 25 (Address) 1 St. E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Aug 22 1925

20 UNDERTAKER	ADDRESS
George F. Ruth.	1735 Harford Av.

Spec.—1-10-21—M&T—1500 Blks.

E 01356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01356

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raynor & Lakeland ST. 24 WARD 7)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Beebe (Anna Elizabeth Beebe)

(a) RESIDENCE NO. 1733 Williams ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles E. Beebe

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Michigan

12 MAIDEN NAME OF MOTHER Mary Schwartz 8-20-

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Charles E. Beebe
(Address) 1733 Williams Street

15 AUG 21 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 20 1925

17 I HEREBY CERTIFY, That I attended deceased from August 14, 1925, to August 20, 1925, that I last saw h alive on August 20, 1925, and that death occurred, on the date stated above, at 12:00 a.m.

The CAUSE OF DEATH* was as follows:

Acute ileo-colitis

Lobar pneumonia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jos Hurst Wilson M. D.

(Address) 1st Balt Sanitop

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Aug 22 1925

20 UNDERTAKER Joseph B. Cook

ADDRESS No 3 N. Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 01357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

143-003

REGISTERED NO. E 01357

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. (ST.) 27-6 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Winifred K. Miller

(a) RESIDENCE NO. 9 Somerset Rd ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, (or) WIFE of: Ralph R Miller

6 DATE OF BIRTH (month, day, and year): Feb 9 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: John F Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Rose Kent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio.

14 Informant: Univerity Records.

(Address): Lombard & Green Sts

15 Filed AUG 21 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/7 1925, to 8/21 1925, that I last saw he alive on 8/21 1925, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Vomiting of Pregnancy.

(duration) yrs. 3 mos. 17 ds.

CONTRIBUTORY (Secondary) Diarrhea + Myocardial Failure (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of 8/6/25

Was there an autopsy? No

What test confirmed diagnosis? Physical Evidence

(Signed) Lee Wm Elgin, M. D.

8/21, 1925 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cleveland, Ohio

DATE OF BURIAL: Aug 22 1925

20 UNDERTAKER: Joseph L. B. Cook

ADDRESS: 1043 N Betts St

Spec.—1-10-21—M&T—1500 Bks.

E 01358 (1-23-26) HEALTH DEPARTMENT—CITY OF BALTIMORE E 01358

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL No. 15 REGISTERED NO.

CITY OF BALTIMORE: (NO. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Adams (3301 Church St)

(a) RESIDENCE NO. 3301 S Church St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? Nov. 20, 1924

7 AGE: Years | Months: 8 | Days | If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Jesse Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliz Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 AUG 21 1925 .19 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1925, to Aug 19, 1925

that I last saw her alive on Aug 19, 1925

and that death occurred, on the date stated above, at 12 10 M.

The CAUSE OF DEATH* was as follows:

Acute gastro enterostomy
in digestion

(duration) yrs. mos 40 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A W Jacobson, M. D.

.19 (Address) Johns Hopkins Hospital.

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: Aug. 21 1925

20 UNDERTAKER: Lilly & Zeiler ADDRESS: S. Wolfe St

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01359

CERTIFICATE OF DEATH.

8 V E 01359

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Edmondson Ave ST., 19-1 WARD)

2-FULL NAME Leah Lena Goodman

(a) RESIDENCE NO. 1717 Edmondson Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Goodman

6 DATE OF BIRTH (month, day, and year) June 1827

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	98			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework, Gen'l

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia
(State or country)

PARENTS

10 NAME OF FATHER Solomon Goodman

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Russia

14 Informant Bart Goodman
(Address) 1717 Edmondson Ave

15 Filed AUG 21 1925 ROBERT P. KRAUTH Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21st 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 17th, 1925, to Aug 21st, 1925, that I last saw h.. alive on Aug 20th, 1925, and that death occurred, on the date stated above, at 7-30 A m

The CAUSE OF DEATH* was as follows:

Multiple Neuritis

(duration) yrs. mos 1st ds.

CONTRIBUTORY (Secondary)
(duration) yrs mos. ds.

18 Where was disease contracted If not at place of death?.....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Usual

(Signed) H H Kaymm, M. D.

Aug 21 1925 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rash Pond	8/24 19 25
20 UNDERTAKER Josh Levin	ADDRESS 1709 E Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

01360

CERTIFICATE OF DEATH.

66

E 01360

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital 10-2 St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Wm J. Webb

(Residence in Baltimore: No. 3220 Strickland St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX.	4-COLOR OR RACE.	5-Single, Married. Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH Nov. 8 1882
(Month) (Day) (Year)

7-AGE. 42 yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Bacto, Md

PARENTS.

10-NAME OF FATHER. Philipp Webb

11-BIRTHPLACE OF FATHER, (State or Country). Wales

12-MAIDEN NAME OF MOTHER. Martha Powell

13-BIRTHPLACE OF MOTHER, (State or Country). Wales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bertha Webb

(Address) 3220 Strickland St.

15- AUG 21 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH, Aug 19 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Delirium Tremens Convulsions

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.

Aug 20 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Mount Olivet Aug 22 1925

20-UNDERTAKER. ADDRESS
George J Smith Hollins

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01361

99 E 01361

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1521 McElderry St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rice Williams

(Residence in Baltimore: No. 1521 McElderry St.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH. 1856
(Month) (Day) (Year)

7-AGE. 69 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Barber
(b) General nature of industry, business, or establishment in which employed (or employer). Himself

9-BIRTHPLACE. (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. John Williams

11-BIRTHPLACE OF FATHER. (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Mary Johnson

13-BIRTHPLACE OF MOTHER. (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Williams

(Address) 225 Spring St

15- AUG 21 1925 ROBERT R. KRAUTER, Registrar.
Filed ..... Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug (Month) 17 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Odema of lungs

(Duration) ..... yrs. ..... mos. 1/4 ds.

CONTRIBUTORY (Secondary) Acute bronchitis

(Duration) 1 yrs. mos. 10 ds.

(Signed) James M. Dunbar M. D.
(Coroner)

Aug 17 1925 (Address) 700 E Chase St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Farmville Va	Aug 22 1925
20-UNDERTAKER. Edward Bryan	ADDRESS 1631 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

E 01362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 E 01362

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp. ST., 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Finch

(a) RESIDENCE NO. 507 Orford St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Colored.

5 Single, ~~Married, Widowed, or Divorced. (write the word)~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21 / 1920.

7 AGE Years 5 Months 2 Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work school. 005

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Egerton Finch

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Lehman.

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Sarah Tillman
(Address) 507 Orford St

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-19- 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-11- , 1925 , to 8-19- , 1925 ,
that I last saw him alive on 8-19- , 1925 ,
and that death occurred, on the date stated above, at 12 55 P. m.
The CAUSE OF DEATH* was as follows:

Glandular Colitis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) H. Bryan Hart, M. D.

, 19 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Bur

DATE OF BURIAL 8/21/1925

20 UNDERTAKER Dennis Easton

ADDRESS 916 Penna ave

Spec.—1-10-21—M&T—1500 Bks.

01363

Fortune

100-001

E 01363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 13-5 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Fortune

(a) RESIDENCE NO. 2415 Golding ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	75yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Nelson Dett

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Ellen Dosser

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Baltimore City Hospitals Records

(Address)

15 Filed AUG 21 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to Aug 20, 1925, that I last saw h[illegible] alive on Aug. 20, 1925, and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

8/21, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lincoln Grove Cem

DATE OF BURIAL 8/22/1925

20 UNDERTAKER Dame Eagan

ADDRESS 916 Eutaw

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-9

E 01364

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3412 Fleet ST. 26-5 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Hatch Church

(a) RESIDENCE. No. 3412 Fleet ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Carrie K. Church.

6 DATE OF BIRTH (month, day, and year) 2-23-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ice Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) Ice Making Co

(c) Name of employer self.

9 BIRTHPLACE (city or town) (State or country) Baltimore. Maine

PARENTS

10 NAME OF FATHER Clifford S. Church

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Mary Merrill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant Emma Church (Address) 3412 Fleet St

15 Filed AUG 21 1925 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-20-1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1925, to 8-20-, 1925, that I last saw him alive on 8-20-, 1925, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Apoplexy - Nephritis

(duration) 2 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence

(Signed) Victor Richards, M. D.

, 19 (Address) 914 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Aug 22 1925

20 UNDERTAKER W. M. Cook ADDRESS 502 E North Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01365 E 01365

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 31

CITY OF BALTIMORE: (No. 16-6 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Fant

(a) RESIDENCE NO. 1211 Smith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Alice Fant

6 DATE OF BIRTH (month, day, and year): Feb 22 1855

7 AGE: Years 70; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Fant

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sedalia Riggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Records Johns Hopkins Hospital

15 Filed AUG 21 1925, 19.. ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 19 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to August 19, 1925, that I last saw him alive on August 19, 1925, and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc.

Chronic adhesive pericarditis (tuberculous)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Frank Burke M. D.

Aug 21 1925 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery Catholic

DATE OF BURIAL: Aug 23 1925

20 UNDERTAKER: W J Cook

ADDRESS: 502 E Hoffman

E 01366

12-23-21—E.B.R.S.—400 Bks.

E 01366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 12-690

City of BALTIMORE: (No. 1868 St Paul St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Spruis

(a) Residence No. 1868 St Paul St., ... Ward ... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 5, 1861

7-AGE. 64 yrs. 11 mos. 15 ds. If LESS than 1 day, ... hrs. or ... min.*

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Train Dispatcher
(b) General nature of industry, business, or establishment in which employed (or employer): P + P R R Co
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country). N C

PARENTS.

10-NAME OF FATHER. James Spruis

11-BIRTHPLACE OF FATHER (city or town) (State or Country). N C

12-MAIDEN NAME OF MOTHER. Henrietta Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). N C

14-INFORMANT. (Informant) Annie E. Spruis (Address) 1868 St Paul

15-FILED AUG 21 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 20, 1925

17-I HEREBY CERTIFY, That I attended deceased from July 16th, 1925 to Aug 20th, 1925 that I last saw him alive on Aug 20th, 1925 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis

Arteriosclerosis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) [illegible], M. D.

, 19 (Address) 3006 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL. Aug 22, 1925

20-UNDERTAKER. E. Leroy Stiffler — ADDRESS 125 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 01367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E 01367

1-PLACE OF DEATH University Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 22-2 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertie Walton

(a) RESIDENCE NO. 615 N Charles St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5^ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: James Walton

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Rufus Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Isabella Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: University Records.

(Address)

15 Filed ....., 19.... ROBERT R. KRAUTER Registrar

AUG 21 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/21 1925

17

I HEREBY CERTIFY, That I attended deceased from 7.20 ....., 1925, to 8-21 ....., 1925.

that I last saw h[illegible] alive on 8-21 ....., 1925

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Bilateral Salpingitis

Tuberovarian abscess

Myocardial Failure

(duration) yrs. 4 mos 21 ds.

CONTRIBUTORY (Secondary): Peritonitis.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 1st

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & Autopsy

(Signed) Lee Wm Elgin, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Md. [illegible] DATE OF BURIAL: Aug 24, 1925

20 UNDERTAKER: John H. Toadvine & Son ADDRESS 1027 Madison Ave

Spec.—1-10-21—M&T—1500 Bks.

E 01368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 01368

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 N Calhoun ST. 16-6 WARD)

2-FULL NAME Audrey Morris

(a) RESIDENCE NO. 1018 N Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 5 mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 16 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Henrietta Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) John Morris 1018 Calhoun St

15 Filed ..... 19 ..... Registrar

ROBERT R. KRAUTER,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 24, 1925, to Aug 20, 1925, that I last saw h[illegible] alive on Aug 19, 1925 and that death occurred, on the date stated above, at 7.30A. m.

The CAUSE OF DEATH* was as follows:

Chronic Articular Rheumatism

Chronic (duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Wilbur Fray M. D.

1925 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Aug 22 1925
20 UNDERTAKER	ADDRESS 1021
John H. Trader	Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

Dr Boyd 602 Wash Blvd

E 01369

HEALTH DEPARTMENT—CITY OF BALTIMORE

31-002

CERTIFICATE OF DEATH.

E 01369

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 St. Peter ST., 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie E. Seifert

(a) RESIDENCE No. 740 St. Peter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob H. Seifert

6 DATE OF BIRTH (month, day, and year) March 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43 -				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co. Md.

PARENTS

10 NAME OF FATHER Edward Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rosie Bachlor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jacob H. Seifert

(Address) 740 St Peter St.

15 Filed AUG 21 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1925

17

I HEREBY CERTIFY, That I attended deceased from August, 1924, to Aug. 20, 1925.

that I last saw her alive on Aug. 19, 1925,

and that death occurred, on the date stated above, at 4. a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis General

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Sputum test

(Signed) Harry Boyd, M. D.

Aug. 20, 1925 (Address) 602 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Aug 22 1925
20 UNDERTAKER	ADDRESS
Wm Cook.	502 E North.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01370 E 01370

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 14-1 WARD) REGISTERED NO. 32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Pollard.

(a) RESIDENCE NO. 1337 Fremont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE Colored. 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 9 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Henry Pollett

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Pollett

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Henry Pollett (Address) 1337 Fremont ave

15 Filed 8 21 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/20/925

17 I HEREBY CERTIFY, That I attended deceased from 8-20, 1925, to 8-20-, 1925, that I last saw h[illegible] alive on 8-20- 1925 and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis.

7 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? T

Did an operation precede death? No. Date of

Was there an autopsy? Yes. What test confirmed diagnosis? Autopsy

(Signed) W. F. Bruguiere M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lamel Cem DATE OF BURIAL 8/21 19 2

20 UNDERTAKER Lamel Easton ADDRESS 916 Pac

Spec.–1-10-21–M&T–1500 Blks.

(Rehab)

HEALTH DEPARTMENT—CITY OF BALTIMORE E 01371

E 01371

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp ST., WARD) 7-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Rehak (Smith)

(a) RESIDENCE NO. 912 N Castle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Rehak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Joseph Rehak

(Address) 912 N Castle

15 Filed ..., 19... Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1925, to Aug 20, 1925, that I last saw h in alive on Aug 20 1925, and that death occurred, on the date stated above, at 935 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. M. Rhodes, M. D.

8-20 1925 (Address) St. Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Aug 24 1925

20 UNDERTAKER Geo X Crook Son ADDRESS 1906 Eastlake

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01372

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01372

CERTIFICATE OF DEATH.

9 161 1

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Woman's Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby John Geist

(a) Residence No. 728 Mc Kewin Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug. 19, 1925

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, 5...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John W. Geist

11-BIRTHPLACE OF FATHER (city or town) Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Anna Gill

13-BIRTHPLACE OF MOTHER (city or town) Md. (State or Country),

14- (Informant) Mrs. John W. Geist, Mother

(Address) 728 Mc Kewin Ave.

15- Filed ... Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1925, 19..., to 5 P.M. Aug. 19, 1925, that I last saw him alive on Aug. 19, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ...yrs...mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. Arthur York, M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Shawan Balto Co — DATE OF BURIAL, Aug 22, 1925

20-UNDERTAKER, Harry W. Elden — ADDRESS 1944 W. Northern

Spec.—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01373 01373

CERTIFICATE OF DEATH.

9-16-001

1-PLACE OF DEATH

City of BALTIMORE: (No. Woman's Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Millie Geist

(a) Residence No. 728 McKewin Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Aug. 19, 1925

7-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 22 hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John W. Geist

11-BIRTHPLACE OF FATHER (city or town) Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Anna Gill

13-BIRTHPLACE OF MOTHER (city or town) Md. (State or Country),

14- (Informant) Mrs. John W. Geist, Mother

(Address) 728 McKewin Ave.

15- Filed 192 Robert F. Harrison, Registrar.

2T 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 20, 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 19 1925 to Aug. 20 1925, that I last saw h[illegible] alive on Aug. 20 1925, and that death occurred, on the date stated above, at 1.00 a. m. The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None —

(Signed) J Arthur York, M. D.

, 19 (Address) Woman's Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Shawan Balto Co. — DATE OF BURIAL, Aug. 22, 1925

20-UNDERTAKER. Harry W. Ehlen — ADDRESS 1944 W. North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01374

100-001

E 01374

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) De Soto Apts 35th Emg St Paul (Ward) W-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosario T. Kieckhoefer

(a) RESIDENCE NO. 35th Emg St Paul ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington DC

PARENTS

10 NAME OF FATHER Adolph Kieckhoefer

11 BIRTHPLACE OF FATHER (city or town), (State or country) Prussia

12 MAIDEN NAME OF MOTHER Anna Barker

13 BIRTHPLACE OF MOTHER (city or town) Brooklyn (State or country) N.Y.

14 Informant Miss Mary McLaughlin

(Address) 35th Emg St Paul St

15 1925 Registrar

ROBERT F. MARTISON

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 10th, 1925, to Aug 20th, 1925, that I last saw her alive on Aug 20th, 1925, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Terminal)

Hypostatic Congestion.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. senility

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) J. A. Cleland, M. D.

1925 (Address) 1500 E Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D C

DATE OF BURIAL Aug 24 1925

20 UNDERTAKER John O. Mitchell

ADDRESS 1301 H Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Bks.

E 01375

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01375

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Homewood Hospital. 5-8 16

CITY OF BALTIMORE: (No. 2724 N. Charles ST., 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Burman

(a) RESIDENCE No. 2724 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, ~~or Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): Aug. 20-25

7 AGE: Years | Months | 1 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Raymond Von Burman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md

12 MAIDEN NAME OF MOTHER: Mary Lynn Tierney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md

14 Informant (Address): Raymond Von Burman 2839 Clifton Ave

15 1925 Robert F. Garrison, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20 1925 to Aug. 21 1925 that I last saw h alive on Aug. 20 1925 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Injury of Head.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Diatesis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno L Fallschoff M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudan Park DATE OF BURIAL: Aug 22 19 25

20 UNDERTAKER: A S Marshall ADDRESS: 3539 Fall Rd.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01376

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01376

CERTIFICATE OF DEATH.

17-857

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2505 St. Paul Street St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Henry Pfeil

(a) Residence No. 2505 St Paul Street St., Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 15 ds. How long in U. S., If of foreign birth? 71 yrs. 4 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (write which)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor H Pfeil

6-DATE OF BIRTH (month, day and year) April-5-1854

7-AGE. 71 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired from

(b) General nature of Industry, business, or establishment in which employed (or employer) Banking Industry

(c) Name of employer Self

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Pfeil

11-BIRTHPLACE OF FATHER (city or town) ? (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Stump

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14- (Informant) Messrs. Pfeil (sons)

(Address) 2505 St. Paul Street

15- Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug-28-1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 th 19 25 to Aug 29 19 25

that I last saw him alive on Aug 20th 19 25

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) " yrs. " mos. " ds.

18-Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of "

Was there an autopsy? No

What test confirmed diagnosis? Chemical & Microsop

(Signed) [illegible], M. D.

Aug 21, 1925 (Address) 2808 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, Aug-27, 1925

20-UNDERTAKER STEWART & HOWEN COMPANY (WILLIAM F. HOWEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-12-23—M&T—500 Blks.

E 01377

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01377

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO. 11-277

CITY OF BALTIMORE: (No. Baltimore, Md. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Hill

(a) RESIDENCE NO. 322 Camel Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Blk	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 07

(b) General nature of industry, business, or establishment in which employed (or employer) Maid

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lavenia Slaughter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 Filed 1 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 18, 25

17

I HEREBY CERTIFY, That I attended deceased from July 31, 1925, to August 18, 1925,

that I last saw her alive on August 18, 1925,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion 3

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Manic Depressive Psychosis

Manic Phase

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings.

(Signed) Henry F. Smith M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Zion	aug 21 19 25
20 UNDERTAKER	ADDRESS
Adolphus Halsted	904 Eutaw
	Baltimore Md

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01378

CERTIFICATE OF DEATH.

E 01378

REGISTERED NO. 10-29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Ashland Av ST., 10 WARD)

2-FULL NAME Cindy Caroline Haslup

(a) RESIDENCE NO. 1410 Ashland ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/12/1920

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	5		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER J. E. Haslup

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Anna Wood

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant J. E. Haslup
(Address) 1410 Ashland

15 Filed AUG 22 1925 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 20 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tortures

4 weeks (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) probably acute dilatation

(duration) yrs. mos. ds.

(Signed) M. Phillips, M. D.
(Coroner.)

August 21, 1925 (Address) 1639 Bradley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents Cem

DATE OF BURIAL 8/22 1925

20 UNDERTAKER George J. Ruth

ADDRESS 1737 Harford Av

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01379

CERTIFICATE OF DEATH.

13

E 01379

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3654 Railroad ST., 13 WARD.

REGISTERED NO. 19-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Spence

(a) RESIDENCE NO. 3654 Railroad ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Baby

7 DATE OF BIRTH (month, day, and year): June 20 1923

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

8 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Earl Spence

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Norine Spence

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: G. W. Spence

(Address) 3654 Railroad ave

Filed AUG 22 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) John J. Morrison M. D. (Coroner.)

Aug 22, 1925 (Address) 3622 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Savage Md.	Aug 22 1925
20 UNDERTAKER	ADDRESS
Wm E. Thenor Hooton	3615 Edmondson Ave

Spec.—6-9-19—H. P. Co.— 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01380 CERTIFICATE OF DEATH. 90 E 01380

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 Greenmount Ave ST. 10-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George R. Mitchell

(a) RESIDENCE. No. 1042 Greenmount Ave., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer) Retired Jeweler

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Wm. Mitchell
(Address) 1042 Greenmount Ave

15 Filed , 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

AUG 22 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1925, to Aug 20, 1925
that I last saw him alive on Aug 20, 1925
and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(duration) yrs. 1 day

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Faulkner, M. D.

Aug 24 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	8/22 1925
20 UNDERTAKER	ADDRESS
Henry W Measton	805 N Calvert

TION IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01381

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01381

91-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 4803 Yorks Road ST., 27-9 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Antoinette Fisher.-

(a) RESIDENCE NO. 4803 Yorks Road.- ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 2 mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.-

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Parks Fisher.-

6 DATE OF BIRTH (month, day, and year) May 7th. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
-	77	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Housewife.-

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Fredericks, Md.-
(State or country)

PARENTS

10 NAME OF FATHER John Thos. Schley

11 BIRTHPLACE OF FATHER (city or town) Fredericks, Md.-
(State or country)

12 MAIDEN NAME OF MOTHER Georgeanna Mc. Elwee

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.-
(State or country)

14 Informant P. W. Fisher M.D.-
(Address) Morgantown, W. Va.-

15 Filed AUG 22 1925, 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 21st. 1925.

17 I HEREBY CERTIFY, That I attended deceased from August 14, 1925, to Aug. 21st. 1925, that I last saw her alive on Aug 20th. 1925, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows: Pulmonary Edema.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.-

What test confirmed diagnosis? ✓

(Signed) Helen A. Flanagan M. D.

19 (Address) 470 E York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount, Balto. Md. | DATE OF BURIAL Aug 24 1925

20 UNDERTAKER Henry W. Jenkins & Son. | ADDRESS McCulloh-Orchard St.

Cor.—1-12-23—M&T—100 Bks.

E 01382 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01382

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415-9. Lanvale ST., 17 WARD) 17-690

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara A. Thompson Page

(a) RESIDENCE NO. 415-9. Lanvale St ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid.

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Thos. Page

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5-6			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Home
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER David Boles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Ann Lentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs L Thompson
(Address) 415 E Lanvale St

15 Filed AUG 2 1925 H. Lane Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Val. Abscess Liver

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

Duration ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

July 21, 1925 (Coroner) (Address) 1329 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Aug 2 1925

20 UNDERTAKER H. C. Wadefield — ADDRESS 914 Gramont Ave

Spec.—1-12-23—M&T—500 Bks.

E 01383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01383

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3722 E Pratt ST., 46-5 WARD)

REGISTERED NO. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth B Debelius

(a) RESIDENCE NO. 3722 E Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Debelius

6 DATE OF BIRTH (month, day, and year) June 22, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frdk Nickerlein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Minnie Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Debelius

(Address) 3722 E Pratt St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1925

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1925, to Aug 20, 1925.

that I last saw her alive on Aug 19 1925

and that death occurred, on the date stated above, at 2.20 a.m.

The CAUSE OF DEATH* was as follows: Carcinoma of R. Breast and Liver

(duration) — yrs. 7 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. L. Reichard M. D.

8-20-25 (Address) 3100 Abell Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Aug 23 1925

20 UNDERTAKER John Merrick

ADDRESS 2008 Aliceanna

AUG 22 1925

Spec.—1-10-21—M&T—1500 Bks.

E 01384 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01384

113

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2443 E Preston ST., 8-3 WARD)

2-FULL NAME Charles J. Alt

(a) RESIDENCE NO. 2443 E Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred | yrs. | mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balt
(State or country)

PARENTS

10 NAME OF FATHER Charles Alt

11 BIRTHPLACE OF FATHER (city or town) Balt Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Stack

13 BIRTHPLACE OF MOTHER (city or town) Balt
(State or country)

14 Informant Chas Alt
(Address) 2443 E Preston

Filed AUG 22 1925 H. A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1925, to Aug 21, 1925,
that I last saw him alive on Aug 21, 1925,
and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Enteritis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W. E. Mc Comas M. D.

(Address) 1301 Kat Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Aug 24 1925
20 UNDERTAKER	ADDRESS
Geo. Liemlach & Son	[illegible]

Spec.—1-10-21—M&T—1500 Blks.

E 01385 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01385

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Francis ST., 13-5 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horace L. Williams

(a) RESIDENCE No. 2623 Francis ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 15 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Percy M Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Roberson A.A. Co Md

12 MAIDEN NAME OF MOTHER Emma L. Nickels

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore City

14 Informant Mrs Carrie M. Nickels

(Address) 2623 Francis st

AUG 22 1925 Filed ... H.A.M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 16 1925 to Aug 20 1925

that I last saw him alive on Aug 20 1925

and that death occurred, on the date stated above, at 5 15 a m.

The CAUSE OF DEATH* was as follows

Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) L.A. Chalmers M.D.

1925 (Address) 1117 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Aug 22 1925
20 UNDERTAKER	ADDRESS
John F Denny	715 Light

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01386 E 01386

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2645 N Charles St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Erhard C von Knobloch

(a) Residence No. 2645 N Charles St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): M

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Bertha

6-DATE OF BIRTH (month, day and year): Feb 20 55

7-AGE: 70 yrs. 6 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED:
(a) Trade, profession, or particular kind of work: Salesman 166
(b) General nature of industry, business, or establishment in which employed (or employer): Calendar
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Hugo

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Kennedorff

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-
(Informant): Bertha von Knobloch
(Address): 2645 N Charles

Filed AUG 22 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug 21 25

17- I HEREBY CERTIFY, That I attended deceased from August 7th, 1925, to August 21st, 1925, that I last saw him alive on Aug 21st, 1925, and that death occurred, on the date stated above, at 1:30A m.

The CAUSE OF DEATH* was as follows:

arterio Sclerosis with Cardiac Nephritic Complications

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Senile Dementia with Ht Exhaustion

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Symptoms

(Signed) Ulmer Armiston M. D.

, 19 (Address) 1 W Cor Calvert & Madison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Laurel Ridge	Aug 22, 1925
20-UNDERTAKER,	ADDRESS
W M Roulson	2233 N Howard

Spec.—1-12-23—M&T—500 Blks.

E 01387 HEALTH DEPARTMENT—CITY OF BALTIMORE 60 ~ 001

E 01387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 659 George ST., 17-3 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Hutton

(a) RESIDENCE No. 659 George ST., 17th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Benjamine Hutton

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Aberdine Maryland

PARENTS

10 NAME OF FATHER Thomas Kirk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Benjamine Hutton (Address) 659 George St

15 Filed ... 19... Registrar H. A. W.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/19 1925

17

I HEREBY CERTIFY, That I attended deceased from 7/26, 1925, to 8/19, 1925, that I last saw her alive on 8/19, 1925 and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis followed by Acute Cardiac Dilatation.

(duration) ... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Endocarditis, Toxic Goiter (duration) ... yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. T. Bishop, M. D.

8-19, 1925 (Address) 709 Market St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Aug 22, 1925
UNDERTAKER	ADDRESS
Sam'l Case & Son	1400 Monroe

01388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1924-001 E 01388

1-PLACE OF DEATH

City of BALTIMORE: (No. 1710 Hollins Street St., 1924 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Haney

(Residence in Baltimore: No. 1318 Hollins Street St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. abt. (Month) (Day) 1860 (Year)

7-AGE. 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. Mr. Haney

11-BIRTHPLACE OF FATHER. (State or Country). U.S.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). U. S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Walter K. Keen

(Address) 201 Aigburth Road Towson Md.

15- Filed AUG 22 1925 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. August 18th (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ... yrs. ... mos. ... ds. Instantaneous

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Thos. B. Forsyth M. D. (Coroner)

8-21 1925 (Address) Cedar Ave. Curtis Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. Aug. 22" 1925

20-UNDERTAKER. Joseph B. Took ADDRESS 1003 N. Eutaw St.

Spec.—1-10-21—M&T—1500 Blks.

E 01389 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01389

161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 S. Vincent ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hildebrand

(a) RESIDENCE NO. 401 S Vincent ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George C. Hildebrand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Wilhelmina Bergmeier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant George C. Hildebrand

(Address) 401 S. Vincent

15 AUG 22 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/21 - 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/20 - 1925, to 8/21, 1925.

that I last saw him alive on 8/21, 1925.

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Cahn, M. D.

8/22, 1925 (Address) 2105 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 22 1925

20 UNDERTAKER	ADDRESS
Harry A. Witzke	523 N. Loudon Ave

Spec.—1-10-21—M&T—1500 Bks.

E 01390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-31

E 01390

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Riggs Ave ST., WARD)

2-FULL NAME Julia A. Cross

(a) RESIDENCE NO. 2800 Riggs Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of John. H. Cross

6 DATE OF BIRTH (month, day, and year) May 1st 1869

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Daniel Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John. H. Cross

(Address) 2800 Riggs ave

15 Filed AUG 22 1925 H. A. W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-21 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1924, to Aug. 21. 1925.

that I last saw h er alive on Aug. 20. 1925.

and that death occurred, on the date stated above, at 155 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Examination

(Signed) Thos Norton, M. D.

8/21/25 (Address) 888 N. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	8-24 1925

20 UNDERTAKER James Dignan & Son ADDRESS 1009 Park Ave

Spec.—1-10-21—M&T—1500 Blks.

E 01391

Hudson Bubls.

E 01391

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raynor & Dukeland ST. 703 WARD 3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hudson Bubls

(a) RESIDENCE NO. 334 Garrison Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 21, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Bartlett Hayward Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Hilton Bubls

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah C Beal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant George H. Bubls (Address) Same

15 Filed AUG 22 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 22 19 25

17

I HEREBY CERTIFY, That I attended deceased from August 16, 19 25 to August 22 19 25.

that I last saw him alive on August 22, 19 25.

and that death occurred, on the date stated above, at 7:20 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 1 wk

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jas Hurst Wilkerson M.D.

19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loor Md	Aug 22 1925
20 UNDERTAKER Harry A Dietzle	ADDRESS 1531 W. Lomb

Spec—12-23-21—E.B.R.S.—400 Bks.

Ferdinand A. Coieff

E 01392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B-1 155 E 01392

1-PLACE OF DEATH Union Memorial Hospital Registered No.....

City of BALTIMORE: (No. 33 rd St. & Calvert St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Coieff (Ferdinand A. Coieff)

(a) Residence No. 12 Albemarle St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 20th 1896

7-AGE. 29 yrs. 4 mos. 1 day If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shipfitter
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Valentine Coieff

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Rena Arch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Mrs Rina Coieff
(Address) 1049 Fremont Ave

Filed AUG 22 1925 H. A. W. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 21st 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 19th, 1925, to Aug 21st 1925 that I last saw him alive on Aug 21st, 1925 and that death occurred, on the date stated above, at 10 15 A.m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of jaw

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? In Baltimore

Did an operation precede death? Yes Date of Aug 21st

Was there an autopsy? No

What test confirmed diagnosis? no

(Signed) George G. Finney, M. D.

, 19 (Address) Union memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery — DATE OF BURIAL. Aug 24 1925

20-UNDERTAKER. Henry Hoeck & Son — ADDRESS 1301 E Eager St

E 01393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-129

E 01393

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1118 Low St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Stokes

(Residence in Baltimore: No. 1118 Low St.; yrs. (6) mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: unknown, 1..... (Month) (Day) (Year)

7-AGE: 57 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Common

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Stokes

11-BIRTHPLACE OF FATHER, (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Johnson

(Address) 1118 Low St

15- AUG 22 1925 Filed ..... 192.....

ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

about
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Insanity

(Duration) 1 yrs. 2 mos. ds.

(Signed) James McReuben M. D.
(Coroner.)

Aug 22 1925. (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL, Aug 24 1925

20-UNDERTAKER: Mrs J. S. Locke ADDRESS 1352 Jefferson

Cor.—1-12-23—M&T—100 Bks.

E 01394 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 01394

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 17

CITY OF BALTIMORE: (No. University Hospital ST., 22-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Williams

(a) RESIDENCE No. 226 S. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 10/1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None old
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Farmville N C.

PARENTS

10 NAME OF FATHER Amos Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C.

12 MAIDEN NAME OF MOTHER May Haughton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Rosa Edwards
(Address) 226 S. Fremont st

15 Filed AUG 22 1925 J. H. Allen Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or~~ inquiry.)

thereon and from the evidence obtained by said ~~(Inquest, autopsy or~~ inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisons by Bowels on Rats accidentally Taken

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) accident

(duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Jarrett, M. D. (Coroner.)

8-21, 1925 (Address) 117 W Saratoga st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Farmville N C

DATE OF BURIAL Aug 21 1925

20 UNDERTAKER Mrs J. H. Hooper

ADDRESS 406 E Conway St

Size—12-23-24—E.B.&S.—400 Blks.

E 01395

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01395

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 121 Collins ave St., 70-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen E. Heinz

(a) Residence No. 121 Collins av St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of C. Fred. Heinz

6-DATE OF BIRTH (month, day and year) Aug 6-1904

7-AGE,	If LESS than 1 day,
21 yrs. 0 mos. 15 ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) Balto
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. Strobel

11-BIRTHPLACE OF FATHER (city or town) Germany
(State or Country),

12-MAIDEN NAME OF MOTHER, Eliz Keagle.

13-BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country),

14-

(Informant) C. Frederick Heinz

(Address) 121 Collins ave

15- AUG 22 1925 H. A. M. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 21 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 14, 1925 to Aug 21, 1925 that I last saw h[illegible] alive on Aug 20 1925 and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) about 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M. Fanton M. D.

8/22, 1925 (Address) 2001 Chapel

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
London Park	8/24, 1925
20-UNDERTAKER,	ADDRESS
L. Few M.c Cully	130 E. Fort

Spec—12-23-21—E.B.P.S.—400 Bks.

E 01396 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01396

CERTIFICATE OF DEATH.

Registered No. 385

1-PLACE OF DEATH

City of BALTIMORE: (No. 3603 Fernwood Ave St., 76-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Ulrich

(a) Residence No. 3603 Fernwood ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Sngl

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feby 26 83

7-AGE. 42 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) with Wrecking Co.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Penna

PARENTS.

10-NAME OF FATHER. John S. Ulrich

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Penna

12-MAIDEN NAME OF MOTHER. Ella Jom —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Penna

14- (Informant) This Richard Ulrich

(Address) 3603 Fernwood Ave

15- Filed AUG 22 1925 192 H. Ulrich Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 17/25

17- I HEREBY CERTIFY, That I attended deceased from June 1925 to Aug 19 1925 that I last saw h. alive on Aug 17 1925 and that death occurred, on the date stated above, at 10 35 A. m.

The CAUSE OF DEATH* was as follows:

Aortic & Mitral Regurgitation

(Duration) more yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) 10-15 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical manifestations.

(Signed) William J. Davidson M. D

Aug 17 1925 (Address) 3035 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn

DATE OF BURIAL. 8/22, 1925

20-UNDERTAKER. Philip Herwig

ADDRESS 2016 Orleans St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01397 | 16-08 | 01397

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 11-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Jacobson

(a) RESIDENCE NO. 1122 St. Paul ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 14, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Oscar R. Jacobson

11 BIRTHPLACE OF FATHER (city or town) Saratoga
(State or country) N.Y.

12 MAIDEN NAME OF MOTHER Jean Fleming

13 BIRTHPLACE OF MOTHER (city or town) Saratoga
(State or country) N.Y.

14
Informant
(Address)

15
Filed ....., 19.....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1925

17
I HEREBY CERTIFY, That I attended deceased from Aug 14, 1925, to Aug 20, 1925,
that I last saw h... alive on Aug 20, 1925
and that death occurred, on the date stated above, at 10 22 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity Birth

(duration) ..... yrs. 7 mos ..... ds.

CONTRIBUTORY (Secondary) Congenital atelectasis

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. data

(Signed) Walter L Stough, M. D.

, 19 (Address) 162 Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health, — ADDRESS AUG 24 1925

Spec.—1-10-21—M&T—1500 Bks.

E 01398

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01398

CERTIFICATE OF DEATH.

5-179

1-PLACE OF DEATH Hebrew incurable Home. REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 202 E Balto ST., ... WARD)

2-FULL NAME Gershen Henderson

(a) RESIDENCE NO. 109 Aisquith ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? 28 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Henderson
(Address) 1205 Hollins st

15 Filed 2 3 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 28, 19 . to Aug 21 . 19 25 .
that I last saw h[illegible] alive on Aug 20 . 19 25 .
and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

a. syphilis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) [signature] M. D.
19 (Address) 1810 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	8/23 1925
20 UNDERTAKER	ADDRESS 1127
Sol Levinson & Bro	E. Balto st

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01399 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01399

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 3436 Parkheights Ave St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Shapiro

(a) Residence No. 3436 Parkheights Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE: Aaron Shapiro

6-DATE OF BIRTH (month, day and year): Jan 1857

7-AGE: 68 yrs. — mos. — ds. If LESS than 1 day ....hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Benjamin Yatinsky

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Russia

14- (Informant): Aaron Shapiro
(Address): 3436 Parkheights Ave

15- AUG 23 1925 1925 Robert P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug 22/25

17- I HEREBY CERTIFY, That I attended deceased from Aug-2- 1925 to Aug 22 1925 that I last saw h- alive on Aug 22 1925 and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Lympho-sarcoma

about 2 yrs
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Herman Seidel M. D.

, 19 (Address) 2404 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: Aug 23 1925

20-UNDERTAKER: Jack Lewis 1439 Eutaw St — ADDRESS

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Blks.

E 01400

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01400

CERTIFICATE OF DEATH.

REGISTERED NO. 14

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. 1712 Monument ST. 13 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Snyder

(a) RESIDENCE NO. 2307 Orew St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Snyder

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 Eastern Ave

15 Filed Aug 23 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1925, to Aug 21, 1925, that I last saw h alive on Aug 21, 1925 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Lobaris (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 21

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical exam.

(Signed) B. Arthur Linde, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL Aug 23 1925

20 UNDERTAKER Jack Lewis 1439 Eastern Ave

ADDRESS

FROM A very important. See instructions on back of certificate.

E 01401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01401

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2043 Eagle St.) 20-6 (Ward) 168

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Smith

(Residence in Baltimore: No. 2043 Eagle St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. Oct 6th (Month) (Day) 1901 (Year)

7-AGE. 23 yrs. 10 mos. 16 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) 050

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Charles Smith

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Margaret C. Hel[illegible]

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary R. Smith

(Address) 2043 Eagle St

15- Filed 31925 192.... Robert J. Harrison, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22nd (Month) (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by me at said Inquest, and ....find that said deceased came to ....her death (by Violence, Suicide or Homicide? Suicide by Strangulation, as per Autopsy or Inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation — Tied belt around neck

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. R. Norton M. D. Coroner

(Address) Curtis Bay, Md. Aug 22 1925

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

London Park Aug. 27 1925

20-UNDERTAKER. ADDRESS

William Bartsch E Baltimore

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01402 49 E 01402

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6105 Ready ave Gorsuch ST. 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Berry

(a) RESIDENCE. NO. 6105 Ready Ave ST. Govans WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 10 mos. 2 ds. How long in U. S., if of foreign birth? 82 yrs. 10 mos. 2 ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) Nov 4th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Waker

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Harry W. Berry (Address) 6105 Ready Ave Govans

15 Filed ....., 19.... Robert P. Harris Registrar

AUG 23 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug- 21 1925

17 I HEREBY CERTIFY, That I attended deceased from July, 1923, to Aug- 21, 1925, that I last saw h— alive on Aug 21, 1925, and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Pancreas

Spleen &

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. C. Hoess M. D.

8-22 1925 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cemetery	Aug 24 1925
20 UNDERTAKER	ADDRESS
John Burns Sons	Towson

Spec– 12-23-21–E.B.F.S.–400 Bks.

E 01403 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 01403

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 627 N. Rose St., 7-3 Ward) Registered No. 74-001

2-FULL NAME Laura May Irving

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 627 N Rose St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-[redacted] Married, or Divorced, (Write the word) Widowed

5a-If married, widowed or divorced [redacted] of (or) WIFE of James Irving

6-DATE OF BIRTH (month, day and year) April 6 1874

7-AGE. 51 yrs. 4 mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Dakota

PARENTS

10-NAME OF FATHER, Charles A Kelly

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary A Stacy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mamie L. Smith

(Address) 627 N Rose

15- Filed Aug 23 1925 19[illegible] Robert P. Harrison, Registrar.

[illegible] Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 22-25

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1925 to Aug 22 1925

that I last saw h[illegible] alive on Aug 22 1925

and that death occurred, on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Lloyd M. D.

8/22 1925 (Address) 413 N Washington

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL, Aug 24 19 25

20-UNDERTAKER, W. S. Marshall ADDRESS 3539 Falls Rd

Spec.—1-10-21—M&T—1500 Blks.

E 01404

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 01404

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1526 Druid Hill Ave. (R.H.) 4-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Johnson

(a) RESIDENCE NO. 1526 Druid Hill Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Cutts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kansas City, Mo.

12 MAIDEN NAME OF MOTHER Emma Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Emma Johnson (Address) 1526 Druid Hill Ave.

15 Filed 23 1925, 19 Robert P. J. Garrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/22 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 21 - 1925, to Aug 22 - 1925, that I last saw h- alive on 8 - 22 - 1925, and that death occurred, on the date stated above, at 3-55 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

1 DAY (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Syphilis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1526 D. Hill

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. A. Boyd Kerr, M. D.

, 19 (Address) 161 S. Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	Aug 23 1925

20 UNDERTAKER Samuel A. Hensley ADDRESS 336 N. Bradford St.

E 01405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01405

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp St., 17-2 Ward)

Registered No. C 114

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Edwards.

(Residence in Baltimore: No. 528 Oxford St. St.; yrs. 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. about (Month) (Day) 1885 (Year)

7-AGE. 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Richard Edwards

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Rebecca Brown

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Edwards

(Address) 784 Bradley St.,

15- Robert P. Harrison,

Filed 3 1925 19? Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

a.c. Gastro-Enteritis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) ac. Del. of heart 5 mins

(Duration) yrs. mos. ds.

(Signed) J. T. Herrmann, M. D.
(Coroner.)

Aug 21 1925 (Address) 2802 Eutaw Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Md. Auburn Cem. Aug 23 25

20-UNDERTAKER. ADDRESS

Samuel Bradley 1128 McCulloh St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01406 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01406

CERTIFICATE OF DEATH. 14-129

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 2141 Division St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Johnson

(a) Residence No. 2141 Division St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb. 14 1825

7-AGE: 67 yrs. 4 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Ex. Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9-BIRTHPLACE (city or town) (State or Country): Essex Co. Va.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): " "

12-MAIDEN NAME OF MOTHER: Amelia Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Essex Co Va

14- (Informant): Mozie Carter

(Address): 2141 Division St.

15- Filed Aug 23 1925 192 Robert P. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug 20, 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 4 1925 to Aug 20 1925

that I last saw h[illegible] alive on Aug 19 1925

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Duration) yrs. 16 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (Duration) yrs. 8 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Wm Houston Wright M. D.

Aug 20, 1925 (Address) 1209 Presstman St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Aug 23 25

20-UNDERTAKER: Samuel D. Brusly ADDRESS 1128 W Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

E 01407 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 01407

CERTIFICATE OF DEATH. × 60-002

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. 7-1

CITY OF BALTIMORE: (No. ..... St. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Henry

(a) RESIDENCE NO. 438 St Dumont St Boston Mass. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 31-1864

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wyatt Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Carlonia Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed 23 1925, 19 ..... Registrar Robert P. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 20 1925

17 I HEREBY CERTIFY, That I attended deceased from August 9, 1925, to August 20, 1925, that I last saw her alive on August 20, 1925, and that death occurred, on the date stated above, at 12 55 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Hypothyroidism.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) adenoma of thyroid

(duration) many yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) Trevor Owen, M.D. Aug 21, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Aug 23 1925

20 UNDERTAKER Samuel T. Densley ADDRESS 528 N Eutaw St

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 01408

CERTIFICATE OF DEATH

113 E 01408

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 3215 Foster av ST. 26-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine Siebenhaar

(Residence in Baltimore: No. 3215 Foster av St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug. 23, 1924 (Month) (Day) (Year)

7 AGE: yrs. 11 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Siebenhaar

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Barbara Doerfler

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Siebenhaar

(Address) 3215 Foster Ave

15 Filed [illegible] 191 [illegible] REGISTRAR

231925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 21, 21 (Month) (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1925, to Aug 21 1925 that I saw h[illegible] alive on Aug 21, 1925 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) Acute Congestion of Lungs

(Duration) yrs. mos. 1 ds.

(Signed), Dr. L Burke M. D.

Aug 21, 1925 (Address) 2042 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Sacred Heart, Cem. DATE OF BURIAL: Aug. 23, 1925

20 UNDERTAKER: Tilly & Zeile ADDRESS: 403 S. Wolfe St.

is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01409 44 E 01409

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N. Hilton ST., 20-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Speake Sr.

(a) RESIDENCE No. 402 N. Hilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennette O. Speake.

6 DATE OF BIRTH (month, day, and year) April, 24, 1852.

7 AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
73.	3	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler-maker 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer New Method Laundray.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James W. Speake.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. D.C.

12 MAIDEN NAME OF MOTHER Harriett Hulsby.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wash. D.C.

14 Informant Jennette O. Speake, (Wife)
(Address) 402 N. Hilton St.

15 Filed ..., 19... Robert P. Harrison, Registrar

23 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21/25

17 I HEREBY CERTIFY, That I attended deceased from May 23/25, 19..., to May 21/25, 19...,

that I last saw him alive on May 21/25, 19...,

and that death occurred, on the date stated above, at 5:28 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Pernal Embolism (duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ye

Did an operation precede death? ye Date of -

Was there an autopsy? ye

What test confirmed diagnosis?

(Signed) Henry Bloch, M. D.

May 23 1925 (Address) 203 Lyon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Aug 24 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E. Fayette

Spec.—1-10-21—M&T—1500 Bks.

Md State

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 01410

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S. Broadway ST., V-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William C. Grouert

(a) RESIDENCE NO. 612 S. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 2 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restaurateur

(b) General nature of industry, business, or establishment in which employed (or employer) 044

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Otto Grouert

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte Bolthaus

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Charles Grouert
(Address) 612 S. Broadway

15 Date AUG 24 1925 ROBERT R. KRAUTH, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 19, 1925, to Aug 22nd, 1925; that I last saw him alive on Aug 22nd, 1925; and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Sputum Exam

(Signed) John D. Wade M. D.

(Address) 614 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Evangelical Cem.

DATE OF BURIAL Aug 24 1925

20 UNDERTAKER Henry Sander Sons Inc.

ADDRESS 1710 Fleet St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01411

CERTIFICATE OF DEATH.

5-1 100-001

E 01411
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 E. Eden ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Mooney

(a) RESIDENCE NO. 1207 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) April 20, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Landes Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Ethel Thorton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Ethel Mooney
(Address) 1120 N. Eden St

15 Filed AUG 24 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 22nd 1925, to Aug. 22d 1925,
that I last saw h is alive on Aug 22nd, 1925,
and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio - pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY ✓
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. L. Ellis, M. D.

19 (Address) 1 W. Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Aug 25 1925
20 UNDERTAKER	ADDRESS
Jos. H. Rochester	413 Hoffman St

Spec.—1-10-21—M&T—1500 Bks.

E 01412

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01412

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2547 W. Fairmount ST., WARD 20-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton J. L. Neubauer

(a) RESIDENCE NO. 2547 W. Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14/05

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk at

(b) General nature of industry, business, or establishment in which employed (or employer) Hayward

(c) Name of employer Bartlett Co.

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John J. Neubauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha C. Ulrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John D. Neubauer

(Address) 2547 W. Fairmount

15 Filed ..., 19... Registrar

ROBERT H. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15 - 1925 to Aug 21. 1925.

that I last saw him alive on Aug 21 1925.

and that death occurred, on the date stated above, at 4 40 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia -

(duration) yrs. 1 mos 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. L. Friedinger M.D.

(Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Pk

DATE OF BURIAL 8/25 1925

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01413 — 90 — E 01413

E 01413
1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Agnes' Hospital ST., 11-2 WARD)

2-FULL NAME Mr. Russell Quinn

(a) RESIDENCE NO. 508 Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Dec. 16, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. Railroad

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William J. Quinn

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ann Hogan

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant (Address) William J. Quinn, 508 Park Avenue

15 Filed ..., 19.... Burial Permit Issued Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-22-1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Aug 22, 1925.
That I last saw him alive on Aug 22, 1925
and that death occurred, on the date stated above, at 4:10 a. m.
The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?
Did an operation precede death? NO Date of
Was there an autopsy? NO
What test confirmed diagnosis?

(Signed) J. Theron Hunter, M. D.
8/22, 1925 (Address) Wagner Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 8/25, 1925

20 UNDERTAKER: Henry W. Myers & Thomas F. Calvert — ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 01414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Dr Campbell

17 E 01414

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 S. Charles ST., W-2 WARD)

2-FULL NAME Joseph E. Hoffman

(a) RESIDENCE NO. 825 S. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. d.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5 (If married, widowed, or divorced) HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: B. & O. R.R Co

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jacob Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Dunkel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Jersey

14 Informant: Mary E. Parker

(Address) 825 S. Charles

15 Filed AUG 24 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1925, to Aug 22, 1925

that I last saw h alive on Aug 22, 1925

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Indefinite yrs mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. C. Campbell M. D.

Aug 24 1925 (Address) 1644 Hanover

*State the disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: Aug 25 1925

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Fayette

IT IS VERY IMPORTANT THAT ALL ITEMS BE ANSWERED. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

ROBERT A. KRANTZ
Assistant Register of Wills

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01415

CERTIFICATE OF DEATH.

11-6-25

E 01415

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Preston ST. 10-2 WARD)

2-FULL NAME Archibald Adkins

(a) RESIDENCE NO. 1717 Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced (HUSBAND of or) WIFE of Grace Adkins

6 DATE OF BIRTH (month, day, and year) Aug 25 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Elias P. Adkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Ann Campbell

13 BIRTHPLACE OF MOTHER (City or town) (State or country) New York

14 Informant Grace Adkins (Address) 1717 E. Preston St

15 Filed AUG 24 1925 19 Registrar ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1925, to Aug 23, 1925, that I last saw him alive on Aug 22, 1925, and that death occurred, on the date stated above, at 12 20 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis about

(duration) yrs 1 mos da.

CONTRIBUTORY (Secondary) Coma —

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W White Jr M. D.

19 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Aug 26 1925

20 UNDERTAKER Chas S. Kane & Son

ADDRESS 1100 Mt Royal ave

TION is very important. See instructions on back of

Spec. 1-10-21 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01416

CERTIFICATE OF DEATH.

160

E 01416

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Genl. Hospt. WARD) 24-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Cusick.

(a) RESIDENCE NO. 466 E. Cross St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single.

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4-25

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Cusick.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Annie Bamet.

13 BIRTHPLACE OF MOTHER (city or town) Balto Md. (State or country)

14 Informant Mrs Annie Cusick

(Address) 466 E. Cross St.

19 Filed AUG 24 1925 ROBERT H. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27. 19 25. to Aug 23. 19 25.

that I last saw h alive on Aug 23. 19 25.

and that death occurred, on the date stated above, at 4-30 a. m.

The CAUSE OF DEATH* was as follows:

Mal Nutrition

(duration) yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? — Date of

Was there an autopsy? none.

What test confirmed diagnosis?

(Signed) James Nelson, M. D.

, 19 (Address) South Balto Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill, DATE OF BURIAL Aug 27. 1925

20 UNDERTAKER Chas. L. Stevens ADDRESS 1531 2 Ford Ave

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01417

CERTIFICATE OF DEATH.

Registered No. 1-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 2316 W. Fayette St., 70 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Mary A. Will

(a) Residence No... 2316 W. Fayette St. St., ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~S~~ Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Will.

6-DATE OF BIRTH (month, day and year) April 24 1855

7-AGE. 70 yrs. 4 mos. 3 ds. If LESS than 1 day, ~~hrs.~~ or ~~min.~~

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)... none

(c) Name of employer... none

9-BIRTHPLACE (city or town) (State or Country). Sansing, Miss.

PARENTS.

10-NAME OF FATHER, Daniel C. Samser

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Phillips N. Y.

12-MAIDEN NAME OF MOTHER, Phoebe Rogers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Phillips N. Y.

14- (Informant)... Charles Will.

(Address)... 2316 W. Fayette St.

15- Filed ... 19... Registrar.

ROBERT R. KRAUTER, Burial Permit Clerk

AUG 24 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug. 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 19, ... 1925 ... to Aug. 21, ... 1925.

that I last saw h.e alive on Aug. 20, ... 1925.

and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Frank N. Dyson, M. D.

, 19 (Address) 115 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Aug 25 1925

20-UNDERTAKER, George J. Smith — ADDRESS 1532 Hollins St

E 01418 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01418

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3931 Wilkins Ave St. 25 99-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Reis

(Residence in Baltimore: No. 3931 Wilkins Ave St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. April 12 1922
(Month) (Day) (Year)

7-AGE. 3 yrs. 4 mos. 10 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. William H Reis

11-BIRTHPLACE OF FATHER. (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER. Catherine Lauffer

13-BIRTHPLACE OF MOTHER. (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H Reis

(Address) 3931 Wilkins Ave

15- ROBERT A. KRAUTER, Burial Permit Clerk.

Filed AUG 24 1925 192 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug. 22 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute bronchitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) ac. oedema of glottis

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Aug 25 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Aug 25 1925

20-UNDERTAKER. George J Smith & Holden ADDRESS 163

Spec.—8-24-14—M. & T.—2000 Blks.

E 01419 HEALTH DEPARTMENT—CITY OF BALTIMORE 8-902 8-E 01419

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Eye, Ear, Nose & Throat Hosp. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie Helen Bardy (Bordykoski)

(Residence in Baltimore: No. 506 S. Ann St. St., 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 5 (Day) 1908 (Year)

7-AGE, 17 yrs. 1 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Schoolgirl

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Bordykoski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Stella Miechkowski

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bordykoski

(Address) 506 S. Ann St.

15- Filed AUG 24 1925 ROBERT H. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 24 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 1925, to Aug 24 1925, that I saw h.er alive on Aug 24 1925, and that death occurred, on the date stated above, at 1240 m.

The CAUSE OF DEATH* was as follows:

Brain Abscess

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Acute mastoid

(Duration) ....yrs....mos....ds.

(Signed) E. W. Dickel M. D.

8.27..., 1925 (Address) 1917 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Tacoma Wash. DATE OF BURIAL, Aug. 31., 1925

20-UNDERTAKER William F. Falkowski ADDRESS, 161 Eastern Ave.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 01420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01420

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE, (No. 24 S Broadway 2d St., 18-3 Ward)

Registered No. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jones Johnigen

(a) Residence No. 24 S Broadway Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE W

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 8/24/50

7-AGE, yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town), (State or Country), Md

PARENTS.

10-NAME OF FATHER Wm Johnigen

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Germany

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (city or town), (State or Country),

(Informant)

(Address) 24 S Broadway

AUG 24 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8/23/25

17- I HEREBY CERTIFY, That I attended deceased from 8/21, 1925, to 8/23/25, 1925, that I last saw living on 8/23/25, 1925, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia Both

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herbert Dorsey, M. D.

, 19 (Address) 1229 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Aug 25, 1925
20-UNDERTAKER, J J Cowan & Son per Frank J Cowan	ADDRESS 901 Hollins st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01421

CERTIFICATE OF DEATH.

129 E 01421

1-PLACE OF DEATH Marlborough, Baltimore, Md. 14-1

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Fred Everesman

(a) RESIDENCE NO. Marlborough Apts ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Everesman

6 DATE OF BIRTH (month, day, and year) Nov 26 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Gerhardt Everesman

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant .....
(Address) Marlborough Apts

15 Filed AUG 24 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1925, to Aug. 24, 1925, that I last saw h in alive on Aug 24, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Chronic nephritis, arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What tests confirmed diagnosis? clinical & lab.

(Signed) Isidor J. Levy, M. D.

Aug. 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chet Shalom Cemetery	Aug 26 1925
20 UNDERTAKER J. Ahearn & Co	ADDRESS 3314 Eastern Ave

FROM BACK OF CERTIFICATE. See INSTRUCTIONS ON BACK IS very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01422

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01422

CERTIFICATE OF DEATH.

14-57

1-PLACE OF DEATH

City of BALTIMORE: (No. 1705 E. Madison St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Ann Mickey

(a) Residence No. 1705 E. Madison St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 8 mos. (?) ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, Colored

5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Widowed

5a-If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Henry Mickey

6-DATE OF BIRTH (month, day and year)

7-AGE. 56 yrs. 3 mos. (?) ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-keeper

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer none

037

9-BIRTHPLACE (city or town) (State or Country). Cushing Co Va.

PARENTS.

10-NAME OF FATHER. George Fife

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Spottsylvania Co Virginia

12-MAIDEN NAME OF MOTHER. Emily (maiden name unknown)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Virginia

14- (Informant) Gilles Mickey (Son)

(Address) 612 Jas St. Spencer Point. Md.

15- Filed AUG 24 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1925, to Aug. 22, 1925, that I last saw h~~e~~s alive on Aug 22, 1925, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(Duration) (?) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Gangrene, Asthenia

(Duration) 0 yrs. 1 mos. 4 ds.

18-Where was disease contracted if not at place of death? 1705 E. Madison St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Macco Williams M. D.

8-22 1925 (Address) 1830 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Richmond Va — DATE OF BURIAL, Aug 24, 1925

20-UNDERTAKER. Sam W Chase Inc — ADDRESS 1520 Madison

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01423 ✓ E 01423

01423

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 N. Stricker ST. 16-6 WARD)

2-FULL NAME Mary E. Smith

(a) RESIDENCE NO. 1123 N. Stricker ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced (or) WIFE of HUSBAND of Thomas D. Smith

6 DATE OF BIRTH (month, day and year) Feb 1875 ~~Feb~~ 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Alexander Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lottie Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs Eliza Dorsey 1123 N. Stricker

15 Filed ....., 19 ..... Registrar

AUG 24 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-22-1925

17

I HEREBY CERTIFY, That I attended deceased from 8-15-1925 to 8-22-1925 that I last saw her alive on Aug 22 - 1925, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

C. valvular disease of heart

(duration) two yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs & symptoms

(Signed) John E. Semper M. D.

8-22-1925 (Address) 1405 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL Aug 25th 1925

20 UNDERTAKER — ADDRESS

James E. Lafayette Bosman

E 01424

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-009

E 01424

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1713 Fremont Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. H. Switzer

(Residence in Baltimore: No. 1002 Franklin Road St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 25th 1865
(Month) (Day) (Year)

7-AGE, 40 yrs. 5 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Auto Radiator Repairs
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto

PARENTS.

10-NAME OF FATHER, Geo. H. Switzer

11-BIRTHPLACE OF FATHER, (State or Country) Balto

12-MAIDEN NAME OF MOTHER, Elizbeth E. Barrett

13-BIRTHPLACE OF MOTHER, (State or Country) Wash DC

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry G. Switzer

(Address) Norfolk Va

15-

Filed AUG 24 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21st 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acetyline Gas Poisoning.

(Duration) ....yrs. 15 mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno. R. Norton M. D.
(Coroner.)

Aug 23rd 1925 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL
Loudon Park	Aug 24th 1925

20-UNDERTAKER,	ADDRESS
F. B. Wagner & Son	850 W. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01425

CERTIFICATE OF DEATH.

1-101-001

E 01425

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. John Boratsky

(a) RESIDENCE NO. 2404 Fleet ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 6 - 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore. (State or country) Md.

PARENTS

10 NAME OF FATHER Albert Boratsky.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Anna Ruczynska.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Mrs. Anny Pospisnina.
(Address) 2404 Fleet St.

15 Filed AUG 24 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1925, to Aug 23, 1925, that I last saw him alive on Aug 23, 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Empyema

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Boston, Mass

Did an operation precede death? Yes Date of - 8/22/25

Was there an autopsy? No

What test confirmed diagnosis? Pneumococcus Type I

(Signed) Philip Jacobson, M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem.,	Aug 26, 1925.
20 UNDERTAKER M. F. Sadowski.,	ADDRESS 905 S. Ann

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks. Shukri Naame

HEALTH DEPARTMENT—CITY OF BALTIMORE

18 3993 E 01426 ✓ E 01426 X135

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 7-1

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shukri Naame.

(a) RESIDENCE NO. Atlantic City N.J. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Syria

PARENTS

10 NAME OF FATHER: Hillar Naame

11 BIRTHPLACE OF FATHER (city or town) (State or country): Syria

12 MAIDEN NAME OF MOTHER: Saide Kehdy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Syria

14 Informant (Address): Friends JOHNS HOPKINS HOSPITAL

15 Filed AUG 24 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 19 - 1925 to Aug 24 - 1925, that I last saw him alive on Aug 24 - 1925, and that death occurred, on the date stated above, at 7:00 p. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Prostatic enlargement

(duration) yrs. 11 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Winfield W. Scott M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Atlantic City N.J.

DATE OF BURIAL: Aug 24 1925

20 UNDERTAKER: Geo W. Frick & Son

ADDRESS: 811 N Wolfe

HOW to fill out certificates. See instructions on back of

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01427.

CERTIFICATE OF DEATH.

21-7 1001

E 01427.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 508 Evesham ave ST., WARD

2-FULL NAME James H. Spencer

(a) RESIDENCE NO. 508 Evesham ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kathleen Spencer

6 DATE OF BIRTH (month, day, and year) Sept 26 1866.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
59.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Engineer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER William Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Margaret Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Mrs Geo Sollitt

(Address) 2324 Lucknow Evanston Ill.

15 Filed AUG 24 1925 ROBERT R. KRAUSER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 21 , 1925, to Aug 23 , 1925, that I last saw him alive on Aug 22 , 1925, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? -

(Signed) Maurice Lazenby, M. D.

8/24, 1925 (Address) 18 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Victoria Ontario Canada	Aug 24 1925

20 UNDERTAKER John O. Mitchell ADDRESS 120 W Fayette St

HOW IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01428 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01428

CERTIFICATE OF DEATH.

Registered No. 31

1-PLACE OF DEATH

City of BALTIMORE: (No. 612 N. Decker Ave St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles George Hoehn

(a) Residence No. 612 N. Decker Ave St., Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 2 mos. 30 ds. How long in U. S., if of foreign birth? 38 yrs. 2 mos. 30 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Hoehn

6-DATE OF BIRTH (month, day and year): May-23-1887

7-AGE: 38 yrs. 2 mos. 30 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Frederick Hoehn

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Matilda Staub

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant) Mrs. Katherine Hoehn (Wife)

(Address) 612 N. Decker Ave

15-

Filed ..... 192. ROBERT R. KRAMER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug. 22 1925

17- I HEREBY CERTIFY, That I attended deceased from August 1, 1925, to August 22, 1925.

that I last saw him alive on August 22, 1925

and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis-
Laryngeal Tbc-

(Duration) yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(Duration) about yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Yes - Sputum Exam

(Signed) Louis F. Blumrein M. D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Aug. 25- 1925

20-UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01429

CERTIFICATE OF DEATH.

1-4 13 E 01429

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ~~2223~~ 1007 S. Potomac ST.: WARD)

2-FULL NAME Edward Wagner

(a) RESIDENCE. No. 1007 S. Potomac ST., / WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 13, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Kwasna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mrs. Mary Wagner
(Address) 1007 S. Potomac St.

15 Filed AUG 24 1925 19[illegible] ROBERT R. KRAMER Registrar

Registrar Record Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1925 to Aug. 23, 1925 that I last saw him alive on Aug. 23, 1925 and that death occurred, on the date stated above, at 8:00 A.M. The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia, following
Entero-Colitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bromwhar, M. D.

8-24 25 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	8/27/25
20 UNDERTAKER	ADDRESS
Stephen Stackowski	1035 Fleming

Spec.—1-10-21—M&T—1500 Bks.

E 01430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 ✓

REGISTERED NO. E 01430

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Valley ST., 9-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. F. Kehoe

(a) RESIDENCE NO. 1329 Valley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 16 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector for O&B

(b) General nature of industry, business, or establishment in which employed (or employer) Crown Cork & Seal Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Falls (State or country) Md.

PARENTS

10 NAME OF FATHER Patrick Kehoe

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Catherine Noonan

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Miss. Ida. M. Kehoe

(Address) 1329 Valley St.

15 Filed AUG 24 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 19 25

17 I HEREBY CERTIFY, That I attended deceased from Apr 25 , 19 25 , to Aug 23 , 19 25 , that I last saw him alive on Aug 23 , 19 25 , and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Culmonalis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of ——

Was there an autopsy? no

What test confirmed diagnosis? Chys, Symp

(Signed) Dr. C. Cathell M. D.

Aug 24 1925 (Address) 1114 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Aug 26 19 25

20 UNDERTAKER Henry Hoerdt Son ADDRESS 1301 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01431 E 01431

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2740 Parkwood ave St.) 13-5 (WARD) 24-08

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Alicia Woods

(a) RESIDENCE NO. 2740 Parkwood ave WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Franklin D. Woods

6 DATE OF BIRTH (month, day, and year) Jan 1st 1846

7 AGE 79 Years 7 Months 23 Days If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Louis Rayzno

11 BIRTHPLACE OF FATHER (city or town) Phila. (State or country)

12 MAIDEN NAME OF MOTHER Martha Baker

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Miss Grace Woods

(Address) 2740 Parkwood ave

15 Filed ..... , 19 ..... Registrar

Burial Permit Clerk

AUG 24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1925, to Aug 23, 1925, that I last saw her alive on Aug 22, 1925, and that death occurred, on the date stated above, at 9.20 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Left side paralysis)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Hyde, M. D.

, 19 (Address) 1100 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Aug. 25 1925

20 UNDERTAKER Geo Schilling & Sons ADDRESS Monument Square

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 01432 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01432

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. 9

CITY OF BALTIMORE: (NO. ..... ST., 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Girl Kess

(a) RESIDENCE NO. 1510 E. Monument ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. Late mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Black | 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-24-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Leubain Kess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dana ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Robert F. Harriden, Registrar

4 1925 [illegible] Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1925

17 I HEREBY CERTIFY, That I attended deceased from July 3 - 1925 to Aug 22 1925.

that I last saw h alive on Aug 22 1925.

and that death occurred, on the date stated above, at 8:05 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Pertussis, Otitis Media

(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel	Aug 24 1925
20 UNDERTAKER John W Henderson	ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01433

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01433

CERTIFICATE OF DEATH.

REGISTERED NO. 1614

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 126 Richmond ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Edward Green

(a) RESIDENCE No. 126 Richmond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 22 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 10 min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Doyle Peter Green

11 BIRTHPLACE OF FATHER (city or town) Warrenton Co

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Jessie Peters

13 BIRTHPLACE OF MOTHER (city or town) Chatham Co

(State or country) Va

14 Informant Mrs Jessie Green

(Address) 126 Richmond St

15 Aug 24 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 22, 1925, to Aug 22, 1925,

that I last saw him alive on Aug 22, 1925

and that death occurred, on the date stated above, at 7:10 m.

The CAUSE OF DEATH* was as follows:

Prematurely - 6 mos

Child

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas E Bell, M. D.

, 19 (Address) 1224 Belmont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

AUG 24 1925

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01434

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Rose Hill Terrace ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgia A. Hall

(a) RESIDENCE NO. 522 Rose Hill Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 30-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 3 years

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Hall

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Eliza A. Taylor

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Harry C. Hall
(Address) 522 Rose Hill Terrace

15 Filed Aug 24 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1925

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1925, to Aug. 22, 1925, that I last saw h[illegible] alive on Aug. 25, 1925, and that death occurred, on the date stated above, at 7 55 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

2

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar P. Sandrock, M. D.

, 19 (Address) 15 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Taylor's Chapel (Hillen Road) DATE OF BURIAL Aug 25 1925

20 UNDERTAKER Horace H. Burgee ADDRESS 363 Falls Rd.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01435

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01435

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No. Bay View Asylum St. 76-1 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laurence McClellan

(a) RESIDENCE NO. Baltimore City Hospitals ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1839.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	86.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inmate at Inst.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address) Baltimore City Hospitals

15 Filed 24 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 21. 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1. 1924. to August 21. 1925.

that I last saw h. alive on August 21. 1925.

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis & Stone formation

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilitation of Heard (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Wm. P. Chamberlain, M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 8/24 1925

20 UNDERTAKER John J. Fahey & Sons

ADDRESS 312 Light St.

TION is very important. See instructions on back of certificates.

E 01436 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01436

CERTIFICATE OF DEATH. Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 206 S. 8th St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zygmunt Długokencki

(Residence in Baltimore: No. 206 S. 8th St.; yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word)
male	white	married

6-DATE OF BIRTH. May (Month) 26 (Day) 1885 (Year)

7-AGE.	If LESS than 1 day,
40 yrs. 2 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Rigger
(b) General nature of industry, business, or establishment in which employed (or employer). Bethlehem Steel

9-BIRTHPLACE, (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Casmir Długokencki

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Długokencki

(Address) 206 S. 8th St.

15- Robert F. Harrison

Filed Aug 25 1925 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 22 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 24 mos. ds.

CONTRIBUTORY (Secondary) Dilated Heart

(Duration) yrs. 1 mos. 3 ds.

(Signed) John M. Fenton M. D. (Coroner.)

Aug 24 1925 (Address) York Chaus

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	aug 25 1925

20-UNDERTAKER.	ADDRESS
John M. Weber	703 Bank St

Spec.—1-10-21 M&T 1500 Bks.

Duplicate, 4 forms

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01437

E 01437

CERTIFICATE OF DEATH.

9-413

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 612 Gutman Ave ST., 9-4 WARD)

2-FULL NAME John A. Gosnell

(a) RESIDENCE NO. 612 Gutman Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct 13. 1924

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Sinclair B. Gosnell

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Irene V. Krumholtz

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md

(State or country)

14 Informant Sinclair B. Gosnell

(Address) 612 Gutman Ave

15 Filed Aug 24 1925, 19 (Robert F. Harrison,) Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug-19, 1925, to Aug 23, 1925, that I last saw him alive on Aug 22, 1925, and that death occurred, on the date stated above, at 5 40 P. m.

The CAUSE OF DEATH* was as follows:

Enterocolitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Haas, M. D.

(Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 25 1925
20 UNDERTAKER	ADDRESS
W. J. Cook	502 E North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01438

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01438

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto. Gen. Hosp. 5-40

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15 ST., WARD)

2-FULL NAME Mrs. Verna Best

(a) RESIDENCE NO. 1910 Edmondson ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write this word): Married

5a If married, widowed, or divorced (or) WIFE of: Emory F. Best

6 DATE OF BIRTH (month, day, and year): March 6, 1889

7 AGE — Years: 35 — Months: 5 — Days: 18 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Chas. P. Mansfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): St. Michaels, Md.

12 MAIDEN NAME OF MOTHER: Maude E. Roach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Hinton, West Va.

14 Informant: Mrs. Verna Best

(Address) 1910 Edmondson ave

15 Filed Aug 24 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): aug. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from aug. 14, 1925, to aug 24, 1925, that I last saw her alive on aug 24, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Ruptured typo-salpinx acute appendicitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Chronic Pulmonitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?: Home

Did an operation precede death? Yes Date of aug 14/925

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory Surgery

(Signed) Jno. Hunter Wilson M.D.

(Address) West Balto & Ham.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Aug 26 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 501 E Nort.

ATTENTION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 01439

HEALTH DEPARTMENT—CITY OF BALTIMORE

160 E 01439

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Falls Rd. ST. 13-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hollinger

(a) RESIDENCE NO. 1027 Falls Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 23, 1925

7 AGE	Years	Months	Days	If LESS than 1 day 16 hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Earl S. Hollinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. Co., Md.

12 MAIDEN NAME OF MOTHER Arabel Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Franklin Co Pa

14 Informant (Address) Earl S. Hollinger 1027 Falls Rd.

15 Filed 8 24 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1925 to Aug 24, 1925, that I last saw him alive on 8/24, 1925, and that death occurred, on the date stated above, at 10 20 a.m.

The CAUSE OF DEATH* was as follows:

Icterus Gravis.

16½ hrs.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

8/24, 1925 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Waynesboro Pa DATE OF BURIAL Aug 25, 25

20 UNDERTAKER A J Marshall ADDRESS 1539 Falls Road

Spec.—1-10-21—M&T—1500 Bks.

E 01440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01440

CERTIFICATE OF DEATH. 88

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 Edgerton Road ST., 15-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Thomas,

(a) RESIDENCE No. 3808 Edgerton Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Effie G. Thomas,

6 DATE OF BIRTH (month, day, and year) Jan. 3. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Oppenheim Oberndorf Co.

9 BIRTHPLACE (city or town) Willimgton (State or country) Vermont

PARENTS

10 NAME OF FATHER: Warden Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Vermont

12 MAIDEN NAME OF MOTHER: Sabre Dickinson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mass.

14 Informant: Mrs Effie G. Thomas (Address) 3808 Edgerton Road

15 Filed 8 24 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1925, to Aug 24, 1925 that I last saw him alive on Aug 24, 1925 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Acute
Cardiac Dilatation
Pulmonary Oedema.

(duration) yrs. mos. days.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. hrs. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. G. Dunn, M. D.

8/24. 1925 (Address) 3501 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: AUG 26 1925, 19

20 UNDERTAKER: Geo W Little

ADDRESS: [illegible] EDMONDSON AVE.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Lazicka
800 N Patterson Park

E 01441

CERTIFICATE OF DEATH.

E 01441

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3228 Ellerslie Av. ST., 9-3 WARD)

2-FULL NAME William E. Proctor

(a) RESIDENCE NO. 3228 Ellerslie ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida F. Proctor

6 DATE OF BIRTH (month, day, and year): Feb 21

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plaster

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: Robert B Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Elizabeth Coe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant: Ida F. Proctor

(Address) 3228 Ellerslie Ave

15 Filed ..... 19 ..... Registrar

Robert P. Harrison

8 4 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-23 1925

17

I HEREBY CERTIFY, That I attended deceased from 8-1 1925 to 8-23 1925

that I last saw him alive on 8-23 1925

and that death occurred, on the date stated above, at 10:20 A m.

The CAUSE OF DEATH was as follows:

Mitral Insufficiency
Cardiac Failure

(duration) yrs. 1 mos de.

CONTRIBUTORY (Secondary): Broncho Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Signed: F. Lyndrup M. D.

19 19 (Address) 800 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 NAME OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Aug 26 1925

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01442

CERTIFICATE OF DEATH. 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1611 N. Pulaski ST., 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Roberts

(a) RESIDENCE NO. 1611 N. Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Sidney E. Roberts

6 DATE OF BIRTH (month, day, and year) July 27. 1875

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50		25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER John F. Groscup

11 BIRTHPLACE OF FATHER (city or town) N. Y. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Snyder

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Sidney E. Roberts

(Address) 1611 N. Pulaski St

15 Filed 24 1925, 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1925, to Aug 22, 1925, that I last saw her alive on Aug 22, 1925, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Carcinoma of pubic region.

(duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No are symptoms typical

What test confirmed diagnosis? Microscopical exam.

(Signed) W. F. Lemmon, M. D.

19 (Address) 243 W Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Aug. 25 1925

20 UNDERTAKER: Margaret D. Flynn — ADDRESS: 822 Lafayette

Burial Permit Clerk

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

E 01443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01443

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 Hanover ST., 23-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta E. Powell

(a) RESIDENCE NO. 1328 Hanover St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Powell

6 DATE OF BIRTH (month, day, and year) March 6, 1835

7 AGE Years	Months	Days	If LESS than 1 day... hrs or ... min.
90			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER William Kelne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Francis Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Martha E. Knaicker

(Address) 1328 Hanover St

15 Filed 8 24 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to Aug. 23, 1925,

that I last saw her alive on Aug. 22, 1925,

and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency of heart

(duration) about 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ------

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - - -

Was there an autopsy? - - - no - - -

What test confirmed diagnosis? physicial findings

(Signed) Harry Kleibel M.D.

8/24. 1925 (Address) 1224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL Aug 26 1925

20 UNDERTAKER Margaret L. Flynn ADDRESS 1422 Light St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks. Name Alex (correct)

E 01444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01444

CERTIFICATE OF DEATH.

60-66

1-PLACE OF DEATH Union Memorial Hospital

Registered No.....

City of BALTIMORE: (No.....St., 1V-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Alex Jenkins (Rose)

(a) Residence No. Pylesville, Md St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Alex Jenkins

6-DATE OF BIRTH (month, day and year) Sept. 2, 1892

7-AGE. 32 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William Simkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER, Sarah Sparks

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Whiteford Md.

14- (Informant) Lee Simkins

(Address) Pylesville Md

15- Filed 8-24 1925 19.. Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 24-25

17- I HEREBY CERTIFY, That I attended deceased from August 16, 1925 to Aug. 24 1925

that I last saw her alive on Aug 24 1925

and that death occurred, on the date stated above, at 5-10 p. m.

The CAUSE OF DEATH* was as follows:

Post operative Thyroidectomy

& complications of Pneumonia

origin of nature of toxemia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 17-1925

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Charles Holmes Boyd M. D.

19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Pylesville Md.	August 26 25
20-UNDERTAKER.	ADDRESS
H Howard Webb	Forest Grove Pa

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

E 01445 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01445

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 N. Patterson Park Ave ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME KATHARINE MIELCAREK,

(a) RESIDENCE NO. 535 N. Patterson Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 35 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White,	Widow,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Mielcarek,

6 DATE OF BIRTH (month, day, and year) Not known,

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland,

PARENTS

10 NAME OF FATHER Walenty Budzynski,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Not known,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

14 Informant Mrs. Ament, Daughter

(Address) 535 N. Patterson Park Ave

15 Filed AUG 25 1925, 19 ROBERT R. KRAMES Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-24 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-1 1925, to 8-24 1925,

that I last saw her alive on 8-23 1925,

and that death occurred, on the date stated above, at 8:40 P.M.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Kelly Bayne, M. D.

8-25 1925 (Address) 5001 Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy-Rosary Cem.

DATE OF BURIAL Aug 27. 1925.

20 UNDERTAKER W. F. Sadowski.

ADDRESS 905 S. Ann

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 01446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

198 E 01446

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hos ST., 5-2 WARD)

2-FULL NAME Pleas O. Connor

(a) RESIDENCE NO. 335 Forest ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Linkey Connor

6 DATE OF BIRTH (month, day, and year) [illegible] 1880 estimated

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer X

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Olga Gillmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Martha Stokes
(Address) 336 Forest

15 Filed AUG 25 1925 Registrar ROBERT R. KRAUTER

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning & Injuries
with Suspicion of Rape
Murder

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. 1/2 ds.

(Signed) James M Fenton, M. D.
(Coroner.)

August, 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? From 7 336 Forest

Former or usual residence " "

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Clover Va.	Aug 27 1925

20 UNDERTAKER Chas. H. Johnson ADDRESS 467 W Carlton St

E 01447. HEALTH DEPARTMENT—CITY OF BALTIMORE. E 01447.

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 528 Hanover St. St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Washington Hall

(Residence in Baltimore: No. 528 Hanover St. St.; yrs., 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. about 1856 (Month) (Day) (Year)

7-AGE. 39 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Chair maker
(b) General nature of industry, business, or establishment in which employed (or employer) (Ind. Shop for the blind)

9-BIRTHPLACE, (State or Country), Balto. Co. Md.

PARENTS.

10-NAME OF FATHER, Alex Hall

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Lucy Hall

13-BIRTHPLACE OF MOTHER, (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Hall

(Address) 764 Sarah Ann St

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 27, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) ~~was~~ History

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. T. Hennessy M. D. (Coroner.)

Aug 27, 1925. (Address) 502 Cathedral St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem.	8/25/1925
20-UNDERTAKER.	ADDRESS
Daniel Easton	916 Pa ave.

AUG 27 1925 ROBERT R. KRAUTER Registrar Bureau Records

Keep this certificate. It is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 01448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 01448

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519-N-Vincent ST., 19-1 WARD)

2-FULL NAME Wathena Carter

(a) RESIDENCE NO. 519-N-Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Building

(c) Name of employer 9

9 BIRTHPLACE (city or town) (State or country) Green Springs Va

PARENTS

10 NAME OF FATHER William Watney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Hulda Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Martha Jones

(Address) 619 N Vincent

15 Filed AUG 25 1925 19 ROBERT P. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 19 25

17

I HEREBY CERTIFY, That I attended deceased from Aug 18, 19 25, to Aug 23, 19 25, that I last saw him alive on Aug 23, 19 25, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wesley E Gordon, M. D.

, 19 (Address) 1618 East Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
MT Auburn Cem	8/25/1925
20 UNDERTAKER Dennis Carbon	ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01449

CERTIFICATE OF DEATH.

24-1 179 VE 01449

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1271 William St ST., WARD)

2-FULL NAME Frank P. Seidl.

(a) RESIDENCE NO. 1271 William St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Seidl

6 DATE OF BIRTH (month, day, and year) January 26, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	6	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Balto City

9 BIRTHPLACE (city or town) Balto Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Simon Seidl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Seidl (Address) 1271 William St

15 Filed AUG 25 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 23 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to Aug 23, 1925, that I last saw him alive on Aug. 23, 1925, and that death occurred, on the date stated above, at 7 10 P. m.

The CAUSE OF DEATH* was as follows:

Hypertention

Chronic Interstial Nephritis

Myocarditis.

(duration) yrs. 1 mos 17 ds.

CONTRIBUTORY (Secondary) Sen Stroke.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Thos F. Stevens, M. D.

8/24 1925 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A A Co — DATE OF BURIAL 8-27 1925

20 UNDERTAKER Ehrle Bros — ADDRESS 115 E Hoffman St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01450

CERTIFICATE OF DEATH.

57

E 01450

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L Meyer

(a) RESIDENCE No. 1061 South Charles Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Not Known yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Meyer

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Ambrose Vogt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Bauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records

(Address)

15 Filed ..... 19 .....

AUG 25 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24th 1925

17

I HEREBY CERTIFY, That I attended deceased from August 24th, 1925, to August 24th, 1925, that I last saw h alive on Aug 24th, 1925 and that death occurred, on the date stated above, at 1.25 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Diabetes Mellitus

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocardial failure.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Coroner's Case.

What test confirmed diagnosis? Clinical data

(Signed) G. S. Winstead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem

DATE OF BURIAL 8-27 1925

20 UNDERTAKER Ett B Hoke

ADDRESS 115 E West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01451

CERTIFICATE OF DEATH.

118 E 01451

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore ST., Ward) General Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Young

(a) RESIDENCE NO. 602 Dukeland St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 8-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ? (State or country) Maryland

PARENTS

10 NAME OF FATHER William Ishehart

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Sullivan

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Maryland

14 Informant August Bopp (Address) 602 Dukeland Ave

15 Filed , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-25 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1925, to Aug. 25, 1925, that I last saw h alive on Aug. 25, 1925, and that death occurred, on the date stated above, at 3:45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Chronic Nephritis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 8-22-25

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) J. M. Mc Carty, M. D.

(Address) W. Balto. Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 8-27 1925

20 UNDERTAKER Ed B Stark 115 E West St — ADDRESS

TION is very important. See instructions on back of ... k of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01452 ✓ E 01452

CERTIFICATE OF DEATH.

129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 160 N. Chapla ST., 8-2 WARD)

2-FULL NAME Margaret E. Kelbel

(a) RESIDENCE NO. 160 N. Chapla ST., WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 8. 1117

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	8	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School-Girl

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John R. Kelbel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marg. Schleicher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant John E. Kelbel
(Address) 160 N. Chapla St.

15 Filed AUG 25 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1925, to Aug. 23, 1925, that I last saw h[illegible] alive on Aug. 22, 1925, and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arte. Sil. of Heart, Oedema of Lungs

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. J. Kurr, M. D.

Aug. 24, 1925 (Address) 576 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Aug 26 1925

20 UNDERTAKER George L. Schwab — ADDRESS 1101 Eutaw St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01453

CERTIFICATE OF DEATH.

74-901 E 01453

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Huntingdon Ave (ST.) 12-I (WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Mull Ritter

(a) RESIDENCE No. 2608 Huntingdon Ave. WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christian Ritter

6 DATE OF BIRTH (month, day, and year): Nov. 12 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Louis B. Mull

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Augusta Wirt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mr. Christian Ritter 2608 Huntingdon Ave.

15 Filed AUG 25 1925 19 ROBERT R. KRAMER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1925, to Aug 24, 1925.

that I last saw h alive on Aug 24 1925

and that death occurred, on the date stated above, at 7.45 m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Chas Jones M. D.

(Address) 1120 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. | DATE OF BURIAL: Aug 27 1925

20 UNDERTAKER: Wm Pickuer Sons. | ADDRESS: Norfolk Va

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01454

CERTIFICATE OF DEATH.

185 E 01454

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 16-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary H. Rolker

(a) RESIDENCE NO. 2376 Arunah ST., Ave WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman H. Rolker

6 DATE OF BIRTH (month, day, and year) Nov 8 1857

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	2	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Herman H. Rolker

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Zellerwell

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs. Rolker
(Address) 2376 Arunah Ave

15 Filed ..., 192... Registrar

ROBERT R. KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to June death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. right Femur
(caused by fall in her home)
5 days (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia Hypostatic Tuberculosis
(duration) ... yrs. mos. ds.

(Signed) A.M. Riley, M. D.
(Coroner.)
June 25, 1923 (Address) 1639 Linway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 8/25 1923.

20 UNDERTAKER Wm. J. Eichner

ADDRESS Baltimore

Back of certificate. Items in this column are very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 01455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01455

CERTIFICATE OF DEATH.

16-118-001

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Baltimore General Hosp. ST., 16 WARD)

2-FULL NAME Mrs. Ina B. Bachman

(a) RESIDENCE NO. 2900 Belmont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 14 - 1872

7 AGE: 52 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): West Va.

PARENTS

10 NAME OF FATHER: Nathan Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): W Va

12 MAIDEN NAME OF MOTHER: Susan B Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W Va

14 Informant: John A. Bachman (Address) 2900 Belmont Ave

15 Filed , 19 Registrar

ROBERT N. KRAUTER

AUG 25 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-25 1925

17

I HEREBY CERTIFY, That I attended deceased from 8-24, 19 25, to 8-25, 19 25,

that I last saw h alive on 8-25-25, 19 25,

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Hemiplegia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of 8-24-25

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) D. Masenti, M. D.

, 19 (Address) West Balto General

*State the Disease Causing Death, or in deaths from Violent Nature state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: May 27 1925

20 UNDERTAKER: Chas. E. Branch — ADDRESS: 807 Madison Ave.

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01456 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01456

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ~~1205 E. Monument~~ ST., 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Glaser

(a) RESIDENCE NO. 1205 E Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 4 - 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — ONO

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Herman Glaser

11 BIRTHPLACE OF FATHER (city or town) Russia. (State or country)

12 MAIDEN NAME OF MOTHER Gitta Mondros

13 BIRTHPLACE OF MOTHER (city or town) Russia. (State or country)

14 Informant Herman Glaser (Address) 1205 E Monument St.

15 Filed AUG 25 1925 ROBERT P. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-24 1925

17 I HEREBY CERTIFY, That I attended deceased from aug. 22, 1924 to aug 24, 1924.

that I last saw him alive on 8-24, 1925

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis (general)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute appendicitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northern circle Cem | DATE OF BURIAL aug 25 19

20 UNDERTAKER Jos Levis | ADDRESS 1434 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01457

CERTIFICATE OF DEATH.

E 01457

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST., 13-5 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD .....

2-FULL NAME Alphonsus Butler

(a) RESIDENCE NO. 2435 Ethan (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Lifte mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Black | 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7

7 AGE Years — Months 7 — Days — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER James Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Frances West

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friend

(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 25 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 17 .1925. to Aug 22 .1925. that I last saw him alive on Aug 22 .1925 and that death occurred, on the date stated above, at 7 45 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia, broncho (secondary) 5

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition, acute gastro intestinal (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Arj Jacobus, M. D.

. 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER ROBERT R. KRAUTER AUG 25 1925

Burial Permit Clerk.

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01458

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST., 15-12 WARD)

2-FULL NAME Baby Girl Hutt

(a) RESIDENCE NO. Hebrew Hospital - 1821 N. Bentalou ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 21-1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Harry Hutt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Ida Engel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Harry Hutt (Address) 1821 N. Bentalou st.

15 Filed Aug 25 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1925, to Aug 24, 1925, that I last saw h[illegible] alive on Aug 24, 1925, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Hebrew Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical test

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel

DATE OF BURIAL Aug. 25 1925

20 UNDERTAKER Jack Levin

ADDRESS 1499 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 01459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01459

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Elliott ST., 16-8 WARD)

2-FULL NAME William Beynon

(a) RESIDENCE NO. 3407 Elliott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/1/1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER William Beynon

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Wales

12 MAIDEN NAME OF MOTHER Mary Richards

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Wales

14 Informant Mrs Mary Schumann
(Address) 3407 Elliott St

15 Filed AUG 25 1925, 19.... ERI R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/24/1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Aug 24, 1925, that I last saw h.. alive on Aug 23, 1925 and that death occurred, on the date stated above, at 10.20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

from Colitis (duration) One yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Cushman, M. D.
Aug 25, 1925 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Mount Carmel

DATE OF BURIAL
Aug 27 1925

20 UNDERTAKER
John Merrick

ADDRESS
2008 Orleans

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01460

CERTIFICATE OF DEATH

E 01460

1-PLACE OF DEATH Franklin Sq. Hospital

REGISTERED NO. 185

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-5 ST., WARD)

2-FULL NAME James J. Catterton

(a) RESIDENCE NO. 811 N. Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie M. Catterton

6 DATE OF BIRTH (month, day, and year): 1851

7 AGE: Years 75; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Fireman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Catterton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Prudence E. Roberts 811 E. Monroe St

15 Filed AUG 25 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 20 19 25

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 19 25, to Aug 23, 19 25.

That I last saw h in alive on Aug 23, 19 25

and that death occurred, on the date stated above, at 11.00 m.

The CAUSE OF DEATH* was as follows:

Cardiac Embolism

Few minutes (duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus 4 yrs 5 mos and

True (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis Culpepper, M. D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 8/26 1925

20 UNDERTAKER: J. Tabley Jones

ADDRESS: 1318 Eight St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.— 1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01461 — 161-001 — E 01461

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 St. Edward St.: 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of John & Gillian Schwartz

(a) RESIDENCE. NO. 101 St Edward ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER John P. Schwartz

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Gillian Stuart

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant John P. Schwartz
(Address) 101 N. Edward St

15 Filed AUG 25 1925 19 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1925, to Aug 24, 1925, that I last saw h.. alive on Aug 24, 1925, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth (duration) 8 hrs yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wright & Wells, M. D.

Aug 25 19 25 (Address) 3132 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
PUBLIC CEMETERY	
20 UNDERTAKER Commissioner Health	ADDRESS AUG 25 1925
Per. Em. S. Wood	

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01462

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01462

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 6-1 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Erwin

(a) RESIDENCE NO. 208½ Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40 yr			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER William Erwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Mattie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1925, to Aug 20, 1925, that I last saw him alive on Aug. 20, 1925, and that death occurred, on the date stated above, at 12:45 9 m.

The CAUSE OF DEATH* was as follows:

Hypertension; Chronic nephritis; Myocardial failure

(duration) yrs. 11 mos ds. (History)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

8/21, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL AUG 25 1925

20 UNDERTAKER Robert F. Harrison,

Address

Registrar

25 1925

MORGUE

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

E 01463

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01463

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Sewell

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed AUG 25 1925, 19 Robert F. Harrison, Registrar

AUG 25 1925 MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to Aug. 22, 1925, that I last saw him alive on Aug. 22, 1925 and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Rt. hemiplegia (cerebral thrombosis)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (acute)

(duration) yrs. mos. 1 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller. M. D.

8/24, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health, ADDRESS AUG 25 1925

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—560 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 01464 ✓ 45 E 01464

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1122 N. Mount ST. 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Krell

(a) RESIDENCE NO. Joppa, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~

6 DATE OF BIRTH (month, day, and year) April 16, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Md

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Conrad Krell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Fred. Klein

(Address) Joppa Harford Co Md

15 Filed ..., 19 ... Registrar

G 25 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 21, 19 25, to Aug. 24, 19 25, that I last saw him alive on Aug. 24, 19 25 and that death occurred, on the date stated above, at 3 25 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma perirectal space

(duration) yrs. 6 mos ? ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 8/20/25 & 8/21/25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical data

(Signed) A. M. Rytina, M. D.

, 19 (Address) 530 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Joppa Md	1-27 19 25
20 UNDERTAKER	ADDRESS
David Davidson	Upper Falls Md

TION is very important. See instructions on back of ... k of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 01465

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... ST. 14-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Markowitz Berman —

(a) RESIDENCE NO. 1401 Madison ave — ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Unknown yrs. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE Emma Berman

6 DATE OF BIRTH (month, day, and year) July 4, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	1	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ret. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Sweden

PARENTS
10 NAME OF FATHER Sam Berman
11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Sweden
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (City or town) .....
(State or country) Sweden

14 Informant Mrs. Eva Berman
(Address) 1401 Madison Ave

Filed G 25 1925, 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/24/25. —

17 I HEREBY CERTIFY, That I attended deceased from 8/19/25, 19....., to 8/24/25, 19.....
that I last saw him alive on 8/24/25, 19.....
and that death occurred, on the date stated above, at 6.55 P m.
The CAUSE OF DEATH* was as follows:
Cardiac Decompensation —
Carcinoma of Stomach
(duration) ? yrs. ..... mos ..... ds.
CONTRIBUTORY (Secondary) Carcinoma of Stomach
(duration) ?, yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No —
What test confirmed diagnosis?
(Signed) W F Bryan M. D.
, 19 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem. — DATE OF BURIAL 8/26/1925

20 UNDERTAKER David Sondheim — ADDRESS 114 W. Mt. Royal Ave

Burial Permit Clerk.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01466 E 01466

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Andre Street ST., 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aleksander. Laczynski

(a) RESIDENCE NO. 1406 Andre Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 12 1924

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Stephen. Laczynski

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Julia. Gasiorowska

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mrs. Julia. Laczynska

(Address) 1406 Andre Street

15 Filed Aug 26 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/25/25

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1925, to Aug 25, 1925, that I last saw h[illegible] alive on Aug 25, 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

acute Gastro-enteritis

(duration) yrs. 3 mos 3 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Franz Januszewski M. D.

8/25/1925 (Address) 2431 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL aug 26 1925

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec,—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

183059 E 01467 JOHNS HOPKINS HOSPITAL 38 E 01467

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estella Murdock

(a) RESIDENCE No. 1037 Eutaw Place ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
	40	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Frank Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hattie Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1925, to Aug 25, 1925.

that I last saw h alive on Aug 25, 1925,

and that death occurred, on the date stated above, at 1 1/2a m.

The CAUSE OF DEATH* was as follows:

Cirhosis of liver

(or ~~Tuberculosis~~ post -

arsphenamine.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cholemia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Trevor Owen, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 8/25/25

20 UNDERTAKER Daniel Easton's

ADDRESS 516 Cathedral

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Blks.

E 01468

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01468

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 W Lanvale ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Bird

(a) RESIDENCE NO. 1017 W Lanvale ST. WARD Atlantic City N.J.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred One week How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Col'd | 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) House

(c) Name of employer J F Pearson

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant J. F. Pearson

(Address) Atlantic City N.J.

15 Filed 8 25 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/24/1925

17

I HEREBY CERTIFY, That I attended deceased from August 1, 1925 to Aug 24 1925.

that I last saw him alive on August 21, 1925.

and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows: Diabetes Mellitus

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stafford Brand, M. D.

, 19 (Address) 1119 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem | DATE OF BURIAL 8/26/1925

20 UNDERTAKER Dame Easton | ADDRESS 916 Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE V 01469

E 01469

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 Pitcher ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Cooper

(a) RESIDENCE. NO. 623 Pitcher ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas O Cooper

6 DATE OF BIRTH (month, day, and year): June 1883

7 AGE: Years 42 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Edw. Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Jennie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): James O. Cooper 623 Pitcher St

15 [illegible] 19

AUG 26 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 24. 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 6. 1925. to Aug 24. 1925.

that I last saw h.er alive on Aug 24. 1925.

and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Phthisis Pulmonalis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What lesl confirmed diagnosis?

(Signed) Thos J Woolsey M. D.

8-25 1925 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Weems Wlf. Sancaster Co. Va

DATE OF BURIAL: Aug 26 1925

20 UNDERTAKER: John H. Toadvine

ADDRESS 1027 Hanover Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01470

CERTIFICATE OF DEATH.

90

E 01470

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 Brantley ave ST.) (16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Annie P. Brantley

(a) RESIDENCE. No. 1042 Brantley ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of — Wm. H. Brown

6 DATE OF BIRTH (month, day, and year) — Jan. 23, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — House Duties

(b) General nature of industry, business, or establishment in which employed (or employer) — at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) — Balto. Md.

PARENTS

10 NAME OF FATHER — Jesse Potter

11 BIRTHPLACE OF FATHER (city or town) (State or country) — Md.

12 MAIDEN NAME OF MOTHER — Mary Shenton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) — Md.

14 Informant — Laura Langley
(Address) 1607 E. Biddle St.

15 Filed AUG 26 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) — Aug. 25 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18 — 1925 — to Aug. 25 — 1925; that I last saw h[illegible] alive on Aug 24 — 1925; and that death occurred, on the date stated above, at 8.55 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation (duration) short time yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual physical

(Signed) Carlton M. Betts, M. D.

Aug 25 1925 (Address) 2719 St. Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	Aug. 27 1925
20 UNDERTAKER	ADDRESS
Mr. & Mrs. John W. Teufel & Son	801 N. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01471

E 01471

CERTIFICATE OF DEATH.

8-24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 N. Wolfe ST.; 8-3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ackerman

(Residence in Baltimore: No. 1423 N. Wolfe st St.; 42 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, October 31, 1860
(Month) (Day) (Year)

7-AGE, 65 yrs. 9 mos. 24 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Foreman (Const.)
(b) General nature of industry, business, or establishment in which employed (or employer)..... B. B. Construction Co

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Caspar Ackerman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henrietta Brill

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Katherine Ackerman

(Address)..... 1423 N. Wolfe St.

15-
Filed AUG 26 1925, 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 24, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1925, to Aug. 24 1925, that I saw h.. alive on Aug 24 1925, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... 6 wks.
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary), Arteria

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) ..... M. D.

Aug 25, 1925. (Address) 1401 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, Aug 27, 1925
Immanuel Cemetery	
20-UNDERTAKER Henry Lutz	ADDRESS 1203 Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01472

100-001

CERTIFICATE OF DEATH.

E 01472

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 13-6 WARD)

2-FULL NAME Philip Barnett No 2.

(a) RESIDENCE NO. 2204 Callow Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late Rachael Barnett

6 DATE OF BIRTH (month, day, and year): [illegible] 1865

7 AGE: Years 60; Months —; Days —; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Beni Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Fany ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address): 1739 Eastern

15 Filed AUG 26 1925 19.. Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1925, to Aug. 25, 1925, that I last saw him alive on Aug. 25, 1925, and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) P. Nathan Selingo, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ginsberg

DATE OF BURIAL: Aug 27 19 25

20 UNDERTAKER: Jack Lewis

ADDRESS: 1739 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cer.—1-12-23—M&T—100 Bks.

E 01473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 E 01473

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 N. Carey ST., 15-13 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar J. Seidick

(a) RESIDENCE NO. 1323 N. Carey ST.; WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5-1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	14			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Jacob R. Smith

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Katherine Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Jacob R. Smith
(Address) 1323 N. Carey St.

15 Filed ..... 192.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)
(Address) 2 E Monument St.
Aug 24 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Aug. 26 1925
20 UNDERTAKER	ADDRESS
Virginia Brooks	463 N. Carey

TION is very important. See instructions on back of ... be properly classified. Exact statement of OCCUPA- ... ck of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Ohrenschall

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01474

CERTIFICATE OF DEATH.

129 E 01474

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Guilford Ave. ST., 20-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Minnie M. Ohrenschall

(a) RESIDENCE NO. 526 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - Mr. Ohrenschall

6 DATE OF BIRTH (month, day, and year) June 26/1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	54	1	29	

8 OCCUPATION OF DECEASED — Housewife

(a) Trade, profession or particular kind of work ... 7 637

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore-Md

PARENTS

10 NAME OF FATHER - John Hoaslewop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Minnie Ohrenschall

(Address) 526 N. Monroe

15 FILED AUG 26 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-24 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/8, 1925, to 8/24, 1925, that I last saw her alive on 8/24, 1925, and that death occurred, on the date stated above, at 10.10 P m.

The CAUSE OF DEATH* was as follows: Diffuse nephritis

Exfoliative dermatitis

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 8/27/25

20 UNDERTAKER Geo. W. Bell & Son — ADDRESS 2503 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

01475

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 E 01475

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 29 E. Montgomery ST., 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norma R. Colbourne

(a) RESIDENCE NO. 29 E. Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 22, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (M)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

PARENTS

10 NAME OF FATHER John W. Colbourne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co., Md.

12 MAIDEN NAME OF MOTHER Elizabeth F. Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Caroline Co., Md.

14 Informant Mrs. Elizabeth Colbourne

(Address) 29 E. Montgomery St.

15 Filed AUG 26 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1925, to Aug 25, 1925, that I last saw her alive on Aug 25, 1925, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory test

(Signed) J Edward Norris, M. D.

Aug 26, 1925 (Address) 107 E mass st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: East New Market Cemetery — DATE OF BURIAL: Aug 26 1925

20 UNDERTAKER: Dorchester Co Md — ADDRESS: John F Denny — 705 Light St

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01476 — CERTIFICATE OF DEATH. — E 01476

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 255 N Robert St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Malina Meikle

(Residence in Baltimore: No. 255 Robert St.; yrs. 49 mos. 11 ds. 13.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: September 11th 1875 (Month) (Day) (Year)

7-AGE: 49 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of Industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Jas. Meikle

11-BIRTHPLACE OF FATHER (State or Country): Scotland

12-MAIDEN NAME OF MOTHER: Clara J. Looker

13-BIRTHPLACE OF MOTHER (State or Country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jo. W. C. Meikle (Hsr.)

(Address) Lum & Park

15-

Filed AUG 26 1925 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 24th 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said — (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) C. J. Pennessy M. D. (Coroner.)

Aug 24 1925 (Address) 202 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemy — DATE OF BURIAL: Aug 27th 1925

20-UNDERTAKER: STEWART & WOODEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta. is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

183685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01477 — 749 — E 01477.

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-1 ST., WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lida Bethell

(a) RESIDENCE NO. St Petersburg Fla ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of S. U. Bethell.

6 DATE OF BIRTH (month, day, and year) Jan 8 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Theodore Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Sarah Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Relends (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

AUG 26 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 8 - , 1925 , to Aug 24 , 19 25 , that I last saw her alive on Aug 24 - , 1924 , and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor Malignant

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fla.

Did an operation precede death? Yes Date of Aug 14 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological Exam

(Signed) Warfield M Theobald, M. D.

Aug 26 19 (Address) J. H. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa — DATE OF BURIAL 8-26-25

20 UNDERTAKER H. E. Hughes — ADDRESS 1st & Broadway

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state what it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01478 — 90 E 01478

1-PLACE OF DEATH — REGISTERED NO. 27-9

CITY OF BALTIMORE: (No. St. Agnes' Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roland Curtis

(a) RESIDENCE NO. 4201 Glenarm Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Curtis

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Alma Curtis

(Address) 4201 Glen Ave.

15 Filed ..., 19... ROBERT R. KRAUTER, Registrar

AUG 26 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25 1925

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to Aug. 25, 1925, that I last saw him alive on Aug. 25, 1925, and that death occurred, on the date stated above, at 7^00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

C

High blood pressure (duration) ? yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Coma (differentiated

(Signed) J. Theron Hunter, M. D.

8/26, 1925 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Aug. 28 1925

20 UNDERTAKER — ADDRESS

H.C. Wiedefeld, 914 Greenm't. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01479 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01479

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH side Gates The 10-2 REGISTERED NO.

CITY OF BALTIMORE; (No. ..... ST., ... WARD ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Harrigan

(a) RESIDENCE NO. Preston & Valley Sts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	95			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. (HD)

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... Ireland
(State or country)

PARENTS

10 NAME OF FATHER Michael Harrigan

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Sister Josephine
(Address) Little Sisters of the Poor Preston & Va

15 Filed Aug 25, 19 25. ROBERT H. KRAUTER Registrar
AUG 26 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...,
that I last saw h alive on Aug 23, 1925,
and that death occurred, on the date stated above, at 11 a. m.
The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

Aug 25, 1925 (Signed) F. A. Warner, M. D.
(Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catholic Cemetery	Aug 26 1925

20 UNDERTAKER N. E. Mudefield ADDRESS 914 Greene St

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01480

CERTIFICATE OF DEATH.

E 01480

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 715 S. Fiest ST.: (WARD) 26-5

2-FULL NAME Barbara Moelter

(a) RESIDENCE. No. 715 S. Fiest ST. 26 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Moelter

6 DATE OF BIRTH (month, day, and year) July 22 1869.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Joseph Sall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Britting

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Martin Moelter 715 S. 1st. St.

15 Filed AUG 26 1925, 19 — Registrar

AUG 26 1925 ROBERT R. PRETTYMAN
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1925, to Aug 23, 1925, that I last saw h. alive on Aug 23, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver. (duration) uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilated heart (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) M. J. McAvoy, M. D.

(Address) 839 S. Edwards

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Aug. 27 1925

20 UNDERTAKER: Lilly & Julen ADDRESS: 403 S. Wolfe St

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

16 3124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01481

CERTIFICATE OF DEATH.

113 E 01481

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 76-7 WARD)

2-FULL NAME Andrew Brickert

(a) RESIDENCE No. 414 S 14th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER John Brickert

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Anna Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant JOHNS HOPKINS HOSPITAL
(Address)

15 Filed AUG 26 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 - 1925

17 I HEREBY CERTIFY, That I attended deceased from July 20 - 1925, to Aug 26 - 1925, that I last saw him alive on Aug 26 - 1925, and that death occurred, on the date stated above, at 11:00 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea (Not dysentery)

(duration) yrs. mos 3 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? None

(Signed) C. J. Scott M. D.

8-24 1925 Address Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Aug 26 1925
20 UNDERTAKER	ADDRESS
Lilly and Zeile	403 S Wolfe St.

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 01482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01482

CERTIFICATE OF DEATH.

101-001

6-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1742 Mulliean ST., (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Allen Robinson

(a) RESIDENCE NO. 1742 Mulliean ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 19 1889

7 AGE — Years: 36 — Months: — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labor Odd
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: James Mastar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Cora Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: George Robinson
(Address) 1742 Mulliean St.

15 Filed AUG 26 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 11 - 1925 to Aug 23 1925
that I last saw he alive on Aug 23 1925
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:
(Broncho - Pneumonia

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Cold & Labar Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Test

(Signed) J H Wallers M. D.

19 (Address) 851 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druke Branch Va — DATE OF BURIAL: Aug 25 1925

20 UNDERTAKER: Mac R. G. Elliott — ADDRESS: 1725 Ashland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01483

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01483

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Bond St ST., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adella Johnson

(a) RESIDENCE NO. 403 N. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of or) WIFE of: Early Johnson

6 DATE OF BIRTH (month, day, and year): Feb 10/87

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
38	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): For self

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Georgia

PARENTS

10 NAME OF FATHER: Henry McGinnis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Sarah Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Sarah McGinnis

(Address): 403 N Bonds

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 24/1925

17

I HEREBY CERTIFY, That I attended deceased from July 24/ 19 25, to Aug 24/ 19 25, that I last saw h alive on Aug 24 19 25, and that death occurred, on the date stated above, at 12-05 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Richard E. Lanigan, M. D.

19 (Address) 514 E Baltimore St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery

DATE OF BURIAL: 27 Aug 25.

20 UNDERTAKER: Edward Bryan

ADDRESS: 1631 Orleans

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01484

CERTIFICATE OF DEATH.

169 E 01484

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 106 W. York (St.:) 22-2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Acree

(a) RESIDENCE. No. 106 W. York St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thos. F. Acree

11 BIRTHPLACE OF FATHER (city or town) (State or country) Caroline Co. Md.

12 MAIDEN NAME OF MOTHER Mary Pritchett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Caroline Co. Md.

14 Informant Thos. F. Acree
(Address) 106 W. York St.

15 Filed ... 19 ... Registrar

AUG 26 1925 — Robert R. Kramer — Public Records Office

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1925, to Aug 24, 1925, that I last saw him alive on Aug 24, 1925, and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert J. Green M. D.

8-26, 1925 (Address) 120 Forquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion	Aug 28

20 UNDERTAKER — ADDRESS

J. L. Brown & Son 108 S. Monroe

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

(John Fred Wessler)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01485

CERTIFICATE OF DEATH.

90 E 01485

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp ST., 21-1 WARD)

2-FULL NAME J. Fred Wessler

(a) RESIDENCE NO. Carroll Park ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dist. Park Supt 86

(b) General nature of industry, business, or establishment in which employed (or employer) Carroll St.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City of Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant St. Agnes Hosp.
(Address)

15 Filed AUG 26 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 17th 1925 to Aug 24th 1925

that I last saw h[illegible] alive on Aug 24th 1925

and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Cholecystitis with gall stones

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No. Coroner's Examination

What test confirmed diagnosis?

(Signed) Thos. D. B. E. Keegan, M. D.

, 19 (Address) 904 N. Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cem. | DATE OF BURIAL 8/26/1925

20 UNDERTAKER J. A. Moran | ADDRESS 300 E. Balto St.

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01486

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2021 (Cecil Ave) (ST.:) 9-5 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie J. Bechtold

(a) RESIDENCE. No. 2021 Cecil Ave ST.. WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/21 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jacob Bechtold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa C Holzapfel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Louisa C Bechtold

(Address) 2021 Cecil Avenue

15 Filed AUG 26 1925 19.....

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25. 1925

17

I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to Aug 25, 1925, that I last saw h[illegible] alive on Aug 25 1925, and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Metastasis in lungs.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of ½ yr ago

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

1925 (Address) 1523 H. Hust. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	8/28 1925

20 UNDERTAKER Albert L. Wiltz Jr 1606 ADDRESS 1606 N Chester St

NOTICE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01487

E 01487

CERTIFICATE OF DEATH.

REGISTERED NO. 15-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3703 Forest Park Ave (WARD)

2-FULL NAME Madge Rhea Prince

(a) RESIDENCE NO. 3703 Forest Park Ave. WARD Penna.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John Wm Prince

6 DATE OF BIRTH (month, day, and year) Mar. 3 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	55	5	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS
10 NAME OF FATHER: Clymer J. Rhea
11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.
12 MAIDEN NAME OF MOTHER: Mary J. Sheaffer
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): Mrs. Dee Coffman Oil City Pa

15 Filed ....., 19..... Registrar

AUG 26 1925 ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1925, to Aug 24. 1925.
that I last saw h[illegible] alive on Aug 24 1925 8.45 P m.
and that death occurred, on the date stated above, at [illegible] m.
The CAUSE OF DEATH* was as follows:

Lethargic encephelitis

(duration) yrs. 3 mos 17 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Oil City. Pa.
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Amurr L. Todd, M. D.
Aug 25 1925 (Address) 735 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oil City Pa. | DATE OF BURIAL: Aug 26 1925

20 UNDERTAKER: Wm Tickner Sons | ADDRESS: Norfolk Va

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01488

CERTIFICATE OF DEATH.

100-001

E 01488

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 1405-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Richard Charles Vicary

(a) Residence No. 1923 Longwood St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Carver

6-DATE OF BIRTH (month, day and year) Jan 6-1855

7-AGE. 70 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of industry, business, or establishment in which employed (or employer)..... farmer

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), England

PARENTS.

10-NAME OF FATHER, Geo. Vicary

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, Rose Carmichael

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), England

14- (Informant) Alice R. Goldsborough

(Address) 1923 Longwood St

15- AUG 26 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 26-25

I HEREBY CERTIFY, That I attended deceased from August 23, 19 25, to August 26, 19 25, that I last saw him alive on August 26, 19 25, and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Para tumor abscess Aspiration pneumonia

.....(Duration).....yrs. One mos.....ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia acute dilitation heart

.....(Duration).....yrs.....mos. 3 ds.

18-Where was disease contracted if not at place of death? Not known.

Did an operation precede death? yes Date of Aug 23 1925

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Canton, Ohio

DATE OF BURIAL, Aug 27, 19 25

20-UNDERTAKER: Wm J Tickner & Son

ADDRESS: N Pa

To plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01489

CERTIFICATE OF DEATH.

38 E 01489

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS ST., 9-7 WARD

CITY OF BALTIMORE: (NO.

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert M. Frank

(a) RESIDENCE NO. 1040 N. Central Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Frank

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Abbott

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1925, to Aug. 24, 1925, that I last saw him alive on Aug. 24, 1925 and that death occurred, on the date stated above, at 10:15 P m.

The CAUSE OF DEATH* was as follows:

Syphilitic aortitis

Myocardial Insufficiency 8 (Months)
(duration) yrs. mos.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Milley, M. D.

8/26 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug 27 1925

20 UNDERTAKER George J. Ruth ADDRESS 1735 Hanford Ave.

AUG 26 1925 ROBERT R. KRAUTER Health Department, Baltimore City

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Zittinger

01490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 01490

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 705 N. Lakewood Ave ST., 7-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Henry Littinger

(a) RESIDENCE NO. 705 N. Lakewood Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, (Widowed,) or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Caroline A. Zittinger

6 DATE OF BIRTH (month, day, and year): April 7-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	4 3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Clothing Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Geo. Conrad Littinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Luft

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: M. J. F. C. Horn

(Address): 705 N. Lakewood ave

15 Filed AUG 26 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 25 1925

17

I HEREBY CERTIFY, That I attended deceased from October 10, 1924, to Aug 25, 1925,

that I last saw him alive on Aug 24, 1925

and that death occurred, on the date stated above, at 8.40 a. m.

The CAUSE OF DEATH* was as follows:

Sarcoma Abdomen

(Duration) yrs. mos. ds.

Acute Inanition Myocardial Insuff

CONTRIBUTORY (Secondary) Pulmonary Odema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Bayer Jr. M. D.

, 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 8/28 1925

20 UNDERTAKER: Geo. J. Rutt — ADDRESS: 1735 Harford ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Eliz DeBaufer

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001

01491

CERTIFICATE OF DEATH.

16 E 01491

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1410 Montpelier ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth DeBaufer

(a) RESIDENCE No. 1410 Montpelier ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or Divorced, (write the word)
Femal	White	Singe

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 21/23

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs or ... min.
		1 mo	4d	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER B. DeBaufer

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizbeth Brown

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant B. DeBaufer
(Address) 1410 Montpelier st

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/21- 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/21- 1925, to 8/21- 1925, that I last saw h[illegible] alive on 8/21 1925, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Immediate

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos A Carter, M. D.

, 19 (Address) 2103 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ft Kimmel County	Aug 26 1925
20 UNDERTAKER	ADDRESS
Geo L. Ruth	1735 Hayford Av.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Stanislaus Jaszynski.

Cor.—1-12-23—M&T—100 Bks.

E 01492

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01492

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH Pronounced dead at 2-2 REGISTERED NO.....

CITY OF BALTIMORE: (No. 706 S. Regester ST., 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Jaszynski

(a) RESIDENCE No. 706 Regester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12 '25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Stanislaus Jaszynski

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Hadnicki

13 BIRTHPLACE OF MOTHER (city or town) Balto City
(State or country)

14 Informant (Address) Mary Jaszynski 706 S. Regester St.

15 Filed AUG 26 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

G 26 1925

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26' 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enter Colitis

Brest Lab

(duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Benders, M. D.
(Coroner.)

Aug 26 1925 (Address) York Road

*Give the Disease Causing Death, or in deaths from Violent Causes, State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Aug 27 1925

20 UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann

Spec.—1-10-21—M&T—1500 Bks.

1836 B 01493

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 12-002

E 01493

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Caroline Frost

(a) RESIDENCE NO. 53 S. Bay ST., Charleston S.C. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W Frost

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work 37

(b) General nature of industry, business, or establishment in which employed (or employer) ---

(c) Name of employer ---

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER John Darby

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Mary Preston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19..... Robert P. Harrison, Registrar

AUG 26 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 19 1925 to Aug 26 1925, that I last saw her alive on Aug 26 1925, and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Liver arteriosclerosis

(duration) 3(?) yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted 2
If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? ---

(Signed) Louis Hamman M. D.

, 19 (Address) 1107 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charleston S C — DATE OF BURIAL Aug 26 1925

20 UNDERTAKER John O. Mitchell — ADDRESS 1201 W Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01494

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01494

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 337 S. Woodyear St., 19-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Alexander Hunter

(a) Residence No. 337 S Woodyear St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Mary L. Hunter

6-DATE OF BIRTH (month, day and year)

7-AGE. About 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Weigher

(b) General nature of industry, business, or establishment in which employed (or employer) Tube Co

(c) Name of employer Balto. Tube Co

9-BIRTHPLACE (city or town) (State or Country). N.C.

PARENTS.

10-NAME OF FATHER Unknown Hunter

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). N.C.

14- (Informant) Mrs Nancy L. Hunter

(Address) 337 S. Woodyear St

15- Filed AUG 26 1925 Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 24th 25

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1924, to Aug 24, 1925, that I last saw him alive on Aug 24, 1925, and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

2 months under my care

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Starvation

(Duration) yrs. mos. 0 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) H. C. Grimes M. D.

(Address) 904 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Aug 27, 1925

20-UNDERTAKER Harry H. Witzke

ADDRESS 1531 W. Lombard

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01495

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 310 S. Furrow St., 70-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Whalen

(a) Residence No. 310 S. Furrow St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widow or Widower (write the word): Widow

5a-If married, widowed, or divorced HUSBAND of (or WIFE of): Late John Whalen

6-DATE OF BIRTH (month, day and year): Oct 6, 1885

7-AGE: 39 yrs. 10 mos. 18 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md.

PARENTS.

10-NAME OF FATHER: John J. Ziegler

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Rose Callahan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Boston Mass

14- (Informant): Mrs Katherine Purcell

(Address): 310 S. Furrow St

15- Robert P. HARTSON,

Filed Aug 26 1925, 19 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): August 26 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 17, 1925 to Aug 23, 1925

that I last saw her alive on Aug 24, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tubercular Pneumonia

Contributed to by Tuberculosis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Tubercular Pneumonia

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. L. Towers, M. D.

, 19 (Address) 921 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral (Aug 27), 1925

20-UNDERTAKER: Harry N. Witzke ADDRESS 1534 W. Lombard

State stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Lena Schlossberg

HEALTH DEPARTMENT—CITY OF BALTIMORE E 01496

E 01496

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Schlossberg

(a) RESIDENCE NO. 115 N. Front ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Schlossberg

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 47 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Atkin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mc Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Schlossberg (Address) 115 N Front st

15 Filed AUG 27 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-26 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1925, to Aug 26, 1925, that I last saw her alive on Aug 26, 1925, and that death occurred, on the date stated above, at 6:45 a.m.

The CAUSE OF DEATH* was as follows:

Nephritis & uraemia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs + Symptoms

(Signed) J. Victor Selig M. D.

8/26 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern and

DATE OF BURIAL 8/26 1925

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

01497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 01497

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1709 Alice Anna ST., 2-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena Szlachetka

(a) RESIDENCE NO. Rose Bank, North Point Road ST., WARD Baltimore Co.

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27-1924

7 AGE — Years: 1 Months: 1 Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John. Szlachetka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Teofila Szlachetka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): John Szlachetka Route 6.

15 Filed ..... 19.....

Registrar

AUG 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1925, to Aug. 26, 1925, that I last saw her alive on Aug. 26, 1925, and that death occurred, on the date stated above, at 11½ P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Forest Hill, Harford Co. Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John M. Kehberger, M. D.

19 (Address) 1709 Alice Anna St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: 8/27 1925

UNDERTAKER: Wm Gaczkowski

ADDRESS: 1618 Eastern Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01498 — 94-001 — E 01498

REGISTERED NO. 9-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., WARD)

2-FULL NAME Mrs Sadie G McKinless.

(a) RESIDENCE NO. 2240 Cecil Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry J McKinless

6 DATE OF BIRTH (month, day, and year) Sept 30-1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, City

PARENTS

10 NAME OF FATHER Domonick Hogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Moran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant W. Wm McKinless (Address) 2240 Cecil Ave.

15 Filed AUG 27 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-19-25, 1925, to 8-25, 1925, that I last saw her alive on 11 P.m. 8-25, 1925 and that death occurred, on the date stated above, at 11 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

Cause unknown

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clin. Examination

(Signed) J Sheldon Eastland, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL 8/28, 19 25

20 UNDERTAKER Chas P Sauls & Son ADDRESS 1817 W Lexington & Royal Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01499

CERTIFICATE OF DEATH.

3 E 01499

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Mc Donough ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice A. Brown

(a) RESIDENCE No. 1032 Mc Donough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced, (write the word)~~
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edward Brown.

6 DATE OF BIRTH (month, day, and year) Dec - 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31.	9.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City.
(State or country)

PARENTS

10 NAME OF FATHER Robt Halligan.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Texas.

12 MAIDEN NAME OF MOTHER Jul Green.

13 BIRTHPLACE OF MOTHER (city or town) Not Given.
(State or country)

14 Informant Edward Brown.
(Address) 1032 Mc Donough

15 Filed AUG 27 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1925, to August 26 1925.

that I last saw h[illegible] alive on August 26, 1925

and that death occurred, on the date stated above, at 8. P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Aug 27, 1925 (Address) 2025 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Aug 29th 1925
20 UNDERTAKER	ADDRESS
Geo M. Frick Son	811 N Wolfe

NATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01500

CERTIFICATE OF DEATH.

49 E 01500

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 18-2 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Warren Atkinson

(a) RESIDENCE NO. 915 W Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2, 1883

7 AGE 42 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Atkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth E Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Elizabeth E Atkinson (Address) 916 W Fayette St

15 Filed ....., 19 ..... Registrar

AUG 27 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1924, to Aug 27, 1925, that I last saw him alive on Aug 27, 1925, and that death occurred, on the date stated above, at 1.45 A. m.

The CAUSE OF DEATH* was as follows:

Epidydimo - Glans. Penis with Inguinal metastasis

(duration) yrs. 16 mos. ds.

CONTRIBUTORY (Secondary) secondary anemia

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 19, 1924

Was there an autopsy? no

What test confirmed diagnosis? Clinical - Microscopic

(Signed) W P Bryan M. D.

, 19 (Address) Penn Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 29 1925

20 UNDERTAKER: George J Smith — ADDRESS: Hollins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01501 — 113 E 01501

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 Woodyear ST., 19-1 WARD)

2-FULL NAME Mary ant Lindermude

(a) RESIDENCE NO. 2135 Woodyear ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 25th 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	1			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER William Lindermude

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bidii Jordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Bidii Lindermude

(Address) 213 S. Woodyear

15 Filed AUG 27 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-26 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-25, 1925, to 8-26, 1925,

that I last saw her alive on 8-25, 1925,

and that death occurred, on the date stated above, at 5 am m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

Marasmus

Malnutrition

(duration) yrs. mos 2 Ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo Buchanan M. D.

(Address) 4004 Clayton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 29 1925

20 UNDERTAKER ADDRESS

John Fields 1200 W Fayette

N. B.—...TE PLAINLY, WITH ... INK—THIS ... ion should be carefully ... CAUSE OF DEATH in plain ... TION is very important. See ... AGE should be ... that it may be ... tions on back of ... of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01502

CERTIFICATE OF DEATH.

E 01502

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Loneys Lane ST., 16-39 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Grons

(a) RESIDENCE NO. 307 Loneys Lane ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Grand 15/1835

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

PARENTS

10 NAME OF FATHER Robt Grons

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Mrs. Julia Schriever

(Address) 307 Loneys Lane

15 Filed AUG 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-26 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-2, 1925, to 8/26, 1925,

that I last saw him alive on 8/26, 1925,

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) 2 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) David Riley, M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 28 1925

20 UNDERTAKER: Jos. J. Merryson 1564 N. — ADDRESS: Luzerne

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01503

CERTIFICATE OF DEATH.

E 01503

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Bay View Asylum ST., 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Hicks

(a) RESIDENCE NO. 712 West Franklin ST.; WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	58.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Wedge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records Baltimore City Hospitals

15 Filed AUG 27 1925 19 Registrar

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 25 1925

17 I HEREBY CERTIFY, That I attended deceased from August 11, 1925, to August 25, 1925

that I last saw h[illegible] alive on August 25, 1925

and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH* was as follows:

Senile Gangrene of left foot. Known Diabetic.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/21/25.

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) Dr. P. Lauer M.D. M.D. Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Dead.	Aug 27 1925
UNDERTAKER Samuel Housley	ADDRESS 578 Bdwy.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01504

CERTIFICATE OF DEATH.

89 E 01504

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 439 W. Lan ST., 4-2 WARD)

2-FULL NAME Chas. F. Mitchell.

(a) RESIDENCE No. 439 W. Lan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Mitchell

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE Years 59 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) B & O.

(c) Name of employer B & O. Balto. Md.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Chas. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Ellen Fuller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Dora Carroll

(Address) 722 Baltimore St.

15 Filed AUG 27 1925 19 ... Registrar ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 22d 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 19th, 1925, to August 22d, 1925, that I last saw h[illegible] alive on Aug. 22d, 1925, and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

1925 (Address) 722 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Aug 27 1925

20 UNDERTAKER Summerfield Beasley ADDRESS 538 N. Gilmor

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01505

CERTIFICATE OF DEATH.

E 01505

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Old York Road WARD) 9-1

2-FULL NAME Jesse Crumbacker

(a) RESIDENCE NO. 3504 Old York Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 8 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired gpr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Uniontown Maryland.

PARENTS

10 NAME OF FATHER William Crumbacker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sophia Immenwein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant John H. Crumbacker

(Address) 3504 Old York Road

15 Filed AUG 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1925, to Aug 27, 1925, that I last saw him alive on Aug 25, 1925, and that death occurred, on the date stated above, at 2 PM m.

The CAUSE OF DEATH* was as follows:

Senile degeneration

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Cardiac and nephritis

(duration) yrs. mos. 10 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Rose Y. Dixon, M. D.

19 (Address) 745 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Md.

DATE OF BURIAL Aug 30 1925

20 UNDERTAKER H. Bankard & Son

ADDRESS Westminster Md

N. B.—WRITE PLAINLY, WITH UNFADING INK. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01506

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 722 E. Baltimore St., 5-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer A. Foster

(a) Residence No. 722 E. Baltimore St., Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Sadie Foster

6-DATE OF BIRTH (month, day and year) Aug. 13 1884

7-AGE. 41 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Electrician

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Elmer Foster

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Phila. Pa

12-MAIDEN NAME OF MOTHER. Sarah Anderson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Phila Pa

14- (Informant) Sadie Foster

(Address) 722 E. Baltimore St

15- Filed ....., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 25/25

17- I HEREBY CERTIFY, That I attended deceased from June, 1925, to Aug. 25, 1925, that I last saw him alive on Aug. 25, 1925, and that death occurred, on the date stated above, at 9.30 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) about 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? I do not know

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank Monges, M. D.

, 19 (Address) 1507 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National DATE OF BURIAL. Aug 28..., 1925

20-UNDERTAKER. William G. Schaffer ADDRESS 1 E. Monument

ROBERT R. KRAUTER, Burial Permit Clerk

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01507

CERTIFICATE OF DEATH.

E 01507

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 432 E. Lanvale St. St. 17-28 ord)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick H. Garry. 2 -------

(Residence in Baltimore: No. 432 E. Lanvale St. St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widower or Divorced, (Write the word.)
Male	White.	Widower.

6-DATE OF BIRTH. April 25, 1860. (Month) (Day) (Year)

7-AGE. 65 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired R.R.
(b) General nature of industry, business, or establishment in which employed (or employer): Contractor.

9-BIRTHPLACE, (State or Country). Wisconsin.

PARENTS.

10-NAME OF FATHER, Bernard Garry.

11-BIRTHPLACE OF FATHER, (State or Country). Wisconsin.

12-MAIDEN NAME OF MOTHER, Catherine. H--------

13-BIRTHPLACE OF MOTHER, (State or Country). Wisconsin.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Garry. (daughter)

(Address) 432 E. Lanvale St.

15- Filed ... 192.. Burial Permit ... Registrar.

AUG 27 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy.

Myocardial Insufficiency.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Aug. 27, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Jeneville Wis. DATE OF BURIAL: Aug 27 1925

20-UNDERTAKER: Harry W. Dietz ADDRESS: 1530 E. Lanvale St

ROBERT R. KRAUTER, Registrar.

Cor.—1-12-23—M&T—100 Bks.

E 01508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01508

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 W Lexington St ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Stevens

(a) RESIDENCE No. 731 W Lexington St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 16, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant A. C. Stevens
(Address) 731 W Lexington St

15 Filed AUG 27 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-25 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or no~~quiry.) thereon and from the evidence obtained by said ~~(Autopsy or no~~quiry.) find that said deceased came to ~~h~~er death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(duration) yrs. mos. ds.

(Signed) W R Stevens M. D.
(Coroner.)

8-27, 1925 (Address) 731 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Aug 28 1925

20 UNDERTAKER John Grebliauckas ADDRESS 425 S. Paca St

CAUSE OF DEATH in plain terms. Abbreviations should not be used. EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 01509

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 01509

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1122 N. Mount St

CITY OF BALTIMORE: (No. Colonial Hospital ST., 2-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Mesias

(a) RESIDENCE NO. 1702 Lancaster ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 9, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Spain

PARENTS

10 NAME OF FATHER Andrew Mesias

11 BIRTHPLACE OF FATHER (city or town) (State or country) Spain

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Spain

14 Informant Frank Moya Jr. Friend

(Address) 1702 Lancaster St.

15 Filed AUG 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1925, to Aug 26, 1925, that I last saw h... alive on Aug 25, 1925, and that death occurred, on the date stated above, at 9 05 a m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

edema Lungs (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Aug 11, 1925 for ... wall bladder stone

Was there an autopsy? No

What test confirmed diagnosis? Clin. data

(Signed) L. H. Fargo, M. D.

, 19 (Address) Wabash Apt 1000 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Carroll Cemetery	Aug 28 1925

20 UNDERTAKER Lilly & Geisen

ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01510

CERTIFICATE OF DEATH.

185 E 01510

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (ST.) 1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest King

(a) RESIDENCE NO. 935 N Calvert ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma King

6 DATE OF BIRTH (month, day, and year) 6-7-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Washington
(State or country) D. C.

PARENTS

10 NAME OF FATHER Geo. King

11 BIRTHPLACE OF FATHER (city or town) Washington
(State or country) D. C.

12 MAIDEN NAME OF MOTHER Georgianna Cole

13 BIRTHPLACE OF MOTHER (city or town) Washington
(State or country) D. C.

14 Informant Mrs Emma King
(Address) 935 N Calvert St

15 Filed AUG 27 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture temporal Region of Skull & lacerated brain by fall on street while he was supposed to be under influence of alcohol

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) 1 yr. ... mos. 10 ds.

(Signed) James M Fenton, M. D.
(Coroner.)

Aug 27 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs., 1 mos., 10 ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Bethel + Monument Sts

Former or usual residence 935 N Calvert St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D. C. DATE OF BURIAL Aug 28 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01511

CERTIFICATE OF DEATH.

31 E 01511

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 N. Fulton Ave ST., 16-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Virginia Bond

(a) RESIDENCE NO. 716 N. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis E. Bond

6 DATE OF BIRTH (month, day, and year) Nov 18th, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

PARENTS

10 NAME OF FATHER Jeremiah Townshend

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Francis E. Bond

(Address) 716 N. Fulton Ave

15 Filed. . 19 . Registrar

AUG 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 27, th 25

17

I HEREBY CERTIFY, That I attended deceased from about Oct 15, 1925 . to Aug. 27th. 1925.

that I last saw h e alive on Aug. 26th. 1925.

and that death occurred, on the date stated above, at 2.10 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (of the Lungs)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Health Depart.

(Signed) H. E. Spielman, M. D.

. 19 (Address) Henry B. Hill 1201 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Aug 29th, 25

20 UNDERTAKER Putnam & Cook

ADDRESS 1723 W. Lafayette Ave

IMPORTANT—This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01512

HEALTH DEPARTMENT—CITY OF BALTIMORE E 01512

CERTIFICATE OF DEATH.

91-802

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 Warden ST. 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Mackessy

(a) RESIDENCE NO. 1039 Warden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10 44

7 AGE — Years: 80 — Months: 10 — Days: 16 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Edward Mackessy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: John Walsh

(Address): 1039 Warden St.

15 Filed AUG 27 1925, 19 Robert Pendleton, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Aug 26, 1925,

that I last saw her alive on Aug 26, 1925,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Faulon, M. D.

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Aug. 29 1925

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Greenmt. Ave.

N. B.—WHITE PENCIL, WITH CHEMICALS, should be used in making all entries. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01513

CERTIFICATE OF DEATH.

17 E 01513

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 841 E. Chase ST., 10-2 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.. Mary G. Kenny

(a) RESIDENCE NO. 841 E Chase ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 10-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James Kenny

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine L. Nolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Elizabeth Kenny (Address) 841 E. Chase St.

15 Filed ..... 19 ..... Registrar

AUG 27 1925

Robert P. Harrison, Jr.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 17 1925 to Aug. 26 1925

that I last saw her alive on Aug. 25 1925

and that death occurred, on the date stated above, at 5.15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis,

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No. Signs & Symptoms

What test confirmed diagnosis?

(Signed) Mary F. Coughlin M. D.

8. 26 1925 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Aug 28 1925

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Greenmt. Ave.

...should be stated EXACTLY. PHYSICIANS should state ...mation should be carefully supplied. AGE should be stated ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 01514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01514

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST.) WARD) 15-12

REGISTERED NO. 179
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty R. Henderson

(a) RESIDENCE No. 1522 N. Monroe St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 23, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	9	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Ray Henderson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Griffin

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Ray Henderson
(Address) 1522 N. Monroe St.

15 Filed AUG 27 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st + 2nd degree burns of body.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Accidental (Violence or Disease)

(duration) yrs. mos. ds.

(Signed) Dr. J. J. Hennessy, M. D.
(Coroner.)

Aug. 27, 1925 (Address) 1 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 8/28/1925

20 UNDERTAKER Dan'l Easton — ADDRESS 916 Cathedral

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 01515

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 01515

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 S. 15 ST., 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pete Kalandros

(a) RESIDENCE NO. 622 S. 15th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 26, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none WD

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Theodore Kalandros

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Irony Karolyo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Theodore Kalandros (Address) 622 S. 15th

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 27th, 1925, to Aug 27, 1925, that I last saw him alive on Aug 27, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Jod, M. D.

, 19 (Address) 4704 Eastern ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	aug 29 1925
20 UNDERTAKER	ADDRESS
Margaret G. Flynn	1422 Light

AUG 27 1925

Robert P. Harrison, Burial Permit Clerk.

IMPORTANT: WHITE PAPER, carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

84097 E 01516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01516

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 7-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Dorothy Osteen

(a) RESIDENCE NO. St Augustine Fla ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Melvin Osteen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florida

12 MAIDEN NAME OF MOTHER Minnie Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Florida

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 27 1925, 19.. Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 — 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 24, 1925, to Aug 27, 1925, that I last saw her alive on Aug 27, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Softening & Atrophy

(duration) 4 yrs. mos da.

CONTRIBUTORY ...? (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of Aug 26th

Was there an autopsy? No

What test confirmed diagnosis? Exam. at operation

(Signed) Warfield M. Firor M. D.

(Address) 9 W 116

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Augustine Fla. DATE OF BURIAL 8/28/25

20 UNDERTAKER H. E. Hughes 43rd & K. Dody
per Miller & Jones

ADDRESS

I. Write plainly, with pen and ink. 2. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful to see that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 E 01517

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1010 Warden ST., 7-2 WARD)

2-FULL NAME Frank C. Rizels

(a) RESIDENCE NO. 2205 E Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 18 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Eleanor Rizels

13 BIRTHPLACE OF MOTHER (city or town) Bohemia

(State or country)

14 Informant Eleanor Rizels

(Address) 2205 E Eager St

15 Filed AUG 27 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 19 25 to Aug 27, 19 25 that I last saw him alive on Aug 26, 19 25 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

Laryngeal Intubation 7

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia 5

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Fred Rupnick M. D.

(Address) 800 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rodeemer

DATE OF BURIAL Aug 28 19 25

20 UNDERTAKER Frank Ecker & Son

ADDRESS 1906 Orleans

AUG 27 1925

B. WHERE ENTRIES are made in this column figures should be used. AGE should be stated EXACTLY. PHYSICIAN'S CERTIFICATE of CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CERTIFICATE of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01518

CERTIFICATE OF DEATH.

49 E 01518

Registered No. [illegible]

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Bray

(a) Residence No. 937 W. Fayette St. Alexandria Va. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~ Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed, or Divorced.~~ (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 29th 76

7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) 937

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va

PARENTS.

10-NAME OF FATHER, Samuel Bray

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Columbia Hudson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14-(Informant) Irene L. Spencer

(Address) 937 W. Fayette St

15-Filed AUG 28 1925 ROBERT H. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 25/25

17- I HEREBY CERTIFY, That I attended deceased from Aug 13, 1925, to Aug 25, 1925, that I last saw h[illegible] alive on Aug 25 - 1130 P.M. 1925, and that death occurred, on the date stated above, at 11.50 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast - Followed by Metastisis to Lungs - Liver - and Ribs - (Gunual Carcinomatosis)

(Duration) yrs. Gunual months

CONTRIBUTORY (Secondary) Terminal Bronchio-Pneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? Place of Death University Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL, Aug 28th 1925

20-UNDERTAKER, A. Jones ADDRESS 111 S. Gilmor St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01519

E 01519

CERTIFICATE OF DEATH.

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 S. Ellwood ave. ST.; 1 WARD)

2-FULL NAME. Anna M. Teehley.

(a) RESIDENCE NO. 1101 S. Ellwood Ave ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Teehley.

6 DATE OF BIRTH (month, day, and year) June 10th 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particulat kind of work Housekeeper

(b) General nature of Industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Stubbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Margt. Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant William J. Teehley.

(Address) 1101 S. Ellwood Ave.

15 Filed AUG 28 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1924 to Aug 26 1925.

that I last saw her alive on Aug 25 1925.

and that death occurred, on the date stated above, at 2.00 p m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? sputum

(Signed) m. J. McAvoy, M. D.

8/27. 1925 (Address) 839 S. Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Aug. 29th 1925
20 UNDERTAKER	ADDRESS
Lilly Zeiler	4033 Wash Blvd

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01520 183

E 01520

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Agnes Hosp. St. 13-9 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Albert Wells

(Residence in Baltimore: No. 920 W. 37th St. Life St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) single

6-DATE OF BIRTH, Sept. 10, 1903 (Month) (Day) (Year)

7-AGE, 21 yrs. 11 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Self

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Wm. Wells.

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Lilly May

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fredk. Wells

(Address) 920 W. 37th St.

15- AUG 28 1925

Filed ..... 19..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 27, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said enquiry (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Gun shot wound of head (accidental) 5 hrs

(Duration) ..... yrs. ..... mos. .....

CONTRIBUTORY (Secondary) Discharge of pistol held by hand (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D. (Coroner.)

Aug. 27 1925 (Address) 208 Cathedral

(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn DATE OF BURIAL, Aug 29, 1925

20-UNDERTAKER Ehrnowth & Son ADDRESS 3617 Chestnut Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01521

CERTIFICATE OF DEATH

113 E 01521

West Arlington

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Buckstone ST., WARD 28

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas C Cofield

(a) RESIDENCE NO. Buckstone ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 9/24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	1	2.	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Thomas C Cofield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Virginia Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thomas C Cofield

(Address) Buckstone Ave

15 Filed AUG 28 1925 ROBERT P. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 11, 1925, to Aug 27, 1925,

that I last saw h— alive on Aug 27, 1925,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Intestinal Worms

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Buckstone

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W Watkins M. D.

Aug 27, 1925 (Address) Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Baltimore	Aug 29 1925
20 UNDERTAKER	ADDRESS
Chenowith Son	2607 Chestnut Ave

mation should be carefully supplied. Avoid use of terms it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01522

CERTIFICATE OF DEATH.

12-4 E 01522

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1540 N. Wolfe St ST., 8-3 WARD)

2-FULL NAME Lee W. Clarke

(a) RESIDENCE NO. 1540 N Wolfe St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora C Clarke

6 DATE OF BIRTH (month, day, and year) Aug 9. 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49.		17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Custom Guard

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Government

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Marion C Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Hannie Merrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Cora C Clarke

(Address) 1540 N Wolfe St

15 Filed Aug 26 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1925

17

I HEREBY CERTIFY, That I attended deceased from July 28 1925 to Aug 26 1925.

that I last saw h[illegible]alive on Aug 26 1925.

and that death occurred, on the date stated above, at 4-50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E Gill Hall, M. D.

Aug 27 1925 (Address) 1631 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Aug 28 1925

20 UNDERTAKER H. H. Cook ADDRESS 102 E Lexington

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01523

CERTIFICATE OF DEATH.

1-29 E 01523

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1800 E Baltimore St., (WARD) 20-5

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Frederick Pilson

(a) RESIDENCE NO. 1800 E Baltimore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lottie Griffin Pilson

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 31 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Geo W Pilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: C E Ludwig

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs. Lottie G. Pilson (Address) 1800 E Baltimore St

15 Filed AUG 28 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 20 1924 to Aug 26 1925.

that I last saw him alive on Aug 25 1925.

and that death occurred, on the date stated above, at 10:15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) 2 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Abscess

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Unnecessary

(Signed) J. [illegible] M. D.

8/27 1925 (Address) 1729 E [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 28 1925

20 UNDERTAKER: H C Brenningson — ADDRESS: 517 N Eden St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01524

E 01524

CERTIFICATE OF DEATH.

199

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 2 WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mable J Johnson

(a) RESIDENCE NO. 2 Ashley av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7th - 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	1	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) DG
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Harry O Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ann V Goff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) H. O Johnson 2 Ashely ave

15 Filed AUG 28 1925, 192 ROBERT P. KRAUTH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(inquest, autopsy or)~~ inquiry.) thereon and from the evidence obtained by said Coroner, ~~autopsy or~~ inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Uterus

(duration) 2 hours mos. ds.

CONTRIBUTORY (Secondary) Probably criminal abortion

(duration) yrs. mos. ds.

(Signed) H K Grinnalds M. D.
(Coroner.)

8/28 1925 (Address) 117 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Aug 29, 1925
20 UNDERTAKER	ADDRESS
F. A Wanner & Son	709 S Hanover

IMPORTANT—Very important. See instructions on back of certificate. Exact statement of OCCUPA-

Cor.—1-12-25—M&T—100 Bks.

E 01525 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01525

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosp. ST. 14-1 WARD) REGISTERED NO. 198

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Ward

(a) RESIDENCE NO. 1705 Division St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 8 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) Unk
(State or country) Md.

PARENTS

10 NAME OF FATHER Lloyd T. Ward

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emma Griffin

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Lloyd T. Ward.
(Address) 1705 Division St.

15 Filed AUG 28 1925 ROBERT R. KRAUTER, Registrar
Public Records Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to cutting of right femoral artery

(duration) ... yrs. ... mos. 2 hrs.

CONTRIBUTORY (Secondary) Homicide

(duration) ... yrs. ... mos. ... ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

Aug. 1925 (Address) 2502 Barclay St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 8-29 1925

20 UNDERTAKER MRS. GEORGE H. HOLLAND ADDRESS 1831 DRUID HILL AVENUE

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Neidhammer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01526

E 01526

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2347 Lorretta Ave ST., 70-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Lydia Neidhammer

(a) RESIDENCE NO. 2347 Lorretta Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 16 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Wm. Neidhammer

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	82	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Lucy Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant William E. Busch

(Address) 2347 Lorretta ave

15 Filed AUG 28 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27th 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 18 1925, to Aug 27, 1925, that I last saw him alive on Aug 26, 1925, and that death occurred, on the date stated above, at 1 P.m.

The CAUSE OF DEATH* was as follows:

Multiple Neuritis

(duration) yrs. 2 mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? Wasal

(Signed) H. D. Neidhammer M. D.

8/27/25 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Aug 31st 1925
20 UNDERTAKER	ADDRESS
Henry Hoerdt Son	1301 E Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 01527 HEALTH DEPARTMENT—CITY OF BALTIMORE

143 E 01527

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., WARD 12-6)

2-FULL NAME Annie V Lampson

(a) RESIDENCE NO. 310 Princeton Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lampson

6 DATE OF BIRTH (month, day, and year) Sept 6 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER Will Johnson

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Martha Maddry

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant W E Lampson
(Address) 310 Princeton Pl.

15 Filed AUG 28 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Septicemia - Abortion (about 3 mos) (not criminal)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Anemia

(duration) ... yrs. ... mos. ... ds.

(Signed) W. F. Ruby (Coroner.) M. D.

Aug 28, 1925 (Address) 1637 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 8/28/1925

20 UNDERTAKER Mrs R. A. Elliott — ADDRESS 1525 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--1-10-21—M&T—1500 Bks.

E 01528 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01528

CERTIFICATE OF DEATH. 74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 S. Fifth ST., 76-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Margaret C. Macleod

(a) RESIDENCE NO. 820 S. Fifth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph S. Macleod

6 DATE OF BIRTH (month, day, and year) May 30-1871.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER August Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Kundegunde Henlein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry W. Macleod

(Address) 820 S. Fifth St.

15 Filed AUG 28 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 21, 1925, to Aug 26, 1925, that I last saw h alive on Aug 25, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy. (cerebral Hemorrhage)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Franklin Hopehurst, M. D.

8/28, 1925 (Address) 3122 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Aug 29 1925

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01529

CERTIFICATE OF DEATH.

37 E 01529

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Belle Vista Ave ST., (Pasheba) 11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Hagel

(a) RESIDENCE No. 10 Belle Vista Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4/92

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 609

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John Hagel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Hibel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frieda Hagel

(Address) 10 Belle Vista Av

15 Filed AUG 28 1925, 19 Robert F. Hannigan Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 19 25, to Aug 26, 19 25.

that I last saw h alive on Aug 25, 19 25.

and that death occurred, on the date stated above, at 1 1/2 A. m.

The CAUSE OF DEATH* was as follows:

Exhaustion + Toxemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary + Laryngeal T B. (Tuberculosis) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Smith, M. D.

(Address) 4718 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk

DATE OF BURIAL 8/29 1925

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01530

CERTIFICATE OF DEATH.

8-2 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1719 N. Port ST., 8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Kiebler

(a) RESIDENCE NO. 1719 N. Port ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Estelle Kiebler

6 DATE OF BIRTH (month, day, and year) 2/19/68

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Coca Cola Bldg Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Jacob Kiebler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Henriette

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Estelle Kiebler

(Address) 1719 N. Port St

15 Filed AUG 28 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/26 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/18, 1925, to 8/26, 1925, that I last saw him alive on 8/26, 1925, and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) A Pulmonary oedema

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W. Mintz Jr. M. D.

8/26 1925 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk — DATE OF BURIAL 8/29 1925

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Aisquith

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01531

CERTIFICATE OF DEATH.

8 - 4

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1173 N. Caroline St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Downing.

(a) RESIDENCE NO. 1128 N. Caroline St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Hopkinger Falls N. J.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Downing.

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York, State.

PARENTS

10 NAME OF FATHER John O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Ann Divine.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant William J. Kennedy Esq. (Address) 1123 N. Caroline St.

15 Filed ..... 19..... Registrar

6 20 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from August-23, 1925, to August-27, 1925, that I last saw her alive on August-26, 1925 and that death occurred, on the date stated above, at 4.00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage - Cardiac Failure - Senility

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) William F. Schwartz, M. D.

8/28, 1925 (Address) 1200 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Hopkinger Falls N. J.	Aug. 31 1925
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01532

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01532

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Somerset ST., 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Simpson Carran

(a) RESIDENCE NO. 517 Somerset ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George R. Carran

6 DATE OF BIRTH (month, day, and year) December 26, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Samuel Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Eliza Pitts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant R. C. Gross

(Address) 1405 McElderry St

Filed AUG 28 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from August 23, 1925 to August 26 1925, that I last saw h alive on August 26, 1925, and that death occurred, on the date stated above, at 4 00 [redacted] m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis — Chronic Myocarditis

(duration) yrs. 2 mos de.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) George S. Allen, M. D.

, 19 (Address) 502 Somerset St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooks Colored Cem. DATE OF BURIAL Aug 28 1925

UNDERTAKER R. C. Gross ADDRESS 1405 McElderry

mation should be carefully supplied. AGE should be stated EXACTLY. THESE ITEMS ARE IMPORTANT. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01533

CERTIFICATE OF DEATH.

3

17-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. (T. B.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua Nickols

(a) RESIDENCE No. 921 Pear Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adela Nickols

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Robert Nickols

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Maria Nickols

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed ....., 19..... Registrar Robert P. Harrison,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26, 1925

17 I HEREBY CERTIFY, That I attended deceased from August 22, 1925, to Aug. 26, 1925, that I last saw him alive on Aug. 26, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McClane Jr. M. D.

8-26 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Colchester Md. DATE OF BURIAL Aug 27 25

20 UNDERTAKER Emmert F. Bursley ADDRESS Middle

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occ
TION is very important. See instructions on back of certificates.

Aug 27 1925

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01534

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01534

CERTIFICATE OF DEATH.

× 90

1-PLACE OF DEATH

CITY OF BALTIMORE: No 128 Richmond ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Allen

(a) RESIDENCE. No. 128 Richmond ST., WARD. Coeur D'a

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug- 1860

7 AGE: Years 65 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Wilford Walton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Sidney Jennings

(Address) 128 Richmond St

15 Filed AUG 26 1925 16 Registrar

MEDICAL CERTIFICATE OF DEATH

t6 DATE OF DEATH (month, day, and year): Aug 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1925. to Aug 24th 1925.

that I last saw h alive on Aug 24th. 1925.

and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

t

Endocarditis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. 2 mos. 1 ds.

18 Where was disease contracted if not at place of death? in Virginia

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam to

(Signed) W Proudfoot, M. D.

, 19 (Address) 354 W Biddle st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Md	Aug. 28th 1925

20 UNDERTAKER: Samuel N Wensley ADDRESS 578 W Biddle St

mation should be carefully supplied. AGE should be stated EXACTLY. If unknown, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

[illegible] Burial Permit Clerk]

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01535

E 01535

CERTIFICATE OF DEATH.

100-001

22-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD)

2-FULL NAME Mary Jones

(a) RESIDENCE NO. 524 Wayne ST., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	70 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Louisa Toomy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed AUG 29 1925, 19 ..... Registrar Robert P. Harrison,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1925, to Aug. 28, 1925, that I last saw h[illegible] alive on Aug. 28, 1925, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

8/28 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Aug 31 1925
20 UNDERTAKER Samuel S. Newsley	ADDRESS 1825 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

E 01536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01536

CERTIFICATE OF DEATH.

REGISTERED NO. C 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N. Paca St. ST. 17-3 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and the usual No. 18.)

2-FULL NAME Simon Jones.

(Residence in Baltimore: No. 416 New St. Lee

St.: 12 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Male	Col.	Widower

6-DATE OF BIRTH, ... (Month) ..... (Day), 1890 (Year)

7-AGE. 35 yrs. ..... mos. ..... da. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Storekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): (S)

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER. Charles Jones

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Margaret Brafton

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Jones

(Address) 608 N Paca St

15-

Filed ..... 191.....

Registrar.

Robert P. Harrison,

AUG 26 1925 Burial Permit Clerk.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of occupation important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug (Month) 27 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1925, to Aug 22 1925, that I saw h im alive on Aug 22 1925, and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Chronic

(Duration) 2 yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Cardiac arrhythmia

(Duration) 0 yrs. 0 mos. 1 ds.

(Signed) John L. Blankenburg M. D.

Aug. 28 1925 (Address) 103 E Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Co

DATE OF BURIAL. Aug 28 1925

20-UNDERTAKER Thomas J. Wensley

ADDRESS 578 E Baltimore

Spec.—3-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01537

CERTIFICATE OF DEATH.

E 01537

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 Barclay ST. 17-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L. Whiting.

(a) RESIDENCE NO. 3124 14th St., N.W. Washington, D.C. ST. WARD

(Usual place of abode) ~~2409 Barclay~~

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie A. Whiting.

6 DATE OF BIRTH (month, day, and year) May 20, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Toolmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Connecticut.

PARENTS

10 NAME OF FATHER Wm. S. Whiting

11 BIRTHPLACE OF FATHER (city or town) Unknown. (State or country)

12 MAIDEN NAME OF MOTHER Susan Gray.

13 BIRTHPLACE OF MOTHER (city or town) Unknown. (State or country)

14 Informant Mrs. Addie A. Whiting.

(Address) 2409 Barclay St.

15 Filed AUG 28 1925, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26, 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1925, to Aug. 26, 1925, that I last saw him alive on Aug. 26, 1925, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Haugh Forsythe, M. D.

, 19 (Address) 424 E. Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Aug 29 1925

20 UNDERTAKER George L. Smith ADDRESS 1532 Hollins

mation should be carefully supplied. Avoid abbreviations. Write the words. Do not use ditto marks. Be sure that the CAUSE OF DEATH may be properly classified. Exact statement of occupation is necessary. Infants must be specified as to whether Legitimate or Illegitimate. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is necessary. Infants must be specified as to whether Legitimate or Illegitimate. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01538 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01538

CERTIFICATE OF DEATH.

Registered No. 1513

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2507 Oswego Ave St., 15 Ward 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Tornow

(a) Residence No. 2507 Oswego Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 6/1924

7-AGE. 1 yrs. mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Ernest F Tornow

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Grace B Noelle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Ernest F. Tornow

(Address) 2507 Oswego Ave

15-

Filed ... 192 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 27/25

17- I HEREBY CERTIFY, That I attended deceased from Aug 27, 1925 to Aug 27, 1925

that I last saw h live on Aug 27 1925

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

8

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Post Operative Debility Orphans Home.

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. N. Meyer M. D.

8/28 1925 (Address) 1508 E. 33rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Bonnie Brae — DATE OF BURIAL, Aug 29, 1925

20-UNDERTAKER, George J Smith — ADDRESS 1531 Hollins St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01539

CERTIFICATE OF DEATH.

15-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1381 N. Gilmor ST., WARD)

2-FULL NAME Edna Shirley

(a) RESIDENCE NO. 1381 N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME ~~Harvey~~ Shelley

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Emelia Drury

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Evelina Shelley
(Address) 1381 N. Gilmor St.

15 Filed 8 28 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1925, to Aug. 26, 1925, that I last saw h[illegible] alive on Aug. 24 1925 and that death occurred, on the date stated above, at 8 [illegible] m.

The CAUSE OF DEATH* was as follows:

Ac. Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. F. Carr, M. D.

19 (Address) 515 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

UNDERTAKER Davis Easton

DATE OF BURIAL 8/29/1926

ADDRESS 916 Eutaw

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01540 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01540

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Penna ave ST. 14-1 WARD)

REGISTERED NO. 151

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgina Willett.

(a) RESIDENCE NO. 1413 Penna. Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE: Years 68 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or Country): Balto City

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or Country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or Country): Unknown

14 Informant: George Johnson

(Address): 1413 Penna ave

15 Filed , 19 Registrar

G 28 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 28/1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1925, to Aug. 28, 1925, that I last saw h[illegible] alive on Aug. 26, 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Gangrene of right foot

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Asthenia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. F. Carr, M. D.

Aug 28, 1925 (Address) 515 Mosher St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 8/31/1925

20 UNDERTAKER: Daniel Easton

ADDRESS 916 Pa ave

mation should be carefully supplied. Age, means of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01541

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2517 W. Pratt (ST.) (WARD) 70-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine Kreiner

(a) RESIDENCE. No. 2517 W. Pratt ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kreiner

6 DATE OF BIRTH (month, day, and year) July 17-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Mathias Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chas. M. Kreiner,
(Address) 1500 Bolton St

15 Filed ..... 19 .....
Registrar

G 29 1925 Robert F. Harrison,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 8- 1925, to Aug 28- 1925, that I last saw h.. alive on Aug 25- 1925, and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease
(Mitral incompetency)

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None Known

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Phys. exam.

(Signed) Chas. J Keller M. D.

8/28, 1925 (Address) 2222 Wilkens Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Aug 31 1925
20 UNDERTAKER	ADDRESS
F. A. Wappler	1850 W. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01542

E 01542

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caza Ewell

(a) Residence No. Glenbarnie St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (~~or~~) WIFE of: Wm. Ewell

6-DATE OF BIRTH (month, day and year): Unknown 1860

7-AGE: 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Stephen Wilford

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Eliza Hamilton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14- (Informant): Mercy Hosp. Records

(Address): Balto. Md.

15- Filed 1925 19 Robert P. Harrison Registrar.

Daniel Ferrall Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug 27. 25

17- I HEREBY CERTIFY, That I attended deceased from Aug 23, 1925 to Aug 27 1925

that I last saw h[illegible] alive on Aug 27, 1925

and that death occurred, on the date stated above, at 5.45 P.M.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio-

Vascular disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocarditis of 2 mos duration and uraemia 7 days

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Lee H. M. Edgar, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 29 1925

20-UNDERTAKER: John F. Denny — ADDRESS: 715 Light St.

in plain terms, so that it may be properly classified. Exact statement of occupations is required. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01543

CERTIFICATE OF DEATH.

164

6-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 227 Montford Ave ST., (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Harris

(a) RESIDENCE NO. 227 N. Montford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
72	1853			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wheelington Va

(State or country)

PARENTS

10 NAME OF FATHER Solomon Reid

11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Patsy Johnson

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant Annie Hammond

(Address) 227 N. Montford

15 Filed AUG 29 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany-1, 1925, to Aug. 23, 1925

that I last saw him alive on Aug. 23, 1925,

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Old age

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) J. H. Walters, M. D.

(Address) 831 N. Fremont

, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn cemetery	Aug 30 1925
20 UNDERTAKER Edward Bryson	ADDRESS 1631 Orleans St

mation should be carefully supplied. Exact statement of OCCUPA-
t may be properly classified.
CAUSE OF DEATH in plain terms, so that it may
TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

(Diemcke)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01544

CERTIFICATE OF DEATH

123 E 01544

REGISTERED NO.

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME mrs julia siemels

(a) RESIDENCE NO. 1001 S. Robinson St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Siemels

6 DATE OF BIRTH (month, day, and year) ~~[illegible]~~ January 1887

7 AGE 38 Years — Months — Days — If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) House wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Gurniak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Sankowaro

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Henry Siemel (Address) 1001 Robinson st

15 Filed ... 19 ... Registrar

AUG 29 1925

Robert P. Harrison

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/16/25, 1925, to 8/26/, 1925, that I last saw her alive on 8/26/25, 1925, and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic cholecystitis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) generalized peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 8/21/25 Removal Gall Bladder and drain

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Operation

(Signed) H. R. McConnell M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus — DATE OF BURIAL Aug 31 1925

20 UNDERTAKER F. W. Ozazewski — ADDRESS 1930 Eastern Ave

information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01545

CERTIFICATE OF DEATH.

13-5 129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2305 Avalon Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Annie M Carmichael

(a) Residence No. 2305 Avalon Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 6, 1894

7-AGE, 51 yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Music Teacher

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Carmichael

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Margaret Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

11- (Informant) Wm Carmichael

(Address) 2305 Avalon Ave

15-

Filed ..... 192 .....

Registrar.

G 29 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 28/25

17- I HEREBY CERTIFY, That I attended deceased from Aug 1- 25, 19.., to Aug 28 25, 19.., that I last saw h.. alive on Aug 27, 19.25, and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard Earle, M. D.

, 19 (Address) 2731 Parkwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 31 1925

20-UNDERTAKER, George J Smith — ADDRESS 153 Hollins St

Exact statement of OCCUPATION is very important. Fill in plain terms, so that it may be properly classified. Follow instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01546 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01546

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

Registered No. 15-5

City of BALTIMORE: (No. #3 Prospect Circle-Winsor Hills (St.) (D) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gustav Henry Schwarz

(a) Residence No. #3 Prospect Circle-Winsor Hills Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 0 mos. 23 ds. How long in U. S., if of foreign birth? 67 yrs. 0 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise K. Schwarz

6-DATE OF BIRTH (month, day and year): Aug.-5-1858

7-AGE: 67 yrs. 0 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9-BIRTHPLACE (city or town): Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Schwarz

11-BIRTHPLACE OF FATHER (city or town): Herford (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Sophia Franke

13-BIRTHPLACE OF MOTHER (city or town): (State or Country), Germany

14- (Informant) Mrs Louise K. Schwarz (Wife)
(Address) #3 Prospect Circle Winsor Hills

15-
Filed ....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug 28-25

17- I HEREBY CERTIFY, That I attended deceased from Dec 15- 1923, to Aug 28- 1925, that I last saw h. alive on Aug 27- 1925, and that death occurred, on the date stated above, at 3 1 m.

The CAUSE OF DEATH* was as follows:

Epithelioma of tongue

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Moves Rupture

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Jan 1924

Was there an autopsy? no

What test confirmed diagnosis? Microscopic exam

(Signed) Chas J Kollen, M. D.

8/28, 1925 (Address) 222 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Aug-31 1925

20-UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WODDEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Robert P. Harrison
Burial Permit Clerk.

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 01547

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01547

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital 9-1 REGISTERED NO. 120

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Anderson

(a) RESIDENCE NO. House of Good Shepherd ST., Mount Holland St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1 1910

7 AGE Years 15 Months — Days 27 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Corliss N.C.

PARENTS

10 NAME OF FATHER Edward Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Lena ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Sister, Louise Goodlett

(Address) Mount Holland St.

15 Filed Aug 29 1925, 19 Robert P. Harrison, Registrar

Social Service Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1925, to Aug 27, 1925, that I last saw her alive on Aug 27, 1925 and that death occurred, on the date stated above, at 8:40 P.m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? House of Good Shepherd

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory findings

(Signed) J Sheldon Eastland, M. D.

Aug 27 1925 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 8/29 1925

20 UNDERTAKER J. Carey Sons

ADDRESS 13 E. Eight St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CAUSE OF DEATH is very important See instructions on back of certificate.

Spec. 1-10-21 M&T 1500 Blks.

E 01548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1003 159 E 01548

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST., 9-6 WARD)

2-FULL NAME John J Pearson

(a) RESIDENCE NO. 1925 Hope ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 8/23/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or min.
	-		5 Days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John M Pearson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Hattie Beales

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant St Joseph Hosp (Address)

15 Filed ..... 19 ..... Registrar

Robert P. Harrison, Burial Permit Clerk.

AUG 29 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/28 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/23 1925, to 8/28 1925, that I last saw h[illegible] alive on 8/28 1925, and that death occurred, on the date stated above, at 6 00 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza abscess

(duration) yrs. mos 5 da.

CONTRIBUTORY (Secondary) Post operative shock

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 8/28/25

Was there an autopsy? no

What test confirmed diagnosis? Clinical Evidence

(Signed) Trevor L Pearson M. D.

8-29 1925 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemy.	Aug 29 1925
20 UNDERTAKER	ADDRESS
Geo. J. Ruth.	1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01549

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01549

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 E. Lombard ST., 7 - 1 WARD)

2-FULL NAME John Joseph Drum

(a) RESIDENCE NO. 1810 E. Lombard ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14 / 25

7 AGE: Years — Months 5 — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Drum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Freehold N. J.

12 MAIDEN NAME OF MOTHER Lillie Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Joseph Drum

(Address) 1810 E. Lombard st.

15 Filed . 19 Robert P. Harrison, Registrar

AUG 29 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1925, to Aug 28, 1925,

that I last saw him alive on Aug 28, 1925,

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) John H. Rehberger, M. D.

, 19 (Address) 1709 Alice Anna St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul Cemetery — DATE OF BURIAL: Aug 31 1925

20 UNDERTAKER: Geo. J. Ruth — ADDRESS: 1735 Harford Av

INFORMATION SHOULD BE CAREFULLY supplied. NOTE: it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01550

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 E. 20½ St. ST., 12-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Monaghan

(a) RESIDENCE NO. 320 E. 20½ St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 26 1907

7 AGE: Years 18; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: George Monaghan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hatia

12 MAIDEN NAME OF MOTHER: Sallie Mann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Sallie Monaghan

(Address) 320 E 20½ St.

15 Filed ... 19 ... Robert P. Harrison Registrar

G 29 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to Aug 27, 1925, that I last saw h[illegible] alive on Aug 27, 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

Phthisis

(duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Pleurisy & Effusion

a cold (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Opinion

(Signed) Wm. L. Rall, M. D.

, 19 (Address) 426 23-Dell

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Aug 29 1925

20 UNDERTAKER: Mrs R. A. Ellery — ADDRESS: 1735 Ashland Av

Burial Permit (Green)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01551

66 E 01551

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City Hospital

CITY OF BALTIMORE: (No.) ST., (or WARD) 267

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Potts

(a) RESIDENCE NO. Bay View Asylum ST., WARD 47
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	1	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

040

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Nat Potts

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Julia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Carolina

14 Informant Mrs. Ida Snowden
(Address) 1725 Ashland Ave.

15 Filed ....., 19 ..... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 27 1925

17

I HEREBY CERTIFY, That I attended deceased from August 21, 1925, to August 27, 1925, that I last saw him alive on August 27, 1925, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Heart Failure (Toxic)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory.

(Signed) R. Hooper Smith, M. D.

, 19 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	8/29 1925

20 UNDERTAKER Mrs. Ida Snowden ADDRESS 1725 Ashland ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E. 01552 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01552

CERTIFICATE OF DEATH. 90

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1370 Washington Blvd St., 21-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Maxwell

(a) Residence No. 1370 Washington Blvd St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of George B Maxwell

6-DATE OF BIRTH (month, day and year) May 1st 1860

7-AGE. 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. Patrick Gillespie

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER. Bertha Gillespie

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) George B Maxwell

(Address) 1370 Washington Blvd

15- Filed ..... 19.. Registrar.

Robert P. Harrison,

JUL 20 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 27-1925

17- I HEREBY CERTIFY, That I attended deceased from May 1 1924 to Aug 28 1925

that I last saw her alive on Aug 27 1925

and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Thyroiditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edgar E. Truxes M. D.

, 19 (Address) 1500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL, Aug 31 1925

20-UNDERTAKER John J Keenan & Son ADDRESS 901 Hollins St.

Filed ..... 19.. Registrar.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01553 E 01553

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 129

City of BALTIMORE: (No. 1244 Washington Blvd St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary A. Carey

(a) Residence No. 1244 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Thos Carey

6-DATE OF BIRTH (month, day and year) May Unknown 1863

7-AGE 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House work

(b) General nature of industry, business, or establishment in which employed (or employer). 0

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs Julia West

(Address), 1244 Washington Blvd

15- Filed AUG 29 1925 192 Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8/28/25

17- I HEREBY CERTIFY, That I attended deceased from August 1, 1925 to August 28, 1925 that I last saw her alive on August 28, 1925 and that death occurred, on the date stated above, at 5-50 p.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. 1 mos. 30 ds.

CONTRIBUTORY (Secondary) Dropsy

(Duration) yrs. mos. 15 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Lamm M. D.

, 19 (Address) 1827 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Peters Cem. DATE OF BURIAL, Sept 1st, 1925.

20-UNDERTAKER. Rogers & Son Rev F.J. Lowe ADDRESS 901 Pulaski St

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

18356-

E 01554

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01554

CERTIFICATE OF DEATH.

161-00

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 9-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Connelly

(a) RESIDENCE NO. St. Josephs Hos. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of single

6 DATE OF BIRTH (month, day, and year) July 7-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... mitt.
		1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Patrick Connelly

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Record
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

AUG 29 1925 Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 28 1925

17 I HEREBY CERTIFY, That I attended deceased from aug 4th 1925 to aug 28th 1925.

that I last saw h alive on ..... 19 .....

and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. ... mos 53 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? none

(Signed) C. J. Scott M. D.

8-29 1925 Address Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Aug 29 1925
20 UNDERTAKER Henry Hoyle Son	ADDRESS 1501 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T—1500 Blks.

E 01555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-2 90

E 01555

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Home of Incurables

CITY OF BALTIMORE: (No. 2102 E Balto ST., WARD)

2-FULL NAME Granvil Stone

(a) RESIDENCE NO. 2102 E Balto ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? 17 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Moses Cobinsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fine Chenofsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Henry Stone (Address) 1113 E Fayette st

15 Filed AUG 30 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1925, to Aug. 29, 1925, that I last saw h[illegible] alive on Aug. 28, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Nathan Bluestone M. D.

8/29, 1925 (Address) 1830 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel — DATE OF BURIAL 8/30 1925

20 UNDERTAKER Weinberg & Bro — ADDRESS 1127 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

1556

HEALTH DEPARTMENT—CITY OF BALTIMORE

37-007 E 01556

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 21-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jackson

(a) RESIDENCE NO. Cedar Grove, Walker Ave. Graus. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mannie Jackson

6 DATE OF BIRTH (month, day, and year) 1871 or 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 yrs 54 or 55 yr.?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Dock

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Edward Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Winnie Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Baltimore City Hospitals Records (Address)

15 AUG 30 1925 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July. 20, 1925, to Aug. 28, 1925.

that I last saw him alive on Aug. 28, 1925.

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Generalized tuberculosis

(duration) yrs. 8 (History) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory & autopsy

(Signed) W. Lindsay Miller M. D.

8/29 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cusbury Cem

DATE OF BURIAL 8/30 1925

20 UNDERTAKER Jas. W. Skinner

ADDRESS 1625 E. Madison

Spec.—1-10-21—M&T—1500 Bks.

1557

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01557

CERTIFICATE OF DEATH.

E 01557.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Wilhelm ST., 70-5 WARD)

2-FULL NAME William Hoffschnider

(a) RESIDENCE NO. 1912 Wilhelm ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced (or) WIFE of Annie Hoffschnider

6 DATE OF BIRTH (month, day, and year) Oct 22 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock fitter

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Annie Hoffschneider

(Address) 1913 Wilhelm st

15 Filed AUG 30 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to Aug 28, 1925, that I last saw him alive on Aug 24, 1925 and that death occurred, on the date stated above, at 2 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

..... (duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ..... Yes

Did an operation precede death? ..... No Date of .....

Was there an autopsy? ..... No

What test confirmed diagnosis? Clinical

(Signed) J Morley Hoag, M. D.

Aug 29 1925 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Aug 31 1925
20 UNDERTAKER Robt J Turner Sons	ADDRESS 1442 N Broadway

REGISTRATION should be carefully supplied. Exact statement of OCCUPATION should be given so that it may be properly classified. CAUSE OF DEATH in plain terms, so that instructions on back of certificates. See instructions on back of certificates. TION is very important.

Spec.—5-19-13—M. & T.—500 Bks.

1558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01558

CERTIFICATE OF DEATH.

16-38

E 01558

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Lauren St ST.; 16-6 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Wyatt

(Residence in Baltimore: No. 1713 Lauren St St.; ....yrs.,.... mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Feb 14, 1924
(Month) (Day) (Year)

7-AGE, 1 8 months ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Robert Wyatt

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Collins

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Wyatt

(Address) 1713 Lauren St

15-

Filed AUG 30 1925 19.... ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 28, 1925
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 23 1925, to Aug 28 1925, that I saw him alive on Aug 28 1925, and that death occurred, on the date stated above, at midnight

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. 2 wks mos. ....ds.

CONTRIBUTORY (Secondary) Lymphadenitis Angina

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm R Boykin M. D.

....., 191... (Address) 618 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, 8-31, 1925

20-UNDERTAKER George T. A. Gibson

ADDRESS 1935 Druid Hill ave

Cause of death must be plainly written. All items important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

1559.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01559

CERTIFICATE OF DEATH.

101-001

E 01559

1-PLACE OF DEATH Baltimore City Hospitals. 10 — 2 REGISTERED NO.....

CITY OF BALTIMORE: (No. Baltimore, Md. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Lambert

(a) RESIDENCE NO. 810 N. Carolina Street ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND (or) WIFE of Rebecca Lambert

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Cooper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed AUG 30 1925 ROBERT R. KRAUTCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to Aug. 28, 1925.

that I last saw h... alive on Aug. 28, 1925

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Paralysis of Insane

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo K. Dodd, M. D.

8/28. 1925 (Address) Balt City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Int Comm

DATE OF BURIAL 8/30 1925

20 UNDERTAKER Jack Levin

ADDRESS

TION is very important See instructions on back of c... k of certificates.

Spec.—1-12-23—M&T—500 Bks.

1560

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01560

CERTIFICATE OF DEATH.

E 01560

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 N Collington Ave ST., 8 — 2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gustav H Schmidt

(a) RESIDENCE NO. 1727 N Collington ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. 6 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria A Houck.

6 DATE OF BIRTH (month, day, and year) 2/22/1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) R R

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Gustav H Schmidt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Reuter

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs Maria A Schmidt
(Address) 1727 N Collington Ave

15 Filed AUG 30 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to August 28, 1925, that I last saw him alive on August 27, 1925 and that death occurred, on the date stated above, at 7:55 a. m.

The CAUSE OF DEATH* was as follows:

Ruptured Aneurism of Transverse Aortic Arch

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteri-Sclerosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) W W Bruguiere M. D.

, 19 (Address) 1427 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem — DATE OF BURIAL Sept 1 1925

20 UNDERTAKER John Ulrich — ADDRESS Fort & Arlington

TION is very important See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

1561

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003

E 01561

CERTIFICATE OF DEATH.

E 01561

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Biddle St., WARD 1

2-FULL NAME Henry Kramer

(a) RESIDENCE NO. 1001 Biddle St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Kramer

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lumber Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) 845
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Ed Kramer

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Cath Hildebrand

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs Kramer
(Address) 1001 Biddle

15 Filed ..... , 192 ..... ROBERT R. KRAMER ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull -

accidentally (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
(Coroner.)

Aug 29, 1925 (Address) 1634 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerusalem Cem

DATE OF BURIAL Aug 30 1925

20 UNDERTAKER John Ellis

ADDRESS 205 Forrest

TION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01562

CERTIFICATE OF DEATH.

E 01562

Registered No. C.....

1562

18-003

24-1

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital. St. Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel Burkley Jones Sr.

(Residence in Baltimore: No. 114 E. Cross St. St.; yrs. 70 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. July 18, 1840. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
85 yrs. 1 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Commission
(b) General nature of industry, business, or establishment in which employed (or employer): merchant.

9-BIRTHPLACE. (State or Country). Dorchester Co. Md.

PARENTS.

10-NAME OF FATHER. Thomas A. Jones.

11-BIRTHPLACE OF FATHER, (State or Country). Dorchester Co. Md.

12-MAIDEN NAME OF MOTHER. Rose Anne Jones.

13-BIRTHPLACE OF MOTHER, (State or Country). Dorchester Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) I. Burkley Jones Jr. (son).
(Address) 114 E. Cross St.

15- Filed AUG 30 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27th, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Compound fracture of left arm, contusions of body. Shock. Accidentally struck and knocked down by auto truck, while crossing street. (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....
(Duration) (yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
Coroner.
Aug. 29, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?
Light & Cross Sts. August 27th, 1925.

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. Aug 31st 1925

20-UNDERTAKER. E. Lehmann & Son ADDRESS 1054 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

✓ 1563.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01563

CERTIFICATE OF DEATH.

31

E 01563

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 124 N. Milton Ave ST. 6-3 WARD)

2-FULL NAME Charles Korter

(a) RESIDENCE NO 124 N. Milton ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Veronia M. Korter

6 DATE OF BIRTH (month, day, and year) Nov 20/72

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

030

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER Henry L. Korter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER Eva

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant Veronia M. Korter

(Address) 124 N. Milton ave

15 Filed ..... 19..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/28 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 12 1925 to Aug 28 1925; that I last saw him alive on Aug 26 1925; and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

Pulmonary Edema yrs. 2 mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? W. D. Siegel

(Signed) ..... M.D.

8/29 1925 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL 8/31 1925

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 01564

REGISTERED NO.

E 01564

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 E 20th ST., 9—4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes A. Gorsuch

(a) RESIDENCE NO. 711 E. 20th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward H. Gorsuch

6 DATE OF BIRTH (month, day, and year) Jan 8th 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Kearney

11 BIRTHPLACE OF FATHER (city or town) Balt. Md (State or country)

12 MAIDEN NAME OF MOTHER Agnes Kerney

13 BIRTHPLACE OF MOTHER (city or town) Balt Md (State or country)

14 Informant Edward H. Gorsuch

(Address) 711 E. 20th St.

15 Filed AUG 30 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 26th 25

17 I HEREBY CERTIFY, That I attended deceased from August 9th 19 25, to August 26th 19 25, that I last saw him alive on August 26th 19 25, and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos 2 1 ds.

CONTRIBUTORY (Secondary) Dilatation of Heart-Broken Compensation (duration) yrs. mos. 1 4 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? by Physical Examination

What test confirmed diagnosis?

(Signed) P. E. Lilly M. D.

Aug 30 19 25 (Address) 701 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Aug 31st 1925

20 UNDERTAKER Geo J. Ruth ADDRESS 1735 Harford ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-1921—M&T—1500 Bks.

1565

18939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01565

CERTIFICATE OF DEATH.

X 100-001 E 01565

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 1 ST., 1 WARD)

2-FULL NAME Lula Cecil

(a) RESIDENCE NO. Reisterstown Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Cecil

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lula Hosteg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Records JOHNS HOPKINS HOSPITAL

15 Filed . 19 Registrar

AUG 30 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 27 - 1925. to Aug 28 .1925.

that I last saw her alive on Aug 28 .1925.

and that death occurred, on the date stated above, at 11 00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) acute otitis media acute bilateral mastoiditis

(duration) yrs. 4 mos. 8 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of July 21-25.

Was there an autopsy? Yes -

What test confirmed diagnosis? None

(Signed) C. Scott M. D.

8-30-25 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Centreville Md

DATE OF BURIAL 8/30/25

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

Louie Wee Kwong or Louie You Suey

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91566

CERTIFICATE OF DEATH.

197 E 91566

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 920 Druid Hill ave ST.: 17 WARD) 3

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louie Kwong (Louie Wee Kwong)

(Residence in Baltimore: No. 920 Druid Hill ave St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ..., 1885.
(Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), China

PARENTS.

10-NAME OF FATHER, Louie Wee Kwong

11-BIRTHPLACE OF FATHER (State or Country), China

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country) China

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louie Gong

(Address) 13 Palapsco ave

15-

AUG 30 1925

Filed ....., 192.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 26, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest on the (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Gun shot wounds of head

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John H. Mosmer M. D.
(Coroner.)

Aug 29 1925 (Address) 1622 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem	Aug 31, 1925
20-UNDERTAKER	**ADDRESS**
John O Mitchell	1201 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-21—M&T—1500 Bks.

18395 E 01562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11567 X 46 E 01567

REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD 7-1)

2-FULL NAME Grace Woods

(a) RESIDENCE No. 144 All Saints St. ST. Frederick Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: 42 (Years) (Months) (Days) If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md.

PARENTS

10 NAME OF FATHER: Peter Randolph

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Jane Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 31 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 29th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 18th, 1925, to Aug. 29th, 1925, that I last saw her alive on Aug 29th, 1925, and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Myomata uteri with sacconatous degeneration

Secondary anemia-

(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) ..... yrs. ..... mos. 1- ds.

18 Where was disease contracted if not at place of death? Unknown-

Did an operation precede death? Yes Date of 29 Aug. 25

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Blumbrag, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick, Md

DATE OF BURIAL: Sept 1, 19 25

UNDERTAKER: M. R. Etchison & Son

ADDRESS: Frederick Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec. 8-10-21—M&T—1500 Bks.

1819

E 01568

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 49

E 01568

CERTIFICATE OF DEATH.

1-PLACE OF DEATH [illegible] HOSPITAL. 7-1

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Provenzano

(a) RESIDENCE NO. 29 W. 38th ST., W. Y. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6. ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Provenzano

6 DATE OF BIRTH (month, day, and year) July 16 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Frank Fratenotty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Marie DeRot

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

Filed AUG 31 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 28th, 1925, to Aug. 30th, 1925, that I last saw h[illegible] alive on Aug 30th, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Brain tumor Malignant

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Aug 29, 1925

Was there an autopsy? No

What test confirmed diagnosis? Path Exa

(Signed) Warfield M Jones, M. D.

19 25 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York Cemetery

DATE OF BURIAL Aug 31 1925

20 UNDERTAKER Frank E Woodson Son

ADDRESS 1906 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 01569

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 1-1 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Goldys

(a) RESIDENCE NO. 2120 Cambridge ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Porpoijez

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Agnes Porpoijez

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Baltimore City Hospitals Records (Address)

AUG 31 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1925, to Aug. 30, 1925, that I last saw h alive on Aug. 30, 1925, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Myocardial failure

(duration) yrs. 4 mos (History) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

8/30 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus cem	Sept 1 1925
20 UNDERTAKER	ADDRESS
John M Weber	1503 Bank St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 01570

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

13-3 15?

E 01570

REGISTERED NO. C

CITY OF BALTIMORE (No. 812. Union Avenue. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Sprucebank.

(Residence in Baltimore: No. 812. Union Avenue. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
female	white	baby.

6-DATE OF BIRTH, July 16.th., 1925.
(Month) (Day) (Year)

7-AGE, 0 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Geo. W. Sprucebank.

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Mary S. Legacz.

13-BIRTHPLACE OF MOTHER (State or Country). New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Sprucebank.

(Address) 812. Union avenue.

15-

Filed AUG 31 1925, 191.... ROBERT R. KRAUER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August, 30., 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry. (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D. (Coroner.)

Aug 30 1925 (Address) 3632 Boland ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Marys cem. Hampden.	8/31/25., 19....
20-UNDERTAKER J. Walter Davis.	ADDRESS 3207. Paine St.

important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01571

CERTIFICATE OF DEATH.

E 01571

REGISTERED NO. 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital ST., (WARD) 12-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Hollon

(a) RESIDENCE No. 437 E South Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? 76 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Hollon

6 DATE OF BIRTH (month, day, and year) Unknown 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	abt 82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Dennis Fenton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Dr. James M. Fenton

(Address) 700 E. Lake St

15 Filed AUG 31 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1925, to Aug 29, 1925, that I last saw h alive on Aug 29, 1925 and that death occurred, on the date stated above, at 7 20 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

8 30 1925 (Address) 700 E Lake St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Sept 1st 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N Gay St

CAUSE OF DEATH must be plainly written, so that it may be readily understood by the Registrar and by physicians in other parts of the country. ATTENTION is very important. See instructions on back of certificates.

E 01572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01572

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 174 Collins Ave. St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert W. Carrick

(Residence in Baltimore: No. 224 N. Poppleton St. St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. June 16th 1908
(Month) (Day) (Year)

7-AGE. 17 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Maryland

PARENTS

10-NAME OF FATHER. George W. Carrick

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore, Maryland

12-MAIDEN NAME OF MOTHER. Jessie M. Conner

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Carrick

(Address) 224 N. Poppleton Street

15- AUG 31 1925 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide — Hemorrhage
Brain — Shot self in head

(Duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Hinton M. D.
(Coroner.)

8-28 1925 (Address) Cedar & Curtis Ave.

*State the Disease Causing Death, or the Death from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal. Bullet Wd

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cem	Aug. 31 1925
20-UNDERTAKER. Walter B. Cook	ADDRESS. 1003 W. Balto St.

If the CAUSE OF DEATH is violent, state MEANS and NATURE of INJURY, and whether ACCIDENTAL, SUICIDAL or HOMICIDAL. This information is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01573

01573

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 14 — Ward 1132)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles F Weltz (Weltz)

(a) Residence No. St Vincents Infant Asylum St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) (Single)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 11 1925

7-AGE. ..... yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. baby

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS

10-NAME OF FATHER, Lester Miller

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va

12-MAIDEN NAME OF MOTHER, Dren Weltz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va

14- (Informant) Dren Weltz

(Address) .....

15- Filed ..... 192.. ..... Registrar.

In plain terms, so that it may be properly classified. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). August 27, 1925

17- I HEREBY CERTIFY, That I attended deceased from August 10 19 25 to August 27 19 25

that I last saw h.sm. alive on August 27 19 25

and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

acute entero-colitis

(Duration) ..... yrs. ..... mos. 27 ds.

CONTRIBUTORY (Secondary) malnutrition from birth

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical methods

(Signed) Francis R Smith, Jr. M. D.

. 19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral — DATE OF BURIAL. Aug 31 19..

20-UNDERTAKER. Grayton Parker & Co — ADDRESS 1527 Gorsuch Ave

ROBERT H. KRAUTH
Deputy Registrar of Vital Statistics

Spec.—8-24-14—M. & T.—5000 Mch.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01574

CERTIFICATE OF DEATH.

E 01574

1-PLACE OF DEATH Presbyterian Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. 1017 E. Baltimore ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Frances Lewis

(Residence in Baltimore: No. 3528 College Avenue St.; 17 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ ~~OR DIVORCED,~~ (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 23, 1905 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
17 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George M. Lewis

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Annie E. Ridgley

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George M. Lewis

(Address) 3528 College Ave

15-

Filed ....., 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 29th, 1915 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17, 1915, to Aug 29, 1915, that I saw h.. alive on Aug 29 1915, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Meningitis (stupid coma)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute fronto-ethmoidal sinusitis

(Duration) yrs. mos. 30 ds.

(Signed) E. W. Dickel M. D.

, 191... (Address) Presby Eye Ear Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, Sept 1, 1915

20-UNDERTAKER W. H. Cook

ADDRESS 502 E North Ave

important. See instructions on back of certificate.

Spec—12-23-21—E.B.K.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01575
PLACE OF DEATH

CERTIFICATE OF DEATH.

9-3 13

E 01575
Registered No.

City of BALTIMORE: (No. Union Memorial Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Katherine Dallam

(a) Residence No. 3008 Matthews St St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 18, 1925

7-AGE. yrs. 6 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. baby
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Nelson Dallam

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Esther Wolfe

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14-
(Informant) Mrs. Esther Dallam
(Address) 3008 Matthews St

15-
Filed 192 ROBERT A. KRAUTER Registrar.
AUG 31 1925

In plain terms, so that it may be properly followed, see instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). August 29 25

17- I HEREBY CERTIFY, That I attended deceased from July 21 19 25 to August 29 19 25
that I last saw h. alive on August 29 19 25
and that death occurred, on the date stated above, at 7 45 P m.
The CAUSE OF DEATH* was as follows:
Enteros-colitis

(Duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical methods

(Signed) Randall Smith, Jr M. D.
, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery
DATE OF BURIAL. Aug 31st 1925

20-UNDERTAKER. William Cook
ADDRESS 502 E Nath Ave

Spec.—1-10-21—M&T—1500 Blks.

E 01576

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01576

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. ST. WARD) -2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Hilda Hubbard

(a) RESIDENCE NO. Fort Meyers - Fla. ST. ..... WARD ..... Florida

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. W. T. Hubbard

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Caroline County (State or country) Md.

PARENTS

10 NAME OF FATHER John Powers

11 BIRTHPLACE OF FATHER (city or town) Caroline (State or country) County Md.

12 MAIDEN NAME OF MOTHER Emily Corey

13 BIRTHPLACE OF MOTHER (city or town) Caroline (State or country) County Md.

14 Informant Mr. W. T. Hubbard (Address) Fort Myers Fla.

15 Date AUG 31 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/30 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/27, 1925, to 8/30, 1925, that I last saw him alive on 8/30, 1925 and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Cholecystitis
Hepatitis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Embolism

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) Thos. Tompkins M.D.

, 19 (Address) Mt. Airy Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md

DATE OF BURIAL 8/31/1925

20 UNDERTAKER David Easton

ADDRESS 9/6 Camden

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT information is very important. See instructions on back of certificates.

Spec. — 1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1837 E 01577.

CERTIFICATE OF DEATH.

E 01577.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-7 WARD)

2-FULL NAME Reginald Gaskins

(a) RESIDENCE NO. Baltimore 8237 Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 28/1924

7 AGE — Years: — Months: 9 — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Jos. Gaskins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER Aileen Hay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 11th 1925 to Aug 29th 1925, that I last saw h alive on Aug 29th 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Post-pertussis)

(duration) yrs. mos 22 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. 49 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) C. F. Scott, M. D.

830, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lamel Bros

DATE OF BURIAL: 8/31/1925

20 UNDERTAKER: Daniel Easton

ADDRESS 916 Eutaw

ROBERT R. KRAUTER

AUG 31 1925

Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

E 01578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 01578

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Strickes ST., 19 WARD)

2-FULL NAME Alice Brown

(a) RESIDENCE NO. 412 N. Strickes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mason Brown

6 DATE OF BIRTH (month, day, and year): March 20, 1883

7 AGE: Years 42; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Howard Co., Md

PARENTS

10 NAME OF FATHER: Samuel Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co., Md

12 MAIDEN NAME OF MOTHER: Mary Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co., Md

14 Informant (Address): Mason Brown 412 N. Strickes

15 Filed AUG 31 1925 19.. ROBERT R. KRAUTER, Registrar

CAUSE OF DEATH to be in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 29 .1925. to Aug 30 .1925.

that I last saw her alive on Aug 29 .1925.

and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): nephritis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John E. L. Campbell M. D.

.19 (Address) 1405 N. Invent

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Dem Md — DATE OF BURIAL: 8/31/25

20 UNDERTAKER: Daniel Easton — ADDRESS: E/C Beare

Spec.—1-12-23—M&T—500 Bks.

E 01579

HEALTH DEPARTMENT—CITY OF BALTIMORE

33E 01579

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 N. Hunham ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Coleman

(a) RESIDENCE No. 1023 N. Hunham ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C.	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James E. Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Worchester Co. Md.

12 MAIDEN NAME OF MOTHER Gertrude Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Gertrude Coleman (Address) 1023 N. Hunham St.

15 Filed AUG 31 1925 Registrar

TION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-2-, 1925, to 8-28-, 1925, that I last saw h- alive on 8-27-, 1925, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(duration) Some Years yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. H. Bourgeois, M. D.

8-31, 1925 (Address) 611 N. Carol

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Athey Cemetery	Aug 31/1925
20 UNDERTAKER Mrs R. G. Elliott	ADDRESS 1711 Eastland Av

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01580

CERTIFICATE OF DEATH.

E 01580

1-PLACE OF DEATH 3906 Old York Road

CITY OF BALTIMORE: (No.) 3906 Old York Rd. (WARD) 9-1

REGISTERED NO.

(If death occurred in a hospital of institution, give its NAME instead of street and number.)

2-FULL NAME Florence Evans

(a) RESIDENCE NO. 3906 Old York Rd. STREET

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Evans

6 DATE OF BIRTH (month, day, and year) July 27, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	74	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Albert Seron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Elizabeth Easton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs Watts J. Baker Dau Watts Co

(Address) Redwood Rd Catonsville

15 AUG 31 1925 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1925

17

I HEREBY CERTIFY, That I attended deceased from 8-5, 1925, to 8-29, 1925, that I last saw her alive on 8-29, 1925, and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) M. E. Cole, M. D.

8-30 1925 (Address) 6014 York Road at Lake Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Patterson Park

DATE OF BURIAL Sept 1 1925

20 UNDERTAKER John O. Mitchell

ADDRESS 1201 W Fayette

CAUSE OF DEATH to be properly certified, so that it may be placed on the back of certificates.
TION is very important. See instructions on back.

Spec.—1-10-21—M&T—1500 Bks.

E 01581 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01581

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 W. Pratt ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas E. Lusby.

(a) RESIDENCE NO. 1415 W. Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sarah E. Lusby.

6 DATE OF BIRTH (month, day, and year) June 3-1852

7 AGE: Years 73 Months 2 Days 26 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. R. Machinist

(c) Name of employer B & O. Railroad.

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

PARENTS

10 NAME OF FATHER Eli Lusby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co. Md.

12 MAIDEN NAME OF MOTHER Sophia Gurney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co. Md.

14 Informant Sarah E. Lusby.

(Address) 1415 W. Pratt St.

15 Filed AUG 31 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1924, to Aug 29, 1925; that I last saw him alive on Aug 29, 1925; and that death occurred, on the date stated above, at 10.05 P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis + Myocarditis

(duration) Over 11 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Harry E. Gale M. D.

Aug 30 1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Sept 1925

20 UNDERTAKER John Fields ADDRESS 1200 N Fremont

ROBERT A. FOULKROD
Burial Permit Clerk.

Spec.—1-10-21 M&T 1500 Bks.

E 01582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

gr E 01582

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 N Calvert ST., 12-6 WARD)

2-FULL NAME Maria Louisa Stokes

(a) RESIDENCE No. 1700 N Calvert ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 13th 1848

7 AGE: Years 76 Months 8 Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph b Whitney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Florence Weston

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant C. C. Stokes (Address) 1700 N Calvert St

15 AUG 31 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 29th 1925, to Aug 30th 1925, that I last saw her alive on Aug 29th 1925, and that death occurred, on the date stated above, at 8 4 m.

The CAUSE OF DEATH was as follows:*

Arteriosclerosis

(duration) Many yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) — yrs. — mos. 1½ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Chas W. Lamed M. D.

Aug 31 1925 (Address) 132 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Sept 1st 1925

20 UNDERTAKER: Henry J Jenkins & Sons Co — ADDRESS: Orchard & Mt Colbert Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01583

CERTIFICATE OF DEATH.

24-001 E 01583

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2570 Mc Culloh St., WARD 5

2-FULL NAME Rausen Sheidon

(a) RESIDENCE NO. 2570 Mc Culloh St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Sheidon

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 64 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Potter

(b) General nature of industry, business, or establishment in which employed (or employer): Pottie

(c) Name of employer: Source Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Louise Beeler 2570 Mc Culloh St

15 Filed ..... 19 ..... Registrar

AUG 31 1925 ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 28th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 27th 1925, to Aug. 28th 1925.

that I last saw her alive on Aug. 28th 1925

and that death occurred, on the date stated above, at 10 OUT m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Heart Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Ben Ebs, M. D.

19 25 (Address) 92 Mod. St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Aug. 31st 25 — DATE OF BURIAL

20 UNDERTAKER: Thomas D. Hensley — ADDRESS: Madison

CAUSE OF DEATH must be plainly written, so that it may be properly coded. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01584

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01584

CERTIFICATE OF DEATH.

112

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 W. Fulton St. 11-2 WARD)

2-FULL NAME David Lay

(a) RESIDENCE. No. 909 W. Fulton ST., ... WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Lay

6 DATE OF BIRTH (month, day, and year) Aug. 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Common Labor

(b) General nature of industry, business, or establishment in which employed (or employer) 9040

(c) Name of employer Central B. E.

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Wm Lay

11 BIRTHPLACE OF FATHER (city or town) S. C.
(State or country)

12 MAIDEN NAME OF MOTHER Amanda Washington

13 BIRTHPLACE OF MOTHER (city or town) S. C.
(State or country)

14 Informant (Address) Same 909 W. Fulton St.

15 Filed ..... 19.. Registrar

AUG 31 1925 ROBERT N. KNOTT

Burial Permit Clerk

CAUTION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/29/1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 25 1925 to Aug 29 1925

that I last saw h alive on Aug 29 1925

and that death occurred, on the date stated above, at 3:45 m.

The CAUSE OF DEATH* was as follows:

Cardiac depression

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Gastritis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Josephson M. D.

(Address) 1014 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Aug 28 '25

20 UNDERTAKER Edmund R. Burley ADDRESS Reddi

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01535

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01535

CERTIFICATE OF DEATH.

4 x 90
4 - 1

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henriette Myonke

(a) Residence No. [redacted] St., Ward

(Usual place of abode) Pasadena Anne Arundel Co. Md

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. 3 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Yonke

6-DATE OF BIRTH (month, day and year) Aug 15. 1847

7-AGE. 78 yrs. 0 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town). Germany (State or Country),

PARENTS.

10-NAME OF FATHER, John Hogge

11-BIRTHPLACE OF FATHER (city or town) Germany (State or Country),

12-MAIDEN NAME OF MOTHER, Eva Bebel

13-BIRTHPLACE OF MOTHER (city or town) Germany (State or Country),

14- (Informant) Annie Hogge Evans

(Address)

15- Filed AUG 31 1925 ROBERT R. KRAMER Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 29 /25

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1925 to Aug 29 1925

that I last saw h[illegible] alive on Aug 29 1925

and that death occurred, on the date stated above, at 4:50 P.M.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis, auricular fibrillation,

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 5 mos. [redacted] ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Thos. J. Cowan Jr. M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Cedar Hill	Sept 1, 19 25
20-UNDERTAKER.	ADDRESS
Wm. Wm J. W. Teufel & Son	801 W Fayette

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01586

CERTIFICATE OF DEATH.

31 ✓

E 01586

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Swarn (Swain)

(a) RESIDENCE NO. 1144 W. Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jim Swarn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed AUG 31 1925, 19 ROBERT N. KRAUTER, Burial Permit Registrar

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1925, to Aug. 26, 1925, that I last saw her alive on Aug. 26, 1925, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McKane Jr. M. D.

8-26 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL Aug 31 1925

20 UNDERTAKER Mistew Leonard [illegible]

ADDRESS 306 Myrtle Ave

306 Myrtle Ave

CAUSE OF DEATH must be stated plainly, and without abbreviations. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01587.

CERTIFICATE OF DEATH.

X12 E 01587

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Maryland Gen. Hosp.

CITY OF BALTIMORE: (No. Madison & Linden ST., Ward 7 (WARD)

2-FULL NAME Mrs Elizabeth Everett

(a) RESIDENCE NO. Edgewood, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Joseph H. Everett

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ... 63

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER Chas. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Anna Limbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe.

14 Informant (Address) Patient - Daughter Estelle Everett

15 Filed ..., 19 ... AUG 31 1925 ROBERT R. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1925 to Aug. 29, 1925, that I last saw her alive on Aug. 29, 1925 and that death occurred, on the date stated above, at 12:40 P.M.

The CAUSE OF DEATH* was as follows:

Biliary Obstruction

Hepatic Toxemia

(duration) yrs. ... mos 3 wks ds.

CONTRIBUTORY (Secondary) Uraemia - Cardiac Dilatation (duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Wm. C. Wright, M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mountain Christian Church Harford	Sept. 1 1925
20 UNDERTAKER	**ADDRESS**
Henry Sander Sons Inc	1710 Eut

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01588

E 01588

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 E. North Ave ST., 9-4 WARD)

2-FULL NAME Bertha B. Rochfort

(a) RESIDENCE NO. 824 E. North Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin L. Rochfort

6 DATE OF BIRTH (month, day, and year): April 7. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Robert Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Ann Wiley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Madeline Rochfort 824 E. North Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1925, to Aug 28, 1925, that I last saw h[illegible] alive on Aug 28, 1925, and that death occurred, on the date stated above, at 11.55 P.M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis Septicaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Patient seen by me prior to Death

(Signed) [illegible] M.D.

, 19 (Address) 301 S Edwards St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: Sept 1 1925

20 UNDERTAKER: Henry Sander & Sons Inc

ADDRESS: 1710 Mad

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01589 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01589

CERTIFICATE OF DEATH. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 S. Port ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lanehardt

(a) RESIDENCE NO. 714 S. Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH to be filled in by attending physician. It is important that this portion of certificate be filled out completely. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. R. Lanehardt

6 DATE OF BIRTH (month, day, and year) Oct 20, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	55	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Casper Schmidt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Born

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Wm. R. Lanehardt
(Address) 714 S. Port St.

15 Filed AUG 31 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1925, to Aug 29, 1925, that I last saw h[er] alive on Aug 29, 1925, and that death occurred, on the date stated above, at 6. P. m.

The CAUSE OF DEATH* was as follows:

Adenosarcoma

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Frances B Litton, M. D.

29, 1925 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Sept 2 1925

20 UNDERTAKER Henry Sander Sons Inc ADDRESS 1710 Mad

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01590

E 01590

CERTIFICATE OF DEATH.

165

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 809 S Bouldin ST., 26-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Valentine Hartman

(a) RESIDENCE NO. 809 S Bouldin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Hartman

6 DATE OF BIRTH (month, day, and year) May 23- 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stationary fireman
(b) General nature of industry, business, or establishment in which employed (or employer) P&G
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John Hartman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant James Toland
(Address) 809 S. Bouldin St.

15 Filed . 192 ROBERT R. KRAUTER, Registrar

AUG 31 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shot self Homicide while insane Instantly
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis
20 (duration) yrs. mos. 2 ds.

(Signed) [illegible], M. D.
(Coroner.)
Aug 30. 1925 (Address) Tow Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL Sept-4 1925

20 UNDERTAKER Lilly & Feldmeier ADDRESS 403 S. Wolfe St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01591

CERTIFICATE OF DEATH.

185 E 01591

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1008 S. Curley ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Robart

(a) RESIDENCE NO. 1008 S. Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Robart

6 DATE OF BIRTH (month, day, and year) Feb 15 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer
(c) Name of employer Copper works

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Robart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm Feldmyer
(Address) 1009 S. Curley St

15 Filed AUG 31 1925, 192 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Fall down Stairs Accident

(duration) yrs. mos. 1 ds.

(Signed) James M Benton, M. D.
(Coroner.)

Aug 29, 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Sept. 1 1925

20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01592

CERTIFICATE OF DEATH.

129

27-1

E 01592

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 428 Evesham Ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Bowen

(a) RESIDENCE NO. 428 Evesham Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Annie E. Bowen

6 DATE OF BIRTH (month, day, and year): Sept 16 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	30	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Yard Master

(b) General nature of industry, business, or establishment in which employed (or employer): 0713

(c) Name of employer: B. O. R. Road

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wm H. Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Alice J. Innes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 Informant: Annie E. Bowen

(Address): 428 Evesham Ave

15 Filed: AUG 31 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 29 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to Aug-29, 1925, that I last saw him alive on Aug-29, 1925 and that death occurred, on the date stated above, at 11 P m

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. O. Hoss, M. D.

8-30, 1925 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Sept 2 1925

20 UNDERTAKER: Jos Jacobs & Son — ADDRESS: 2073 E. Balto

THIS IS very important. See instructions on back.

Spec—12-23-21—E.B.R.S.—400 Blks.

01593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 01593
Registered No.

1-PLACE OF DEATH Union Memorial Hospital

City of BALTIMORE: (No. 33rd + Calvert St., RV-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mr James T. Ayres

(a) Residence No. Manassas Virginia Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ~~H~~

6-DATE OF BIRTH (month, day and year) 8-31-25

7-AGE, 74 yrs. 2 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Elias Ayres

11-BIRTHPLACE OF FATHER (city or town) (State or Country), mass.

12-MAIDEN NAME OF MOTHER, ann childs

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), mass

14-
(Informant) Eva [illegible]
(Address) Manassas [illegible]

15-
Filed AUG 31 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 31, 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 3, 1925 to Aug 31, 1925
that I last saw h~~im~~ alive on 8-31, 1925
and that death occurred, on the date stated above, at 10.45 a.m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? Virginia?

Did an operation precede death? yes Date of 8-7-25

Was there an autopsy? no

What test confirmed diagnosis? Tissue removed at operation

(Signed) R J Belford M. D.

, 19 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Manassas Va.	Aug 31st 1925
20-UNDERTAKER.	ADDRESS
Wm Hemaine & Son	Alexandria Va.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01594 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01594

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 753 Eisley St., 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby Boy Smith

(a) Residence No. 753 Eisley St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) aug. 30, 1925

7-AGE. .....yrs. .....mos. .....ds.

If LESS than 1 day, 15 hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Baltimore
(State or Country). Md.

PARENTS.

10-NAME OF FATHER. Walter Gray

11-BIRTHPLACE OF FATHER (city or town)... Baltimore
(State or Country). Md.

12-MAIDEN NAME OF MOTHER. Bessie Smith

13-BIRTHPLACE OF MOTHER (city or town)... Baltimore
(State or Country). Md.

14- (Informant)..... Bessie Smith

(Address)..... 753 Eisley St.

15- Filed ?..... 192.. ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) aug. 30, 1925

17- I HEREBY CERTIFY, That I attended deceased from aug. 30, 1925 to aug. 30, 1925 that I last saw h.i.m alive on aug. 30, 1925 and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY —
(Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No.....

What test confirmed diagnosis? Phys. Examination

(Signed)..... Frederick A. Snyder M. D.

aug. 30 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem. DATE OF BURIAL. Aug 31 1925

20-UNDERTAKER. [redacted] ADDRESS 16 W. Lemmon St

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01595

CERTIFICATE OF DEATH.

E 01595

REGISTERED NO. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. 19-1 ST., WARD)

2-FULL NAME Augustine Travers

(a) RESIDENCE NO. 1210 Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ethel Travers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1925, to Aug 25, 1925, that I last saw her alive on Aug 25, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea (Probably enteric)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Early Bronchopneumonia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Wasserman

(Signed) W. Sadd, M. D.

8-29, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health,

ADDRESS AUG 31 1925

Per Wm. R. WOOD.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01596 E 01596

1 PLACE OF DEATH — REGISTERED NO. 129

CITY OF BALTIMORE: (No.) 1 E. Park Ave. (ST.) Harrison (WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob H. DeVries Sr.

(a) RESIDENCE No. 1 E. Park Ave. ST. Hamilton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Meta DeVries

6 DATE OF BIRTH (month, day, and year) Sept. 4th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

062

9 BIRTHPLACE (city or town) (State or country) Unknown Germany

PARENTS

10 NAME OF FATHER Henry DeVries

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant Meta DeVries (Address) 1 E. Park ave. Hamilton

15 Filed ..... 19 Robert P. Harrison Registrar

31 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15 1925 to Aug. 30 1925, that I last saw him alive on Aug. 30 1925, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis, Fatty Degeneration, & interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Labaratory

(Signed) N. Alpert, M. D.

, 19 (Address) 1350 Eastern Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Sept. 2 1925
20 UNDERTAKER	ADDRESS
Fredk Dasch & Sons	Fullerton

TION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01597

CERTIFICATE OF DEATH.

100-001

E 01597

1-PLACE OF DEATH

City of BALTIMORE: (No. 931 Valley St., 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick C. Hofstetter

(a) Residence No. 931 Valley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Male~~ Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Child

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 6. 1924

7-AGE, 1 yrs. 2 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frederick J. Hofstetter

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md Baltimore

12-MAIDEN NAME OF MOTHER, Mary T. Rafferty

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14- (Informant) Mary T. Hofstetter

(Address) 931 Valley St.

15- Filed 192 Registrar.

ROBERT P. HARRISON,

3 1 1925

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8-31-25

17- I HEREBY CERTIFY, That I attended deceased from 8-14 1925 to 8/31 1925 that I last saw h[illegible] alive on 8/31 1925 and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency 1

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(Duration) yrs. mos. 17 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Dana Miller M. D.

, 19 (Address) 1500 Edmondson

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, 9-2, 1925

20-UNDERTAKER, Elmer W. Conklin — ADDRESS 929 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01598

CERTIFICATE OF DEATH.

31 E 01598

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2306 E. Federal ST., 8-2 WARD)

2-FULL NAME Helen M. Baker

(a) RESIDENCE NO. 2306 E. Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Roland Baker

6 DATE OF BIRTH (month, day, and year) Oct. 12-1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Theo. G. Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Blanche Norris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Blanche Dorsey

(Address) 2306 E. Federal St

15 Filed 1925 Robert F. Harrison, Registrar

Asst. Vital Statistics Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1925, to Aug 29, 1925, that I last saw her alive on on Saturday 29 1925 and that death occurred, on the date stated above, at 5.55 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis about one Year

My attendance was (duration) hrs. 2 yrs. mos. only

CONTRIBUTORY (Secondary) 13 cases (duration) Since 25 last 10 days yrs. mos. ds.

18 Where was disease contracted if not at place of death? dont Know

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) E. Bruce J. Emmo, M. D.

8/31, 1925 (Address) 1026 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Sept. 1 1925

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01599 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01599

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Fernwood Ave ST., 16-6 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Koch

(a) RESIDENCE NO. 3710 Fernwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 78 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helwig Koch

6 DATE OF BIRTH (month, day, and year) Aug. 12- 1835.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	-	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Mrs John F. Bentz
(Address) 3710 Fernwood Ave

15 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1925, to Aug 30, 19 25.
that I last saw her alive on Aug 30, 19 ..
and that death occurred, on the date stated above, at 11.45 P. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomac

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Dont Know

Did an operation precede death? no Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. L Burke, M. D.
Aug 31, 1925 (Address) 3042 Hudson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bachmans Cemetery	Sept. 1 1925
20 UNDERTAKER Zinkler + Zinkler	ADDRESS 1739 E. Eager St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01600 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01600

CERTIFICATE OF DEATH. 148

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Everts

(a) RESIDENCE NO. 643 N. Bond Road Catonsville ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	married

5a If married, widowed, or divorced (or) WIFE of Daniel W. Everts

6 DATE OF BIRTH (month, day, and year) May 9-1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	29	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica, Caledonia Parish

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) not known (State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) not known (State or country)

14 Informant (Address) W. E. Sisson

15 Filed ..... 19 ..... Registrar Burial Permit Clerk.

MAR 31 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1925, to Aug 30, 1925, that I last saw her alive on Aug. 30, 1925 and that death occurred, on the date stated above, at 9.25 A m.

The CAUSE OF DEATH* was as follows:

Antepartum Eclampsia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. E. Sisson, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 9/1 1925

20 UNDERTAKER Chas. C. Evans & Son — ADDRESS 1811 Mt. Royal ave

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important.

Spec– 12-23-21– E.B.R.S.–400 Pks.

E.01601 HEALTH DEPARTMENT—CITY OF BALTIMORE E.01601

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH Registered No.....

City of BALTIMORE: (No. 1401 N. Charles St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Jennie Boult

(a) Residence No. 1401 N. Charles St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Boult

6-DATE OF BIRTH (month, day and year) April 2-1845

7-AGE 80 yrs. 4 mos. 29 ds. If LESS than 1 day hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... at Home

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto. Md.

PARENTS

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Mrs Stettner

(Address) Montreal Apartments

15- Robert P. HARRISON, Registrar.

Filed ..... 192 .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 31-1925

17- I HEREBY CERTIFY, That I attended deceased from July 2. 1925 to Aug 31 1925

that I last saw h.. alive on Aug 30. 1925

and that death occurred, on the date stated above, at 12. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) W. H. Ingram M. D.

, 19 (Address) 1703 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cemetery DATE OF BURIAL. Sept 2 1925

20-UNDERTAKER. Chas. Grove & Son ADDRESS 1800 N. Royal ave

Instructions on back of certificate.

Spec.—1-12 23—M&T—500 Blks.

E 01602

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01602

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital ST., (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Noonan.

(a) RESIDENCE NO. 327 W. Eutaw St. Baltimore, Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced BUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 3-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Robert J. Noonan
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Alice Murphy
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Miss Elizabeth Noonan 327 W. Eutaw St

35 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/30 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/24 1925, to 8/30 1925
that I last saw ~~him~~ alive on 8/30 1925
and that death occurred, on the date stated above, at 3:30 P m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
(duration) Do not know yrs. mos. ds.
CONTRIBUTORY (Secondary) Cerbral Hemorrhage
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Hamill
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Facts
(Signed) Edward P. Ewald, M. D.
8/30 1925 (Address) 16 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 9/3 1925

20 UNDERTAKER Chas. J. Evans & Sons Inc. — ADDRESS 118 N. McCoy St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01603 E 01603

CERTIFICATE OF DEATH.

REGISTERED NO. 118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital ST. (or) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Hamilton

(a) RESIDENCE NO. Bayview Hospital ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Mary Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Elsie Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Harriet Keen
(Address) Balto. City Hospitals

15 Filed 31 1925 19 Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 31, 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-26, 1925, to 8-31-25, 19, that I last saw him alive on Aug. 31, 1925, and that death occurred, on the date stated above, at 12:45 am m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis,
Myocardial Insufficiency and
Strangulated Hernia - (one day) -

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home -

Did an operation precede death? Yes Date of 8-30-25

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Operation

(Signed) Ira G. Edmonds, M. D.

, 19 (Address) Bay View Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Samuel Cemetery	Sept. 1925

20 UNDERTAKER ADDRESS

Robert V. Millins 1516 McElderry St

CAUSE OF DEATH must be plainly written, and no abbreviations or ditto marks used. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

E 01604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-4 114

E 01604

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 W. Mosher ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah J. Cord,

(a) RESIDENCE NO. 1819 W. Mosher ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of John T. Cord,

6 DATE OF BIRTH (month, day, and year) January 31. 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	84	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Nancy A. Iyantis,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant (Address) Peter C. Kendall 1819 W. Mosher St.

15 Filed ... 19 ... Registrar

31 1925

Robert E. Garrison, Chief Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 31, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1925, to date of death, 19..., that I last saw her alive on August, 1925, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Ulcer of lung & Laryngeal tuberculosis

Months (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Emmy Lee Davis, M. D.

, 19 (Address) 827 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Loudon Park

DATE OF BURIAL SEP 2 - 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 2709 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01605

CERTIFICATE OF DEATH.

20-5-129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 W, Baltimore St. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Josephine Hanna,

(a) RESIDENCE NO. 1822 W. Baltimore St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of ~~HUSBAND~~ of Joseph Hanna,

6 DATE OF BIRTH (month, day, and year) April 17.1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	76	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER Martin H. Batson,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Pyles,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Dr. M. J. Hanna, 1822 W. Baltimore St.

15 Filed ... 19 ... Registrar

AUG 31 1925

Robert P. Harrison,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 30 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1925, to Aug 30, 1925, that I last saw h[illegible] alive on Aug 30, 1925, and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Uremia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Labratory.

(Signed) Paul Brown, M. D.

8/31, 1925 (Address) 1837 Pa Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL Western

DATE OF BURIAL SEP 1 - 1925 19

20 UNDERTAKER Geo W Little

ADDRESS [illegible] Edmondson Ave.

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01606

E 01606

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH — REGISTERED NO. .....

CITY OF BALTIMORE: (No.) Maryland General Hospital ST., 11 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Kellner

(a) RESIDENCE No. 2019 Payson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 26 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Oscar Kellner

6 DATE OF BIRTH (month, day, and year): March 22 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9 BIRTHPLACE (city or town) ..... (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Westfeld

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Wisenow

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Oscar Kellner
(Address) 2019 W. Payson

15 Filed Dec 31 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Intestinal .....

(duration) ..... yrs. ..... mos 4 hrs. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Morrison (Coroner.) M. D.

Aug 31 1925 (Address) 1632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westlawn Cem — DATE OF BURIAL: Sept 1 1925

20 UNDERTAKER: Ger. H. Lutz — ADDRESS: Edmondson

Spec.—1-12-23—M&T—500 Bks.

E 01607 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 01607

CERTIFICATE OF DEATH.

164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 W. Hamburg ST. 23-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anne C. Toner

(a) RESIDENCE No. 112 W. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of George W. Toner

6 DATE OF BIRTH (month, day, and year) Aug 11-1829

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	96		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Seymour

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Kemp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Robert Toner

(Address) 112 W. Hamburg

15 Filed ..., Robert P. Harrison, Registrar

31 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/28 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/20 1925 to 8/28 1925

that I last saw her alive on 8/28 1925

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Influenza & Organ

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..., M. D.

, 19 (Address) 1540 S. Clinton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Sept 1 1925
20 UNDERTAKER	ADDRESS
F. A. Krause & Son	703 Hanover

Spec.—1-10-21—M&T—1500 Blks.

E 01608

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01608

CERTIFICATE OF DEATH.

15-1 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3926 Belview Ave ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Rebecca Hook

(a) RESIDENCE NO. 3926 Belview Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. Life mos. ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar J. Hook

6 DATE OF BIRTH (month, day, and year) Aug 24th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	72	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co., Md

12 MAIDEN NAME OF MOTHER Sarah Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Wm H Wells

(Address) 7 Bolfield Ave

15 Filed SEP 1 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31st 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25th, 1925, to Aug 31st, 1925, that I last saw h[illegible] alive on August 31, 1925, and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis +
Arteriosclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical degen

(Signed) L. Blumenhauer M. D.

8/31, 1925 (Address) 1901 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Sept 3 1925

20 UNDERTAKER Wm Cook

ADDRESS 502 E Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr. Fender.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01609

CERTIFICATE OF DEATH.

9-7 31

E 01609 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 Holbrook Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Manning.

(a) RESIDENCE NO. 519 Holbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 15 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Manning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margt. Mahell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Joseph Combs 305 Howard Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1925, to Aug 31, 1925, that I last saw him alive on Aug 30, 1925, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

about

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D.

Aug 31, 1925 (Address) 708 Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Sept. 2 1925

20 UNDERTAKER Wm Cook ADDRESS 902 E. Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01610 E 01610

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST., 76-7 WARD)

2-FULL NAME George Fallon

(a) RESIDENCE NO. Hollins Station Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. 3 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) England
(State or country)

PARENTS

10 NAME OF FATHER William Fallon

11 BIRTHPLACE OF FATHER (city or town) England
(State or country)

12 MAIDEN NAME OF MOTHER Mary Brooks.

13 BIRTHPLACE OF MOTHER (city or town) England.
(State or country)

14 Informant Hospital Records
(Address) Balto City Hospitals

SEP 1 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30. 1925

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to Aug. 30. 1925,
that I last saw him alive on Aug. 30. 1925
and that death occurred, on the date stated above, at 3 00 a. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Oesophagus
with Metastases to Other Organs

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Aug. 27. 1925

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & Pathological Findings

(Signed) Ira S Chamberlain, M. D.

, 19 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns Waverley	Sept 1 1925
20 UNDERTAKER Wm Cook	ADDRESS 3012 Elmwood

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01611

CERTIFICATE OF DEATH.

E 01611

REGISTERED NO. 129

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Washington

(a) RESIDENCE No. 716 Stockton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Burkeiger Johnson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Maggie Brown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Hospital Records (Address) BALTIMORE CITY HOSPITALS

Filed SEP 1 - 1925 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1925 to Aug. 30, 1925 that I last saw her alive on Aug. 30, 1925 and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis
With acute Exacerbation - Pelvic
Abscess.

(duration) 2 yrs. mos over ds.

CONTRIBUTORY (Secondary) and Terminal Bronchopneumonia (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7-18-25

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign & Laboratory

(Signed) Ira P Crampe, M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL 9/1/1925

20 UNDERTAKER Dan Easton

ADDRESS 916 Park Ave

CAUTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01612

CERTIFICATE OF DEATH.

38 E 01612

1-PLACE OF DEATH Balto. City. Hosp. Wd A III

CITY OF BALTIMORE: (No. Baltimore city Hosp. St. A III Ward) 17-3

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Johnson

(a) RESIDENCE NO. 713 Bradley St St., ...Ward .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 037
(b) General nature of industry, business, or establishment in which employed (or employer) Private homes
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Allen Boyd

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Virginia

12 MAIDEN NAME OF MOTHER Nancy Upsher

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Virginia

14 Informant Mr. Howard Johnson
(Address) 713 Bradley St.

15 SEP 1 - 1925 ROBERT F. KRAUTER Registrar

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/31 1925

17
I HEREBY CERTIFY, That I attended deceased from 8/12 .1925 to 8/31 .1925,
that I last saw her alive on 8/31 .1925,
and that death occurred, on the date stated above, at 2.00 A. m.

The CAUSE OF DEATH* was as follows:
Aneurysm of aorta

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) pressure on Bronchi with slow asphyxiation (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? x-ray

(Signed) W L Miller M. D.
. 19 (Address) Balto. City Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL North End Va — DATE OF BURIAL 9/1/1925

20 UNDERTAKER Dame Eagan — ADDRESS 9/6 Care

Spec.—1-10-21—M&T—1500 Bks.

E 01613

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01613

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-22 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Jackson

(a) RESIDENCE NO. 1022 N Chapel ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE col. | 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 6 1923

7 AGE 2 Years | 6 Months | Days | If LESS than 1 day, ... hrs. ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) Probably

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Burden Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Katie Olivia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 1 - 1925 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1925 to Aug 30, 1925, that I last saw h alive on Aug 30, 1925, and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Poliomyelitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) Cor Scott M. D.

8.30 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion | DATE OF BURIAL Sept 1 1925

20 UNDERTAKER Mrs R.A. Elliott | ADDRESS 1225 Madison Ave

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 01614

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01614

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital WARD 12-6

REGISTERED NO. 1883

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel G Jackson

(a) RESIDENCE NO. 1717 Maryland ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jackson

6 DATE OF BIRTH (month, day, and year) Sept 10 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Schoffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Geo Jackson
(Address) 1717 Maryland

Filed SEP 1 - 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Crushed R chest wall & Pelvis automobile accident, while driving (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Jas M Fenton, M. D. (Coroner)

Aug 31, 1925 (Address) Fort Chester

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs., In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Maryland ave & Madison ?

Former or usual residence 1717 Maryland ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Saint Peters	Sept 1st 1925
20 UNDERTAKER Mrs R. A. Elliott	ADDRESS 1705 Eutaw ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01615

E 01615

CERTIFICATE OF DEATH.

REGISTERED NO. 1610

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Gilmor St. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Savchinka

(a) RESIDENCE NO. Maryland Gen Hospital ST. Lanvale, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 39 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			39	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER - Savchinka

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Endershemer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Mrs Mary Savchinka
(Address)

15 Filed SEP 1 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1925, to Aug 26, 1925, that I last saw h alive on Aug 26 12:00 1925, and that death occurred, on the date stated above, at 1:30 p m.

The CAUSE OF DEATH* was as follows:

Prematurity
Malnutrition

(duration) yrs. mos 31 ds.

CONTRIBUTORY (Secondary) Refused Judice

(duration) 8 yrs. mos. 37 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical

(Signed) Jno A Sampson M. D.

, 19 (Address) Md Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL SEP 1 1925

20 UNDERTAKER Robert R. Krauter, Deputy Commissioner Health.

ADDRESS

SEP 1 1925

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01616 — REGISTERED NO. E 01616

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1401 E Randall ST., 24-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Reese

(a) RESIDENCE NO. 401 E Randall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 9.1.25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		9 Months		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jas M Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Ruth E Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Jas M Reese 401 E Randall St

15 Filed SEP 1 - 1925, 19 ROBERT R. KRAMER, Registrar, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 - 1 - 1925

17 I HEREBY CERTIFY, That I attended deceased from 9.1. , 1925 , to 9.1 , 1925.

that I last saw h[illegible] alive on 9.1 , 1925.

and that death occurred, on the date stated above, at 12.15 a m.

The CAUSE OF DEATH* was as follows:

Diptheria

(duration) 4 days Sense of Birth mos ds.

CONTRIBUTORY (Secondary) Mentally Incapable (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E J Lullington, M. D.

9.1. 1925 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL 9/1 1925

20 UNDERTAKER John J Fahey & Sons — ADDRESS 1318 Light St.

See instructions on back of certificates. IMPORTANT is very important

Spec.—1-10-21—M&T—1500 Blks.

Lee Thacker

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01617.

E 01617.

CERTIFICATE OF DEATH

Franklin Sq Hospital 184

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME L. S. Thacker

(a) RESIDENCE NO. Corbett Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Betty G Thacker

6 DATE OF BIRTH (month, day, and year) Feb 3 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	55	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Staunton Va

PARENTS

10 NAME OF FATHER J M Thacker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mamie Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Betty G Thacker

(Address) Corbett Md

15 Filed SEP 1 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 19 25

17 I HEREBY CERTIFY, That I attended deceased from Aug 31 .19 25. to Aug 31 .19 25.

that I last saw h alive on Aug 31 .19 25.

and that death occurred, on the date stated above, at 5.00 P m

The CAUSE OF DEATH* was as follows:

Traumatic Amputation R. foot (Aug)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis Cantelupi, M.D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Balto Co. Md DATE OF BURIAL Sept 3 25

20 UNDERTAKER W C Brooks & Sparks ADDRESS

CAUSE OF DEATH: (See instructions on back of certificate. TION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01618

E 01618

CERTIFICATE OF DEATH.

24-90

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 208 E. Randall Street. St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence A. Lowery.

(Residence in Baltimore: No. 208 E. Randall Street. St.; yrs. 53 -- mos. 7 --- ds. 17.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. January 12, 1872.
(Month) (Day) (Year)

7-AGE. 53 yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist.
(b) General nature of industry, business, or establishment in which employed (or employer): B.& O.R.R.Co.

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. William Lowery.

11-BIRTHPLACE OF FATHER, (State or Country). West Virginia.

12-MAIDEN NAME OF MOTHER. Selina Mc Allister.

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rose Lowery.(wife).
(Address) 208 E. Randall Street.

15- SEP 1 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 29th, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Eisenhardt M. D.
(Coroner.)

Aug. 29, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Sep. 1 1925

20-UNDERTAKER,	ADDRESS
E E Jenning 1760	Baltimore

is very important. See instructions on back of Certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 01619

CERTIFICATE OF DEATH.

2 E 01619

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., 2-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theofil Dominic

(a) RESIDENCE NO. 1707 Fleet st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Anthony Diminic

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Hospital Records

(Address)

15 Filed SEP 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 31, 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1925, to Aug. 31, 1925, that I last saw him alive on Aug. 31, 1925, and that death occurred, on the date stated above, at 5.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary) Tuberculous Enteritis

(duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) T. E. McFane, M. D.

8-31 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL Sept 2, 1925

20 UNDERTAKER J. W. Ozazewski ADDRESS 1980 Eastern Av

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01620

CERTIFICATE OF DEATH.

E 01620

6-257

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. — ST., WARD)

2-FULL NAME Lobie Berkowitz

(a) RESIDENCE NO. 2013 E Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. 18 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ——— 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rumania

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) JOHNS HOPKINS HOSPITAL.

15 Filed SEP 1 1925, 19 ... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/31 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1925, to Aug. 31, 1925,

that I last saw he alive on Aug 31, 1925,

and that death occurred, on the date stated above, at 9.10 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Diabetes, Hypertension

Hemiplegia (duration) ? yrs. 3 mos (?) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Trevor Owen, M. D.

Aug 31st 1925 (Address) Johns Hopkins Hospital Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	9/1 1925
20 UNDERTAKER	ADDRESS
Jack Lewis	1429 E Balt

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 01621

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 126 Jackson Place 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Kamerow also Dalin Den

(a) Residence No. 126 Jackson Place St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) M

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Kamerow

6-DATE OF BIRTH (month, day and year) 1870

7-AGE. 55 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS:

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Jack Lewis

(Address) 1439 E Balt St

15- Filed SEP 1 - 1925 ROBERT R. KRAUTER Registrar

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 31/25

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15th 1925 to Aug. 31st 1925

that I last saw h.. alive on Aug. 31st 1925

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Zuzenberg, M. D.

8/31, 1925 (Address) 1826 E Baltimore St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 9-1, 1925

20-UNDERTAKER, Jack Lewis

ADDRESS 1439 E Balt St

Spec.—1-10-21—M&T—1500 Bks.

1841 7

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01622

CERTIFICATE OF DEATH.

X 135

E 01622

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME William Davis

(a) RESIDENCE NO. Hazelton Pa ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 0-12

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Allen Davis

11 BIRTHPLACE OF FATHER (city or town) Pa. (State or country)

12 MAIDEN NAME OF MOTHER Mary Oster

13 BIRTHPLACE OF MOTHER (city or town) Pa (State or country)

14 Informant Records JOHNS HOPKINS HOSPITAL. (Address)

15 Filed ..... , 19 ..... Registrar

SEP 1 - 1925 ROBERT R. KRAUTER

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 27 - 1925 to Aug 31 - 1925

that I last saw him alive on Aug 31 - 1925

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pyelonephritis (Uraemia)

(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Emory W. Cook, M. D.

Aug 31, 1925 (Address) 1500 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hazelton Pa

DATE OF BURIAL Sept 1925

20 UNDERTAKER J O Mitchell

ADDRESS Port Wayne

Spec.—1-10-21—M&T—1500 Blks.

E 01623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 31

E 01623

1-PLACE OF DEATH So Balto Gene. Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 1213 Light ST., 25-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Ligas

(a) RESIDENCE NO. 106 Elm (Curtis Bay WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Ligas

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
51	yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) B&O

(c) Name of employer

9 BIRTHPLACE (city or town) Lithuania (State or country) Russia

PARENTS

10 NAME OF FATHER Father Ligas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Mary Ligas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithuania

14 Informant Reads So Balto Gen. Hosp.

(Address)

15 Filed . 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1925, to Aug 31, 1925, that I last saw h alive on Aug 31, 1925, and that death occurred, on the date stated above, at 4:25 P.M.

The CAUSE OF DEATH* was as follows:

Perirenal abscess

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 106 Elm St

Did an operation precede death? Yes Date of Aug 29.

Was there an autopsy? No

What test confirmed diagnosis? Operation & Laboratory findings

(Signed) William B Dalton M. D.

8/31, 1925 (Address) 808 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Cemetery DATE OF BURIAL Sept. 2 1925

20 UNDERTAKER Chas. B. Kuchausker ADDRESS 637 S Pacca St

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 01624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 01624

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 217 McCulloh St. 14-1 (WARD)

2-FULL NAME John W. Brown

(a) RESIDENCE No. 217 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Violet Brown.

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 57; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Co.
(c) Name of employer: N. T. Broon & Co.

9 BIRTHPLACE (city or town) (State or country): Belair. Co. Md

PARENTS

10 NAME OF FATHER: John W. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary A. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Oliver Brown.
(Address) 217 McCulloh St.

15 Filed SEP 1 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Disease of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Morrison, M. D.
(Coroner.)

Aug 31, 1925 (Address) 1632 Rolandvue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Cem. DATE OF BURIAL: Sept 1 1925

20 UNDERTAKER: Edmund Hendrix. ADDRESS 1178 Mosher St

Spec.—1-10-21—M&T—1500 Bks.

E 01625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-001 E 01625

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Volunteers of America Hospital WARD)

2-FULL NAME Philip Rogers Pacer

(a) RESIDENCE NO. Volunteers of America Hospital WARD Lansdowne, Maryland

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 29, '25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3 "	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward Percy Pacer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Sarah Catherine Frey

13 BIRTHPLACE OF MOTHER (city or town) Grooms
(State or country) Glade Fayette Co Pa

14 Informant Mrs. Pacer
(Address) Lansdowne Md

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1925, to Sept. 1, 1925, that I last saw him alive on Sept 1, 1925, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia-

(duration) ..... yrs. 12 hours.

CONTRIBUTORY (Secondary)

(duration) None ds.

18 Where was disease contracted if not at place of death? at Hospital

Did an operation precede death? Not of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Albert F. Corbin M. D.

9-1, 1925 (Address) Vol. of America Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Sept 4th 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1313 N. Calvert St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr Burke

E 01626 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01626

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2625 Paile ave St., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Hall Jr

(a) RESIDENCE NO. 611 S Lakewood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hall

6 DATE OF BIRTH (month, day, and year) February 13 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Forman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balt. Box

9 BIRTHPLACE (city or town) (State or country) Bath

PARENTS

10 NAME OF FATHER William H. Hall Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bath

12 MAIDEN NAME OF MOTHER Lena Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bath

14 Informant William H. Hall

(Address) 611 S Lakewood

15 Filed SEP 1 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1925, to Aug 30, 1925, that I last saw h alive on Aug 30, 1925, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary T B

(duration) yrs. 15 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. T Burke, M. D.

Aug 31 1925 (Address) 3042 Hanlon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL Sep 3 1925

20 UNDERTAKER Wendell Diffel & Son — ADDRESS 378 Hanover

TION is very important. See instructions on back of certificates.

Probate Clerk.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01627

CERTIFICATE OF DEATH.

90 E 01627

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Sinclair ST., 8-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J Brian

(a) RESIDENCE NO. 2119 Sinclair ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Brian

6 DATE OF BIRTH (month, day, and year) Septem 15 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Actual work 009

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Batt (State or country)

PARENTS

10 NAME OF FATHER George Brian

11 BIRTHPLACE OF FATHER (city or town) Batt (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Barrey

13 BIRTHPLACE OF MOTHER (city or town) Batt (State or country)

14 Informant Elizabeth Brian (Address) 2119 Sinclair Lane

15 Filed SEP 1-1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 1 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/30, 1925, to 8/31, 1925, that I last saw him alive on 8/31, 1925, and that death occurred, on the date stated above, at 12.50 p.m.

The CAUSE OF DEATH* was as follows:

Coronary occlusion

Cardiac dilatation

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) mitral insufficiency

(duration) yrs. mos. 2 wks

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C Watson Smith M. D.

, 19 (Address) 817 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 9/4/25

20 UNDERTAKER Wendell Dippel & Son — ADDRESS 375 Mnn

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01628

CERTIFICATE OF DEATH.

90 E 01628

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 Chapel ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wigbert Gilden

(a) RESIDENCE NO. 1328 Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbra Gilden

6 DATE OF BIRTH (month, day, and year) Aug 2 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wigbert Gilden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Demlein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Daniel H. Nunnies (Address) 132 S Chapel

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Aug. 30, 1925, that I last saw him alive on Aug 29, 1925, and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Cassano M. D.

Aug. 31, 1925 (Address) 2314 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Lathenia

DATE OF BURIAL 9/3 1925

20 UNDERTAKER Windell Boyd & Son

ADDRESS 1918 Mon

TION is very important. See instructions on back of certificates.

ROBERT R. KRAFT

Buckeye Records Chicago

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01629 — CERTIFICATE OF DEATH. — 129 E 01629

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 420 Frederick ST., (or) Brooklyn (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard H. Berlin

(a) RESIDENCE NO. 420 Frederick ST., Brooklyn P.O. - Baltimore Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maude Berlin

6 DATE OF BIRTH (month, day, and year) 12-8-1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Berlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Laise Kirk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Maude Berlin (Address) 420 Frederick St

15 Filed SEP 1 - 1925 ROBERT R. KRAUCH, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 27th, 1925, to Aug 31, 1925

that I last saw him alive on Aug 31, 1925

and that death occurred, on the date stated above, at 5-35 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation.

Chronic Interstitial Nephritis. (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William H. Forde, M. D.

(Address) 816 - Cumberland Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Sept 3rd 1925

20 UNDERTAKER Wm Cook — ADDRESS 562 E North Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

1839 E 01630 650.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01630

CERTIFICATE OF DEATH.

155

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: NO. Broadway ST., 14-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Hattie Smith

(a) RESIDENCE NO. 2212 Division ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): child.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1916

7 AGE 9 Years Months Days If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Annie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Record
(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 1 - 1925 19

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1925, to Aug 30th 1925, that I last saw her alive on Aug 30th 1925, and that death occurred, on the date stated above, at 2 25 P.M.

The CAUSE OF DEATH* was as follows:

Acute osteomyelitis of femur.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Aug 18th

Was there an autopsy? yes

What test confirmed diagnosis? Blood culture + staph hemo.

(Signed) Robert Craig, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn | DATE OF BURIAL: Sept 2nd 1925

UNDERTAKER: James L. Wright | ADDRESS: 1364 W. Fay

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01631

E 01631

CERTIFICATE OF DEATH.

REGISTERED NO. 15-13 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 ST., WARD) McGuirk's

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Manger

(a) RESIDENCE NO. 2524 Runnells WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — 1893

7 AGE Years 32 Months Days IF LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Register McGuirk's

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Emil Manger

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Laura Smith

13 BIRTHPLACE OF MOTHER (city or town) Penn (State or country)

14 Informant Chas Manger (Address) 2524 Runnells

15 Filed 1925, 19 Robert T. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/11/25

17 I HEREBY CERTIFY, That I attended deceased from 8/22/25, to 9/11/25, that I last saw him alive on 9/11/25, and that death occurred, on the date stated above, at 4. A.M.

The CAUSE OF DEATH* was as follows:

Ruptured Appendicitis.
Toxemia Intestines

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) General peritonitis ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 8/22/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Tompkins, M. D.

, 19 (Address) McGuirk's

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Sept 4 1925

20 UNDERTAKER Jos. A. Tyler

ADDRESS 162 W. North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01632

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01632

CERTIFICATE OF DEATH.

24-007

REGISTERED NO. 12-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 St. Paul Street ST., WARD)

2-FULL NAME Annie Knight Veazey

(a) RESIDENCE NO. 2907 St. Paul Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 6 mos. ds. How long in U. S., if of foreign birth? x yrs. x mos. x ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Duncan Veazey

6 DATE OF BIRTH (month, day, and year) July 6, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	75	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Sassafras Neck, Cecil (State or country) County, Maryland

PARENTS

10 NAME OF FATHER William Knight

11 BIRTHPLACE OF FATHER (city or town) Sassafras (State or country) Neck, Cecil County, Maryland

12 MAIDEN NAME OF MOTHER Arabella Veazey

13 BIRTHPLACE OF MOTHER (city or town) Sassafras (State or country) Neck, Cecil County, Md.

14 Informant Duncan Veazey
(Address) 2907 St. Paul Street.

15 Filed ..., 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 31 1925

17

I HEREBY CERTIFY, That I attended deceased from ..., 1925, to August 31, 1925.

that I last saw h[illegible] alive on August 31, 1925.

and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George M. Settle M. D.

8/3/, 1925 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Sept 2nd 1925
20 UNDERTAKER Henry W. Jenkins' Sons Co	ADDRESS Ordered by the Estate

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 01633 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 01633

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 17-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Mears

(a) RESIDENCE NO. 1112 Shields alley ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James H Mears

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah Garrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant James H. Mears

(Address) 1112 Shields Alley

15 Filed ....., 1925, 19 ..... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1925 to Aug. 31, 1925, that I last saw h[illegible] alive on Aug. 31, 1925 and that death occurred, on the date stated above, at 10 40 a. m.

The CAUSE OF DEATH* was as follows: 6

Pulmonary tuberculosis

(duration) 3 yrs. + mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? yes Autopsy

What test confirmed diagnosis?

(Signed) A. L. Rytina, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 9/2 1925

20 UNDERTAKER Byron Wright

ADDRESS 1218 N. Calder St

Spec.—1-10-21—M&T—1500 Bks.

E 01634 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01634

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Little Sisters of the Poor ST., 10-2 WARD)

REGISTERED NO. 91-08

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret McKenna

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel McKenna

6 DATE OF BIRTH (month, day, and year) [illegible] 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	82	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Andrew O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sister Josephine

(Address) Little Sisters of the Poor

15 Filed Sept. 2, 1925 Robert F. Harrison, Registrar

1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1925

17 I HEREBY CERTIFY, That I attended deceased from [illegible], 19..., to ..., 19...,

that I last saw h[illegible] alive on Aug 24, 1925,

and that death occurred, on the date stated above, at 330p m.

The CAUSE OF DEATH* was as follows:

Uterus sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Gilmartin, M. D.

, 1925 (Address) F. 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	Sept. 2, 25
20 UNDERTAKER	ADDRESS
H. C. Wiedefeld	914 Greenmt. Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01635

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01635

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST., 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Hall

(a) RESIDENCE NO. St. Augustine, Fla. ST., WARD

(Usual place of abode) (If non-resident give city or town and State) St Augustine Fla

Length of residence in city or town where death occurred 3 yrs. \ mos. \ ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Morton Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Shultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mt Hope Retreat Balto Md

15 Filed ....., 19 Robert F. Harrison, Registrar

1-1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1922, to Sept 1, 1925.

that I last saw h living on Sept 1, 1925,

and that death occurred, on the date stated above, at 11.20 a.m.

The CAUSE OF DEATH* was as follows:—

Chr. Interstitial Nephritis and Arterio-sclerosis (Pulmonary Edema)

Unknown (duration) yrs. \ mos. \ ds.

CONTRIBUTORY (Secondary) Senile Dementia

Unknown (duration) \ yrs. \ mos. \ ds.

18 Where was disease contracted if not at place of death? Mt. Hope Retreat

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hall, M. D.

, 19 (Address) Mt. Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Augustine Fla

DATE OF BURIAL 9/11/25

20 UNDERTAKER STEVENSON & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 308 W. NORTH AVE.

TION is very important. See instructions on back of certificates.

Spec.—1-12 23—M&T—500 Bks.

E 01636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 01636

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N. Bradford ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Russell Eldridge Campbell

(a) RESIDENCE No. 815 N. Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feby 7 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Grover Cleveland Campbell

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Bertie Ruby

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Grover Cleveland Campbell (Address) 815 N. Bradford St

15 Filed 9-4 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-31 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-29 1925 to 8-31 1925

that I last saw him alive on 8-31 1925

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Ulcerative Colitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

What was there an autopsy?

What test confirmed diagnosis? Sigmoidoscopy

(Signed) [illegible] M. D.

9-4 1925 (Address) 800 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Sept 2 1925

20 UNDERTAKER Chas. G. Black — ADDRESS 742 W. North Ave

Cor.—1-12-23—M&T—100 Bks.

E 01637

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01637

CERTIFICATE OF DEATH

Roanoke Apr 19 Lake, Va

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1099 Lakeview ST., 7 WARD 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William O Baldwin

(a) RESIDENCE NO. 1099 Lakeview Ave, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 20 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26, 1904

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	2	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gas Electric Co.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

086

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER Thomas W. Baldwin

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Mary V. Hoffman

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant William W Baldwin
(Address) Thomas Winston Va

15 Filed 1-1925 Robert F. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental
Lightning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) , M. D.
(Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cold Speper, Va

DATE OF BURIAL Sept 2 1925

20 UNDERTAKER William Cook

ADDRESS 502 E Main St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01638 E 01638

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N. Register ST.: 8-2 WARD) REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M Hoffman

(a) RESIDENCE. No. 1817 N. Register ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Oct 27-1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany Fulda

PARENTS

10 NAME OF FATHER George Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs Seefert
(Address) 1817 N Register St

15 Filed ... 19 ... Robert P. Harrison Registrar

1 - 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1st 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1924, to Sept 1, 1925, that I last saw her alive on Aug 31, 1925, and that death occurred, on the date stated above, at 2 30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John O'Leary, M. D.

19 (Address) 1603 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Sept	3rd 1925

20 UNDERTAKER ADDRESS

John C. Miller 3019 E Monument

20

Spec- 12-23-21- E.B.R.S.-400 Bks.

E 01639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01639

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., 70-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Schultheis

(a) Residence No. 1920 Pelrose Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced (Write the word.): married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Henr Schultheis

6-DATE OF BIRTH (month, day and year): Dec. 1869

7-AGE: 55 yrs. 8 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): City

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): unknown

14- (Informant) (Daughter) Mrs L. Fisher

(Address) 1920 Pearose Ave

15- Filed SEP 2 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 8-31-25

17- I HEREBY CERTIFY, That I attended deceased from 8-28 1925, to 8-31 1925, that I last saw h alive on 8-31 1925, and that death occurred, on the date stated above, at 5 40 P m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial nephritis; Diabetes Mellitus

(Duration) 6 yrs. mos. ds

CONTRIBUTORY (Secondary): Convulsions, Uremic Coma, Pneumonia, bilateral

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Eamon Dalton M. D

, 19 (Address) 326 Washington

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (I) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: Sept 3 1925

20-UNDERTAKER: Henry Sander Sons

ADDRESS: 1710 Pleasant St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01640 — REGISTERED NO. E 01640

1-PLACE OF DEATH 216 W Monument St — 11-2 — 90

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Harrison

(a) RESIDENCE NO. 216 W. Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. — mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced (Or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 28th 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	74	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Benjamin F Harrison

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Ann Jackson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Elizabeth A Jenkins

(Address) 1712 Johns St

15 Filed SEP 2 - 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 19 25, to Aug 31, 19 25,

that I last saw h 2 alive on Aug 30, 19 25,

and that death occurred, on the date stated above, at 5 15 m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ....., M. D.

19 ..... (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Sept 2 1925
20 UNDERTAKER	ADDRESS
Henry J Jenkins Sons	McCulloh Parkwood

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

01641 | E 01641

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 12-5 WARD)

2-FULL NAME Basil S. Warfield

(a) RESIDENCE NO. 511 Kensett ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Warfield

6 DATE OF BIRTH (month, day, and year) Jan 19, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	7	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Nathan Warfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Townsend

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sarah Bennett
(Address) 511 Kensett St.

15 Filed ..... 192.... ROBERT R. KRAUTER, Registrar
SEP 2 1925
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy Indicated

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Hessen, M. D.
(Coroner.)

Aug 31, 1925 (Address) 3132 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Sept 2 1925
20 UNDERTAKER	ADDRESS
H. Cook	602 E. Fayette Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01642 — 29 E 01642

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Glenholden ST., 8-4 WARD)

2-FULL NAME Elizabeth E Milhouse

(a) RESIDENCE NO. 2207 E Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John McMahon

6 DATE OF BIRTH (month, day, and year): Apr 21 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Jacob Stultz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Lydia Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs Wilhemina Elliott
(Address) 2207 E Preston

15 Filed SEP 2 - 1925 ..... 19 ..... Registrar

ROBERT P. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1925, to Sept 1, 1925, that I last saw h alive on Aug 31, 1925, and that death occurred, on the date stated above, at 8 40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis.
Generalized Arteriosclerosis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): acute gastro enteritis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) D. Michel, M. D.

Sept 1 1925 (Address) 2401 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Sept 4 1925

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Oleans

S...e—12-23-21—E.B.R.S.—400 Blks.

E 01643 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01643

CERTIFICATE OF DEATH.

8-129

1-PLACE OF DEATH Registered No.....

City of BALTIMORE: (No. 1808 N. Gay St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph B. Insco.

(a) Residence No. 1808 N. Gay St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-~~Single~~ Married, ~~Widowed, or Divorced~~ Married. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Insco

6-DATE OF BIRTH (month, day and year) July 24-1849

7-AGE. 76 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Va.

PARENTS.

10-NAME OF FATHER, James H. Insco

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Mary E. Boozer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va.

14-(Informant) Mr. B. Insco.
(Address) 109 E. Fort Ave

15-Filed SEP 2 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 31-1925

17- I HEREBY CERTIFY, That I attended deceased from May 25 1925, to August 31 1925.
That I last saw him alive on Aug. 28. 1925
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) Annual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ~

Was there an autopsy? no

What test confirmed diagnosis? ~

(Signed) C. E. Burton M. D.
9/1 1925 (Address) 309 E. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Clare Cem. DATE OF BURIAL. 9/3 1925

20-UNDERTAKER J. Frew Mc Cully ADDRESS 130 E. Fort

Cor.—1-12-25—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01644

CERTIFICATE OF DEATH.

8-18-003

E 01644

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St., WARD) 8-4

2-FULL NAME August Jones

(a) RESIDENCE NO. 1924 Hanneman ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
mal	Colrd	Sngle

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 27 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	9	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Virginia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Martha Jones

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Allegheny Co

14 Informant Eleanor Jones
(Address) 1924 Hanneman St

15 Filed SEP 2 1925, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull and accidental, while playing in street

(duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) James M Fenlon, M. D.
(Coroner.)

Sept 1, 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1924 Hanneman St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Sept 5 1925

20 UNDERTAKER Edward Bryon

ADDRESS 631 Orleans St

Spec.- 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01645

CERTIFICATE OF DEATH.

90 E 01645

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 95 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Kreig.

(a) RESIDENCE NO. 2647 Lehman St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. all life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Katie Wright 1845

6 DATE OF BIRTH (month, day, and year) Nov 24: 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	79	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md

PARENTS

10 NAME OF FATHER George King.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore.

12 MAIDEN NAME OF MOTHER Elizabeth A. King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mary King (Address) 220 E Fredrick Ave

15 Filed SEP 2 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31st 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1925, to Aug 31, 1925.

that I last saw him alive on Aug 31, 1925.

and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

~~myocardial failure~~ Arteriosclerosis,

Hemiplegia, ~~Arteriosclerosis~~ Aortic

insufficiency, ?

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) myocardial failure.

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? X-ray.

(Signed) W. F. Miller, M. D.

, 19 (Address) Balto. Md 1900 ?.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Natural Cemetery DATE OF BURIAL Sept 2 1925

20 UNDERTAKER F. B. Heppert ADDRESS 1850 N. Gilmor St

TION is very important. See instructions on back of certificate.

Spec. ~~1-19~~21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01646 E 01646

CERTIFICATE OF DEATH.

REGISTERED NO. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2531 Dulaney ST., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia A. Mooney

(a) RESIDENCE NO. 2531 Dulaney ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
		3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Elmer Mooney

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Talbert

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Anna Mooney
(Address) 2531 Dulaney St

Filed SEP 2 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31st 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 24 1925 to Aug 31 1925

that I last saw h alive on Aug 30 1925

and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

Acute Ileo Colitis.

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted
If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) E V Vanderlaan, M. D.

9/2, 1925 (Address) 20 N Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park.	Sept 2 19 25

20 UNDERTAKER F. B. Wagstaff ADDRESS 1850 N. Bullo St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01647.

CERTIFICATE OF DEATH.

E 01647.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2581 Frederick ave ST., 10-4 WARD)

2-FULL NAME Edward R. Braun

(a) RESIDENCE NO. 2581 Frederick ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	(11)	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Walter H. Braun

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER E. Thomas

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant W. H. Braun
(Address) 2581 Frederick ave

15 Filed SEP 2 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 21, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1925, to Aug. 21, 1925, that I last saw him alive on Aug. 21, 1925, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:
Convulsions

(duration) ..... yrs. ..... mos 0 ds.

CONTRIBUTORY (Secondary) Acute Inanition

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Maurice E. Shamer, M. D.

9/1, 1925 (Address) 3300 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park | DATE OF BURIAL Sept 2 1925

20 UNDERTAKER J. B. Weyforth | ADDRESS 1850 W. Baltimore

TION is very important. See instructions on back of certificates.

01648

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

3/V

REGISTERED No. C E 01648

1 PLACE OF DEATH
CITY OF BALTIMORE (No. M. E. Home for Aged 400 N. Fulton Ave St. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edith Bangs

(Residence in Baltimore: No. 400 N. Fulton Ave. St. 7/6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: May 5, 1860 (Month) (Day) (Year)

7 AGE: 65 yrs. 3 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John Zorweck

11 BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Rebecca Barron

13 BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Miss Etta Cuddy
(Address): 400 N. Fulton Ave.

15 Filed SEP 2 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 1 (Day), 1925 (Year).

17 I HEREBY CERTIFY, That I attended deceased from Dec, 1922 to Sept 1 1925.
that I saw her alive on Aug 28, 1925.
and that death occurred, on the date stated above, at 4 20 P.m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) ? yrs. mos. ds

Contributory (SECONDARY) Pulmonary Hemorrhage

(Duration) yrs. mos. ds.

(Signed) George E. Shannon M. D.
Sept 1, 1925 (Address) 700 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Sept 3, 1925

20 UNDERTAKER: George J. Smith — ADDRESS 1532 Holinsh

Spec.—1-10-21—M&T—1500 Bks.

E 01649

HEALTH DEPARTMENT—CITY OF BALTIMORE

16 E 01649

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Phelps

(a) RESIDENCE NO. Hanover, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Single Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Vernon Leroy Phelps

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Anne Arundel Co. Md.

12 MAIDEN NAME OF MOTHER Edna Estella Kelly

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Anne Arundel Co. Md.

14 Informant Edna Estella Phelps
(Address) Hanover Md

15 Filed SEP 2 - 1925 19 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31st 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1925, to Aug 31st, 1925, that I last saw him alive on Aug. 31st, 1925, and that death occurred, on the date stated above, at 6:10 P. m.

The CAUSE OF DEATH* was as follows:

Acute peritonitis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Phys. Exam.

(Signed) Frederick A. Snyder, M. D.

Aug 31 1925 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship Cem. Co.

DATE OF BURIAL Sept 2 1925

20 UNDERTAKER Wm. J. Tucker Sons

ADDRESS Hanover Md

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 01650

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01650

CERTIFICATE OF DEATH.

x 139

REGISTERED NO. 25-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mina E. Scott

(a) RESIDENCE NO. Relay, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Scott

6 DATE OF BIRTH (month, day, and year) Oct. 19, 1876

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
48	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Marquand Miss

10 NAME OF FATHER R. T. Cross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Estelle Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " Maine

PARENTS

14 Informant Thomas Scott

(Address) Relay

SEP 2 - 1925 ROBERT H. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-1-1925

17 I HEREBY CERTIFY, That I attended deceased from 8-24, 1925, to 9-1, 1925,

that I last saw her alive on 9-1, 1925

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Myo-fibroma of Uterus (bleeding) Duration yrs. mos ds.

Some years (Indefinite)

CONTRIBUTORY (Secondary) Cardiac failure Duration yrs. mos. ds.

during operation

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-1-25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Thos B. E. Seegar, M. D.

, 19 (Address) 1904 N Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Sept 4, 25
20 UNDERTAKER	ADDRESS
Wm Fickner Sons	Northern Pa

Spec.—1-10-21 M&T 1500 Bks.

E 01651

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01651

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 N Charles ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Woodruff Keith

(a) RESIDENCE NO. 320 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Winchester Brown

6 DATE OF BIRTH (month, day, and year) July 4th 1869

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
56	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Capitalist

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Chicago Ill

PARENTS

10 NAME OF FATHER Edson Keith Dead

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont

12 MAIDEN NAME OF MOTHER Susan Woodruff Dead

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Harold H. Brown (Address) Labor Agt Md City

15 Filed ....., 19..... Registrar

SEP 2 - 1925 ROBERT F. KRAMER, Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1st 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1925, to Sept 1st, 1925,

that I last saw h alive on Sept 1st, 1925,

and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

1 Hr a.m.

(duration) yrs. mos 8 hr ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) C B Gandy M. D.

, 19 (Address) 26 W Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chicago Ill	Sept 2nd 1925
20 UNDERTAKER	ADDRESS
Henry W Jenkins & Sons Co	Leland Mt. Collol St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01652

CERTIFICATE OF DEATH ~~JOHNS HOPKINS HOSPITAL~~

113 E 01652

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 E. Monument ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harold Simms

(a) RESIDENCE NO. 1536 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	S.

5a If married, widowed, or divorced HUSBAND of or) WIFE of X

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. ad

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Lillian Pratt

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant

(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 2 - 1925 ROBERT R. KRAUTER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-29-25. to 9-1-25.

that I last saw him alive on Sept. 1, 1925,

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea (not dysentery)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) X (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No X

What test confirmed diagnosis?

(Signed) E. A. Wesch, M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 9/3 25

20 UNDERTAKER Byrom & Wright

ADDRESS 218 McElderry St

TION is very important. See instructions on this

Spec.—1-10-21—M&T—1500 Bks.

Ella. M. Schriefer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01653

CERTIFICATE OF DEATH

E 01653

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Sq Hospital

CITY OF BALTIMORE: (No. Ella May ST., 10-2 WARD)

2-FULL NAME Ella May Schriefer

(a) RESIDENCE NO. 917 Somerset ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of John Schriefer

6 DATE OF BIRTH (month, day, and year) May 14 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	57	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER James Truett

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Bourrier

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Viola Mynschow

(Address) 917 Somerset St

15 Filed SEP 2 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 1, 1925.

that I last saw h e alive on Sept 1, 1925.

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

?

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cardiac failure Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab.

(Signed) Lewis Gerstupt, M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Sept 4 1925

20 UNDERTAKER Henry Hoeck Son ADDRESS 1301 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—1-10-5—M&T—1500 Bks.

1840 5-1

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01654

CERTIFICATE OF DEATH.

JOHNS HOPKINS HOSPITAL

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ST., 16-6 WARD)

REGISTERED NO. X70 E 01654

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon Alie Hyman Asling

(a) RESIDENCE NO. 1104 N. Carey ST., WARD Asia
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE 28 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): asia.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant: Record. (Address) JOHNS HOPKINS HOSPITAL

15 SEP 2 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29th 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 23 , 1925, to 29th , 1925, that I last saw him alive on aug 29th , 1925, and that death occurred, on the date stated above, at 1.07 a. m.

The CAUSE OF DEATH* was as follows:

Brain Abscess

3 wks. (duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? yes Date of Aug 24-5

Was there an autopsy? yes

What test confirmed diagnosis? Exam

(Signed) Warfield M Theobald M. D.

8/30 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Bur

DATE OF BURIAL: 9/2/1925

20 UNDERTAKER: Dave Forbes

ADDRESS 96 Bal ave

HON. S. Very important. See instructions

Cor.—1-12-23—M&T—100 Blks.

C 01655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01655

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Custer ST., 11-1 WARD)

2-FULL NAME Addison Garrett

(a) RESIDENCE NO. 1212 Custer ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Howard Garrett
(Address) 1013 N. Pennsylvania Ave

15 Filed SEP 2 - 1925 192.... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Nephritis

(duration) yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary) Edwardsion

(duration) yrs. mos. 1 ds.

(Signed) J. C. Hadley, M. D.
(Coroner)

Sept 2 1925 (Address) 436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Burn	9/2/1925
20 UNDERTAKER Daniel Carroll	ADDRESS 916 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Blks.

1834 E 01656 HEALTH DEPARTMENT—CITY OF BALTIMORE 09 E 01656

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 7-2 REGISTERED NO. 118

CITY OF BALTIMORE: (No. ..... ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharyne Pogdera

(a) RESIDENCE NO. 911 E Eastlle St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Fred Pogdera

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	56	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or estublishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS
10 NAME OF FATHER: Glario ?
11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia
12 MAIDEN NAME OF MOTHER: Francis Schultz
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant (Address): Rel JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar ROBERT R. KRAUTER, Registrar

SEP 2 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 31 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 , 1925, to Aug 31 - , 1925, that I last saw her alive on Aug 31 - , 1925, and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:
Cardiac Embolism ??

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of Aug 25
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Robert Wm Olsey, M. D.
19 (Address) Johns Hopkins Hospital Baltimore Md

*State the Disease Causing Death, or in deaths due to External Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill — DATE OF BURIAL: Sept 3 1925

20 UNDERTAKER: Lauck Bros & Son — ADDRESS: 1906 Eutaw

(1) NOW IS very important—See instructions on back of

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01657.

CERTIFICATE OF DEATH.

E 01657.

15-3 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4322 Park Heights Ave St., 15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah J. Shaw

(a) RESIDENCE NO. 4322 Park Heights Ave. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick L. Shaw

6 DATE OF BIRTH (month, day, and year) Mar. 4, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	59	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Somerset, Orange Co Virginia

PARENTS

10 NAME OF FATHER James Gabebert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Leah F. Herndon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Frederick L. Shaw (Address) 4322 Park Heights Ave.

15 ROBERT R. KRAUTER, Registrar

SEP 2 - 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from February 10, 1925, to Aug 29, 1925; that I last saw her alive on Aug 29, 1925 and that death occurred, on the date stated above, at 3.50 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder and Intestines

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 1923

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. P. Eberhart, M. D.

8-31 1925 (Address) 1412 Light Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Sept 2 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01658 ✓ 29 E 01658

E 01658

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 S. Ellwood Ave 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Fleischman

(a) RESIDENCE NO. 125 S. Ellwood Ave 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Fleischman

6 DATE OF BIRTH (month, day, and year) Feb. 20th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	71	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Sebastian Geist

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorethea Linke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George T. Fleischman

(Address) 125 S. Ellwood Ave.

SEP 2 - 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 31st 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1925 to Aug 31, 1925, that I last saw h[er] alive on Aug 31, 1925, and that death occurred, on the date stated above, at 10 20/a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Cook M. D.

9/1, 1925 (Address) 4137 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: Sept. 3rd 1925

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 4033 Mo[illegible]

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01659

CERTIFICATE OF DEATH.

18 E 01659

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. St Joseph Hospital 9-7 WARD)

2-FULL NAME Eugene W. Hamburg

(a) RESIDENCE NO. Oak ave Parkville WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb. 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particulat kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Parkville (State or country) Md

PARENTS

10 NAME OF FATHER Wm. R. Hamburg

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Groves

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Wm Hamburg
(Address) Oak Ave

Filed SEP 2 1925, 192.... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to Hes death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet Wound - Chest
Severing Vena Cava - Internal Hemorrhage
while playing - woods with other boys (duration) ..... yrs. ..... mos. ..... ds. Accident Sudden

CONTRIBUTORY (Secondary) Internal Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Ruben, M. D. (Coroner.)

Sept 2, 1925 (Address) 701 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Sept. 4 1925

20 UNDERTAKER Lilly & Zeller — ADDRESS 4031 Norfolk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01660 — 5-2100-001 — E 01660

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Lewis ST., 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Dutton

(a) RESIDENCE NO. 413 Lewis ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Dutton

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hampton Va

PARENTS:

10 NAME OF FATHER John Clayton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eva Sherwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant William Griffin

(Address) 413 Lewis St

15 Filed SEP 2 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 1925.

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1925, to September 1925, that I last saw her alive on September 1, 1925, and that death occurred, on the date stated above, at 12.45 p m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Geo. S. Allen, M. D.

9/2 1925 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem.	Sept. 4 1925
20 UNDERTAKER	ADDRESS
Chris. H. Johnson	416 N. Caroline St

TION IS VERY important. See instructions on

Spec.—1-12-23—M&T—500 Bks.

E 01661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01661

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Hanover ST., 22-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harvey Clyde Judd

(a) RESIDENCE NO. 601 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) Nov 16, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Cyrus R. Judd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lexington Va.

12 MAIDEN NAME OF MOTHER Anna Engle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Springfield Ohio

14 Informant Cyrus R Judd

(Address) 601 Hanover St.

15 1925 ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 25 , 1925, to Sept 2 , 1925,

that I last saw him alive on Sept. 2 , 1925

and that death occurred, on the date stated above, at 11:40 A m.

The CAUSE OF DEATH* was as follows:

Enteritis

under 2 yrs.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) C. T. Seabury, M. D.

Sept 2, 1925 (Address) 687 Fort

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL Sept 3 1925

20 UNDERTAKER C. Howard Evans ADDRESS 35 E. Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

E 01662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01662

1-PLACE OF DEATH 530 Rose Hill Ter.

CITY OF BALTIMORE: (No. ..... ST., 9-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Henry Collett

(a) RESIDENCE NO. 530 Rose Hill Terrace ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 2 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White.

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Katherine Burns.

6 DATE OF BIRTH (month, day, and year) April 4, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	71	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) none for 15 yrs.

(c) Name of employer

9 BIRTHPLACE (city or town) White Hall
(State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Wm. Collett

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) France
(State or country)

14 Informant Nora Collett Watters.
(Address) 530 Rose Hill Ter.

15 Filed 2-1925, 19 Robert P. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1925, to Sept 1, 1925, that I last saw him alive on Sept 1, 1925, and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Gastric and intestinal carcinoma.

(duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X ray

(Signed) Harold E. Wright, M. D.

9/1, 1925 (Address) 808 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wisetey M.E. Church Cem. DATE OF BURIAL Sept 4 1925

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 01663

1-PLACE OF DEATH

City of BALTIMORE: (No. 5238 Ristenstown Rd St. 28-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angeline Burnham

(a) Residence No. 5238 Ruxhustown Rd St. ..... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced, (or) WIFE of Geo M. Burnham

6-DATE OF BIRTH (month, day and year) Sept 25-1840

7-AGE. 84 yrs. 11 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto Co Md

PARENTS.

10-NAME OF FATHER Wm Davies

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Gabelonat Known

12-MAIDEN NAME OF MOTHER Eliza Bowen

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Balto Co Md

14- (Informant) Mrs L. Bunnyman

(Address) 5238 Ruxhustown Rd

15- (Date received) SEP 3 - 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 2-25

17- I HEREBY CERTIFY, That I attended deceased from January ..... 1925, to September 2 1925, that I last saw her alive on September 1 1925, and that death occurred, on the date stated above, at 2 00 P. m.

The CAUSE OF DEATH* was as follows:

Senile Debility

Ascites

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 9 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) H. A. L. A. Lemper, M. D.

Sept 3, 1925 (Address) 2438 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel — DATE OF BURIAL, Sept 5 1925

20-UNDERTAKER, A S Marshall — ADDRESS 3539 Falls Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01664 — CERTIFICATE OF DEATH. — 15-11 14 — E 01664

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2003 Bentelou St., St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorathy Flaster

(Residence in Baltimore: No. New York, N.Y. St.; yrs. ..... mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. August (Month) 31 (Day) 1920 (Year)

7-AGE. 5 yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). New York, N.Y.

PARENTS:
10-NAME OF FATHER. Meyer Flaster
11-BIRTHPLACE OF FATHER, (State or Country). Russia
12-MAIDEN NAME OF MOTHER. Fannie Koenigsberg
13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Meyer Flaster (Fether)

(Address) 626 E. 1236 St. Bronx, N.Y.

15- SEP 3 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept. (Month) 2nd (Day), 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis
Toxaemia
(Duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. 1 mos. ds.

(Signed) G. Wades M. D.
Sept 3 25 (Date) (Coroner) 1439 Bway (Address)

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New York City	Sept 3. 1925
20-UNDERTAKER.	ADDRESS
Jack Lewis	1439 Eutaw St

Spec.—1-12-23—M&T—500 Bks.

E 01665

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

100 E 01665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Ellsworth ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma May Burkindine

(a) RESIDENCE NO. 2032 Ellsworth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced, (write the word)~~
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Aug 14 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	2	✓	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Fred H. Burkindine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Roberta Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Fred H. Burkindine

(Address) 2032 Ellsworth St

15 Filed SEP 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-20, 1925, to 9-2, 1925, that I last saw her alive on 9-2, 1925 and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Dane Miller, M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Sept 4 1925

20 UNDERTAKER Geo M. Faith & Son — ADDRESS 811 N Wolfe

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1666

CERTIFICATE OF DEATH

139 E 01666

REGISTERED NO.

1-PLACE OF DEATH West Balto. Genl. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., Dr-1 WARD)

2-FULL NAME Mrs. Luda Pickney

(a) RESIDENCE No. 846 S. Eutaw ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND OF (or) WIFE of: Charles Pickney

6 DATE OF BIRTH (month, day, and year): March ? 1881

7 AGE: Years 44 | Months 5 | Days ? | If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work D37

(b) General nature of Industry, business, or establishment in which employed (or employer): Asst

(c) Name of employer: Calvert Co. Md.

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

PARENTS

10 NAME OF FATHER: Benson Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Emma

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Md

14 Informant: Mrs. [redacted] Pickney
(Address) 846 S. Eutaw st.

15 Filed SEP 3 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 24 1925 to Sept. 1 1925.
that I last saw her alive on Sept. 1 1925.
and that death occurred, on the date stated above, at 8 50 P. m.

The CAUSE OF DEATH* was as follows:

Myomata Uteri

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardio dilatation (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Aug. 29. 25

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Jas. Hubert Wiltsen M. D.

19 (Address) W. Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Island Creek — DATE OF BURIAL: Aug 4 19 25

20 UNDERTAKER: Calvert Co. Md — ADDRESS 1027 Hanover Ave.

John N. Toadvine

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01667

CERTIFICATE OF DEATH.

X 74-001

E 01667

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 Frederick Ave., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie A. Gordon

(a) RESIDENCE NO. 2323 Frederick Ave ST., WARD 20

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Gordon

6 DATE OF BIRTH (month, day, and year) Feb 26 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Lancaster Pa

(State or country)

PARENTS

10 NAME OF FATHER Frank Ernest

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Sara Brown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mrs Jennie Crawford

(Address) 2323 Frederick Ave

15 Filed SEP 3 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 Sept 1925

17

I HEREBY CERTIFY, That I attended deceased from 25 Aug, 1925, to 2 Sept, 1925.

that I last saw her alive on 1 Sept, 1925

and that death occurred, on the date stated above, at 5½ A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Paralysis of side

(Signed) Z Vanciadoper, M. D.

, 19 (Address) 2565 Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster Pa

DATE OF BURIAL 9/3 1925

20 UNDERTAKER F. B. Wagheist

ADDRESS 1850 N. Dallas Ave

Spec—12-23-21—E.B.R.S.—400 Eks.

E 01668 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01668

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 809 S. Hanover St., 22-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Reed

(a) Residence No. 809 S. Hanover St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Col	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Howell Reed.

6-DATE OF BIRTH (month, day and year) June-11-1887

7-AGE.	If LESS than 1 day,
38 yrs. 2 mos. 19 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work @ Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Halifax Co. N. Carolina

PARENTS.

10-NAME OF FATHER, John C Leatherman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Alice Bradley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Halifax Co. N. Carolina

14-(Informant) Virginia Hostetter

(Address) 708 N. Carey St

SEP 3 - 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9/1/25

17- I HEREBY CERTIFY, That I attended deceased from Jan-2 19 25 to 9/1 19 25

that I last saw her alive on 9/1 19 25

and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis - Hyper tension (Duration) Unknown ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Blood pressure - Urine +++

(Signed) Dan Francheschi M. D

9/2, 19 25 (Address) 222 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Sept 4 1925

20-UNDERTAKER Samuel D. Hemsley ADDRESS 578 W Baltimore St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32 E 01669

E 01669 PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 832 Harlem av ST., 17-1 WARD)

2-FULL NAME Lillie May Ransom

(a) RESIDENCE NO. 832 Harlem av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Blk

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: /

6 DATE OF BIRTH (month, day, and year) Sept 6/23

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Isaac Ransom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mathews Co Va

12 MAIDEN NAME OF MOTHER Sadie Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Northampton Va

14 Informant Sadie Collins (Address) 832 Harlem

15 Filed SEP 3 - 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 26th, 1925, to Aug 31, 1925, that I last saw her alive on Aug 31, 1925, and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculer Meningitis (duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Convulsions (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Clinical & Laboratory

(Signed) Gustav Hohlman, M. D.

9/1, 1925 (Address) 816 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn | DATE OF BURIAL Sept 3 1925

20 UNDERTAKER Samuel D Wesley | ADDRESS 978 W Balto

01670

Stat. 6-9-19—H. P. Co.—1000 Blks.

12 9 E 01670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Ething ST.: 14-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Boyer

(a) RESIDENCE. No. 2106 Ething. ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred (yrs. 35 ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas H. Boyer

6 DATE OF BIRTH (month, day, and year) [illegible] 11-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

PARENTS

10 NAME OF FATHER Wm Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co. Md.

12 MAIDEN NAME OF MOTHER Catherine Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co. Md.

14 Informant Chas H. Boyer

Address 2106 Ething St

15 Filed SEP 3 - 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 19 25

17 I HEREBY CERTIFY, That I attended deceased from Aug 7 to 19 25, to Aug 30 19 25, that I last saw her alive on Aug 29 19 25, and that death occurred, on the date stated above, at 10.10 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H E Lick, M. D.

Aug 31 1925 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	Sept 3 1925

20 UNDERTAKER Samuel H Hundley ADDRESS 1525 E Baltimore St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01671

CERTIFICATE OF DEATH.

49 E 01671

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 12-6 WARD)

2-FULL NAME Lucretia Bryden

(a) RESIDENCE NO. 2196 North Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 21/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
49		9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None 048

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer -

9 BIRTHPLACE (city or town) Mass. (state)
(State or country) - 2 (2)

PARENTS

10 NAME OF FATHER Evan Bryden

11 BIRTHPLACE OF FATHER (city or town) Mass.
(State or country)

12 MAIDEN NAME OF MOTHER Lucy Gay

13 BIRTHPLACE OF MOTHER (city or town) Mass.
(State or country)

14 Informant Emily Bachtel
(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 3 • 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2 1925

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1924, to Sept. 2, 1925, that I last saw her alive on 9-2, 1925, and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis of spine and abdomen

(duration) 3(2) yrs. mos ds.

CONTRIBUTORY (Secondary) .....
.....(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) Charles H. Peckham, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stoughton Mass | DATE OF BURIAL Sept 3 1925

20 UNDERTAKER W. J. Lukert Sons | ADDRESS N Y Pa

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01672

CERTIFICATE OF DEATH.

159 E 01672

1-PLACE OF DEATH

City of BALTIMORE: (No. 1072 N. Central ave St., 10-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore Fulco

(a) Residence No. 1072 N. Central ave Ward

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6-DATE OF BIRTH (month, day and year) June 20. 1925

7-AGE. ..yrs. 2 mos. 13 ds. If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS

10-NAME OF FATHER, Joseph Fulco Jr

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Antonietta Costantino

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Alexandria Louisiana

14- (Informant) Joseph Fulco Jr

(Address) 1042 N. Central ave

SEP 3 - 1925

ROBERT R. KRAUTER, Registrar.

Asst. Permit Clerk.

N. B.—WRI... should ... in plain ... instructio...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 2 1925

17- I HEREBY CERTIFY, That I attended deceased from June 28 1925, to Sept. 2 1925, that I last saw him alive on Sept. 2 1925, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Pyloric Stenosis & Congenital Heart disease

(Duration) yrs. 2 mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory.

(Signed) N. Alpert M. D.

19 (Address) 2350 Eutaw Pl.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cem	9/3 1925
20-UNDERTAKER. Geo J Ruth	ADDRESS 1735 Harford ave

Spec.—1-10-21 M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01673

CERTIFICATE OF DEATH.

40 E 01673

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4506 Penhurst ST., 28-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Elmer Woodrogers

(a) RESIDENCE: NO. 4506 Penhurst ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche E.

6 DATE OF BIRTH (month, day, and year) March. 13 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	40	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Franklin Pt. Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jas H. Woodrogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bessie Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Blanche Woodrogers (Address) 4506 Penhurst

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar

SEP 3 - 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 2, 1925, that I last saw him alive on Sept 2, 1925, and that death occurred, on the date stated above, at 1045A m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart. Suddenly

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis (Aortic and Mitral) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. B. Emor, M. D.

9-2, 1925 (Address) 510 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge. DATE OF BURIAL Sept 4 1925

20 UNDERTAKER Wm. Cook ADDRESS 502 N. Mt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01674

CERTIFICATE OF DEATH.

E 01674

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (NO. [redacted] ST. 36-7 WARD) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Brown

(a) RESIDENCE NO. B. V. A ST., WARD A ii

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	75	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hannah McNulty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant B. V. A. Records (Address)

15 Filed SEP 3 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1 1925

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to Sept. 1, 1925, that I last saw him alive on Sept 1, 1925, and that death occurred, on the date stated above, at 2.50 A m.

The CAUSE OF DEATH* was as follows:

Uremia

Myocardial Failure (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? B. V. A.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) R. Hooper Smith M. D.

Sept 1, 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenwood Cemetery — DATE OF BURIAL Sept 3 1925

20 UNDERTAKER William Cook — ADDRESS 502 E Mary

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01675

CERTIFICATE OF DEATH.

60-001 E 01675

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Georgia McCoy.

(a) RESIDENCE NO. 641 N. Schroeder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single, Married, Widowed, Divorced,~~ (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1881

7 AGE 44. Years — Months — Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleswoman 067

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Lynch McCoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Emma Briggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Jennie Boylan

(Address) 1418 N. Charles St.

15 SEP 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1925, to Sept 3, 1925, that I last saw h. alive on Sept. 3, 1925 and that death occurred, on the date stated above, at 12m. a. m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism (Exoph)

2 (duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept 2, 1925

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W. P. Bryant M. D.

, 19 (Address) Med Dept.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL Sept 5 1925

UNDERTAKER Chas. F. Krause & Son ADDRESS 1180 N. Royal Ave

IMPORTANT: See instructions on back

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01676 E 01676

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Thomas Reed Green

(a) Residence No. Denton, Maryland St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Anna D. Green.

6-DATE OF BIRTH (month, day and year) Dec. 18, 1854

7-AGE. 70 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer). (Retired)

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Delaware

PARENTS.

10-NAME OF FATHER. Jonathan Green

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Delaware

12-MAIDEN NAME OF MOTHER. Elizabeth Reed

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Delaware

14- (Informant) Mr. J. Woodall Green (Son)
(Address) Garden apts., Baltimore Md.

15- Filed SEP 3 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept. 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from August 15, 1925, to Sept. 3, 1925, that I last saw him alive on Sept. 3, 1925, and that death occurred, on the date stated above, at 9:45 A m.

The CAUSE OF DEATH* was as follows:

Nephritis, chronic.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No. Date of —

Was there an autopsy? No. Blood chemistry. Phthalein.

What test confirmed diagnosis? CO2 Combining power.

(Signed) C. H. Berlinghof M. D.

Sept. 3, 1925 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Denton Md — DATE OF BURIAL. Sept 3, 1925

UNDERTAKER. John O Mitchell — ADDRESS 1201 W Fayette

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01677

E 01677

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2017 N Charles ST.: 12-5 WARD

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Not named Fritzmeader

(a) RESIDENCE. No. 2017 N Charles ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred a few minutes yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Sept 1/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Not Given

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Given

12 MAIDEN NAME OF MOTHER Lena Fritzmeader

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Lena Fritzmeader

(Address) 2017 N Charles St JOHNS HOPKINS HOSPITAL

15 Filed SEP 3 - 1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-1 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 1, 1925,

that I last saw h~~im~~ alive on Sept 1, 1925,

and that death occurred, on the date stated above, at 9 35 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? viable signs - History

(Signed) D. W. Keown, M. D.

9/1/1925 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	

20 UNDERTAKER Commissioner Health. ADDRESS SEP 3 1925

Spec.—1-10-21—M&T 1500 Bks.

E 01678 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01678

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 E. Biddle ST., 10-2 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Horner

(a) RESIDENCE NO. 929 E. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Horner

6 DATE OF BIRTH (month, day, and year) Sept 3.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House

(b) General nature of industry, business, or establishment in which employed (or employer) Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Richard Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Martha Woolyhand (Address) 929 E. Biddle St

15 Filed SEP 3- 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1925

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1925, to Sept 2, 1925,

that I last saw her alive on Sept 1st, 1925,

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia.

Cerebral Haemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Valvular Heart disease

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Dunham, M. D.

Sept 2, 1925 (Address) 5104 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chestertown Kent Co Md	Sept 4 1925

20 UNDERTAKER H. C. Wiedefeld ADDRESS 914 Greenmt Ave

Spec.—1-10-21—M&T—1500 Bks.

E 01679

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01679

CERTIFICATE OF DEATH.

X 87

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 107 Park Ave. Ward 27-11 Hamilton MD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carroll E Hymiller

(a) RESIDENCE No. 107 Park Ave ST., Homelton WARD Atlantic City N J

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Hymiller

6 DATE OF BIRTH (month, day, and year): Apr 3 1887

7 AGE: Years 38 Months 4 Days 29 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Hymiller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha Waltman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. E Carroll

(Address): 4523 Loyal Road

15 9 - 1925 , 19 Robert T. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept- 2 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to Sept- 2, 1925, that I last saw him alive on Sept 2, 1925, and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Examination

(Signed) A. J Davies, M. D.

9-3, 1925 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Church Cemetery Md

DATE OF BURIAL: Sept 5 1925

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01680

E 01680

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 E Federal ST., 8-3 WARD)

2-FULL NAME Annie E Wood

(a) RESIDENCE NO. 1825 E Federal ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced (or) WIFE of Robt H Wood

6 DATE OF BIRTH (month, day, and year) March 9/847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant A. Wood

(Address) 1824 E Federal St

15 Filed 1925, 19 Robert E. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1924, to Sept 2, 1925.

that I last saw h alive on Sept 2, 1925.

and that death occurred, on the date stated above, at 3.40 p. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Failing Compensation

(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter Thomas, M. D.

(Address) 1328 Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland

DATE OF BURIAL Sept, 5 1925

20 UNDERTAKER William Cook

ADDRESS 1506 E Monument

Cor.—1-12-23—M&T—100 Bks.

E 01681 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01681

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 950 N. Franklin ST., 18-1 WARD)

REGISTERED NO. 185

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Phleger.

(a) RESIDENCE NO. 950 N. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Phleger

6 DATE OF BIRTH (month, day, and year) Nov. 11 1854

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm Phleger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Louise Hess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Catherine Richardson

(Address) 2 Wash. Blvd.

3 Filed 1925 Mary E. Harrison

Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull. Accidental

(duration) hrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) G. E. Blades, M. D. (Coroner)

Sept 3 25. 192 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 7 1925
20 UNDERTAKER William Cook	ADDRESS 516 E. Monument

Spec.—1-12-23—M&T—500 Blks.

E 01682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 01682

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Dalrymple Ave. ST., 15-4 WARD)

2-FULL NAME Ernest Schmidt

(a) RESIDENCE NO. 4107 Dalrymple Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schmidt

6 DATE OF BIRTH (month, day, and year) Apr. 28, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)

(c) Name of employer Central Fire Ins. Co.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Mr. Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Unknown

14 Informant ..... (Address) Mrs. Katherine E. Elliott 4107 Dalrymple Ave.

15 Filed SEP 3 - 1925, 19 ..... Registrar

Robert P. Harrison, Asst. Registrar & Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 23, 1925, to Sept. 1, 1925, that I last saw him alive on Aug 31, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency -

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) 5 yrs. — mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? M. A.

(Signed) M Bowman and Knock, M. D.

9-2, 1925 (Address) 626 N. Gilmor Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Sept 4, 1925
20 UNDERTAKER Wm. H. Cook	ADDRESS 1003 W Balto St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01683

CERTIFICATE OF DEATH.

E 01683

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2659 Wilkens Ave. ST., 20-6 WARD)

2-FULL NAME Daisy Mae Temple

(a) RESIDENCE NO. 2659 Wilkens Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John F.Temple

6 DATE OF BIRTH (month, day, and year) May 4, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	41	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Amos James

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Celeste L.Nunley

13 BIRTHPLACE OF MOTHER (city or town) Richmond
(State or country) Virginia

14 Informant John F.Temple
(Address) 2659 Wilkens Avenue.

15 Filed SEP 3- 1925 19 Robert F. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 15 . 1925 . to Sept 1st . 1925 .
that I last saw h[illegible] alive on Sept 1st . 1925
and that death occurred, on the date stated above, at 6.50 P m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas
and Gall Bladder

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman, M. D.
9-2, 1925 Address) 2687 Wilkens Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Sept 4 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W. Baltimore St

Spec.—1-12-23—M&T—500 Blks.

E 01684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01684

CERTIFICATE OF DEATH.

74-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1297 William ST. 24 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward C. Hatfield

(a) RESIDENCE No. 1297 William ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta Hatfield

6 DATE OF BIRTH (month, day, and year) Oct 4 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	59	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) 024

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) Alberta Hatfield 1297 William St.

15 Filed 8-1925, 19 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to Sept 1, 1925, that I last saw h[illegible] alive on Sept 1, 1925, and that death occurred, on the date stated above, at 4.30 a m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 2 mos. 12 ds.

CONTRIBUTORY (Secondary) Cardiac Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C Mueller, M. D.

9/1, 1925 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem.	Sept 4 1925
20 UNDERTAKER	ADDRESS
Margaret J. Flynn	1422 Light St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01685 — 129 — E 01685

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 9 Victoria Ave (St.) Hamilton (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Price

(a) RESIDENCE NO. 9 Victoria Ave. ST., ... WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edmund W. Price

6 DATE OF BIRTH (month, day, and year) June 10-1862

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
63	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada.

PARENTS

10 NAME OF FATHER Thomas Hickson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Alice Keller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Edmund W. Price
(Address) 9 Victoria ave

SEP 4 - 1925
(Date Received)

ROBERT R. KRAUTER,
Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3 1925

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to Sept 3, 1925, that I last saw h[illegible] alive on Sept 3, 1925, and that death occurred, on the date stated above, at 6:20 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Parenchymatous Nephritis

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Simon, M. D.

Sept 3. 1925 (Address) 4 7 N Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Leader Hill Cem.	Sept 5 1925

20 UNDERTAKER — ADDRESS

Mrs. Mrs John H Weisel & Son 501 N Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

01686

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01686

X16-003

CERTIFICATE OF DEATH.

Registered No. 12-1

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mosler Darrell

(a) Residence No. 656 W. Barre St., Ward Michigan

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of August

6-DATE OF BIRTH (month, day and year) 6/2/25

7-AGE. ....yrs. 3 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Contract, Md.

PARENTS.

10-NAME OF FATHER, Wm Price

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Estelle Mose

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Wm Price

(Address) 656 W Barre St

15- Filed SEP 4 - 1925 ROBERT R. KRAUTER, Registrar. Death Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9/2/25

17- I HEREBY CERTIFY, That I attended deceased from 8/29 19 25 to 9/2 19 25

that I last saw h.. alive on September 2 19 25

and that death occurred, on the date stated above, at 1:15 p. m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer

Cancer

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dysentery

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) K. B. Boyd, M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Zion Ch. DATE OF BURIAL, Sept 7 19 25

20-UNDERTAKER J. E. Brown & Son ADDRESS 1611 W Montgomery St

Cor.—1-12-25—M&T—100 Blks.

E 01687 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01687

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 726 W Pratt ST., 13-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam. Henry

(a) RESIDENCE NO. 3826 Hickory Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Abbie Henry

6 DATE OF BIRTH (month, day, and year) Dec 25-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Asst Foreman Belt
(b) General nature of industry, business, or establishment in which employed (or employer) Dr. Gunby Belt Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co

PARENTS

10 NAME OF FATHER Adam Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Lantz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co

14 Informant Mrs. Abbie Henry
(Address) 3826 Hickory Ave

Filed SEP 4 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry. find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. ..... mos. 1 ds.

(Signed) G C Coder, M. D.
(Coroner.)

Sept 3 1925 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Sept 7 1925

20 UNDERTAKER A S Marshall 2539 Gall Road ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 01688

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01688

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 Bank ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida L. Feller

(a) RESIDENCE NO. 2236 Bank ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Feller

6 DATE OF BIRTH (month, day, and year) Oct 17. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Richard Holsten

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George H. Feller

(Address) 2236 Bank St

Filed SEP 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug-29-, 1925, to Sept-2-, 1925, that I last saw h[illegible] alive on Sept. 2 1925, and that death occurred, on the date stated above, at 640 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac - Valvular - Nes

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? no

What test confirmed diagnosis? ~

(Signed) [illegible] M. D.

, 19 (Address) 125 S Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Sept 5. 1925
UNDERTAKER	ADDRESS
Henry Sander Sons Inc	1710 Eastern Ave

Spec.—1-12-23—M&T—500 Blks.

E 01689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

123 E 01689

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST., 15-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs St Casimyer.

(a) RESIDENCE NO. 1909 N. North Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V Casimyer

6 DATE OF BIRTH (month, day, and year) Aug 25 59

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hay & Grain

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Augustine Casimyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) " " Md

12 MAIDEN NAME OF MOTHER Bertha

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " " France

14 Informant Mrs Casimyer.

(Address) 3326 Gwynn Falls Pkwy

15 Filed ..... 19 ..... ROBERT J. KRAUTER Registrar

SEP 4 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-2-, 1925, to 9-3, 1925, that I last saw him alive on 9-3, 1925 and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystis and Gall-stones

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

What autopsy? no

What test confirmed diagnosis?

(Signed) J. Theron Hunter M. D.

9/3/1925 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Sept 4 1925

20 UNDERTAKER Martin Fahey & Son

ADDRESS 1827 Eutaw Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01690

E 01690

CERTIFICATE OF DEATH.

188-002

15-9

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Mary Sisselberger.

75 -------

(Residence in Baltimore: No. 1802 Braddish Ave. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widow or Widower or Divorced, (Write the word.)
Female	White.	Widow.

6-DATE OF BIRTH, Do not know. ....., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
75 yrs. ------ mos. ------ ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Sisselberger.(son)

(Address) 2660 Prasbury St.

15- SEP 4 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 1st. 1925 ....., 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull and left clavicle. Shock. Struck and knocked down by street car while crossing street

Accidental Death (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs....mos....ds.

(Signed) Otto M Reinhardt M. D. (Coroner.)

Sept. 4, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? North Ave between Ashburton and Dukeland Sts. 9/1/25

Point of communication

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cem	Sept 5, 1925
20-UNDERTAKER, Josiah Sypher	ADDRESS 1600 W North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

01691

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01691

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Woman's Hospital Lafayette & John St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Van Devanter

(a) Residence No. Emory Grove, Glyndon, Md. St., ... Ward .....
(Usual place of abode) Paconian Springs, Va. (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct. 5, 1890

7-AGE.	If LESS than 1 day,
34 yrs. 10 mos. 30 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Stenographer

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Post Office Dep't.

(c) Name of employer... Railway Messenger Mail Service

9-BIRTHPLACE (city or town)..... Waterford, Va.
(State or Country),

PARENTS.

10-NAME OF FATHER, Addison Clark Van Devanter

11-BIRTHPLACE OF FATHER (city or town)..... Waterford, Va.
(State or Country),

12-MAIDEN NAME OF MOTHER, Lillian Paxson.

13-BIRTHPLACE OF MOTHER (city or town)..... Goresville, Va.
(State or Country),

14-
(Informant)..... Mrs. G. A. Luttrell
(Address)..... 412 E. Randall St.

15-
Filed ..... 192 ..... ROBERT R. KRAUTER, Registrar.

SEP 4 - 1926 Earle Parrish Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept. 4, 1926

17- I HEREBY CERTIFY, That I attended deceased from August 24, ..., 19 26 to Sept. 4, ..., 19 26.

that I last saw h[illegible] alive on Sept. 4, ..., 19 26.

and that death occurred, on the date stated above, at 8:05 A.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Mediastinal Glands or

Carcinoma of Lung.

(Duration) 1 yrs. 3 mos. 4 ds.

CONTRIBUTORY (Secondary) Respiratory Failure due to insufficient Breathing Space.

(Duration) ..... yrs. ..... mos. 2 ds.

18-Where was disease contracted if not at place of death? Washington, D.C.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X-Ray (Pre & Post Mortem.)

(Signed) Frederick Henry Kroch, M. D.

, 19 (Address) Woman's Hospital.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Lansberg Va	Sept 6, 19 26
20-UNDERTAKER.	ADDRESS
J F McCarthy.	130 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

E 01692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89

E 01692

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Mayfield ave ST., 8-1 WARD)

2-FULL NAME Dr George A Hartman

(a) RESIDENCE NO. 2214 Mayfield ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Maried

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Agnes G. Hartman

6 DATE OF BIRTH (month, day, and year) Febry 17, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Dr Andrew Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Elizabeth A Allen

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Agnes G Hartman (Address) 2214 Mayfield ave

15 Filed SEP 4 - 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1925, to Sept 2, 1925, that I last saw him alive on Sept 2, 1925, and that death occurred, on the date stated above, at 12.05 m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) E Gill Hall, M. D.

Sept 3 1925 (Address) 1631 Nordo av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemy — DATE OF BURIAL Sept 5 1925

20 UNDERTAKER Jno R Spence — ADDRESS 1325 W Baltimore St

Spec—12-23-21—E.B.R.S.—400 Bks.

01693

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01693

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 10 Oakland Ave St., 27th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Emma M. C. Wendel

(a) Residence No. 10 Oakland Ave St., Ward 27th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single~~ Married, ~~Widowed, or Divorced~~ (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph F.

6-DATE OF BIRTH (month, day and year) May 7, 1863

7-AGE, 62 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, George Wasch.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Blessing

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Adolph F. Wendel

(Address) 10 Oakland Ave

15- SEP 4 - 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 2 1925.

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1925 to Sept 2, 1925, that I last saw h... alive on Sept 2, 1925, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

Arteriosclerosis

.....(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Hem-

orrhage (Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? .....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Chas Smith, M. D.

Sept 2, 1925 (Address) 4706 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Parkwood DC — DATE OF BURIAL, Sept 5, 1925

20-UNDERTAKER, Louis Lemann — ADDRESS 32 S Broad

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01694 — REGISTERED No. E 01694

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5025 Eastern Av ST., 56-7 WARD) 51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. W. Morley Jr

(a) RESIDENCE No. 5026 Eastern Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 25/02

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	—	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto

(b) General nature of industry, business, or establishment in which employed (or employer): Machanic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Geo. W. Morley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth A. Schaff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo. W. Morley

(Address): 5025 Eastern Av

15 SEP 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9—2 1925

17 I HEREBY CERTIFY, That I attended deceased from 8—1 1925 to 9—2 1925

that I last saw h[illegible] alive on 9—2 1925

and that death occurred on the date stated above, at 7 01 m.

The CAUSE OF DEATH* was as follows: Lacerated Brain a acute Mitral Regurgitation Following Rheumatism (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) Fred Ruppert M. D.

19 (Address) 600 N Patt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk — DATE OF BURIAL: 9/5 1925

20 UNDERTAKER: Philip Henry — ADDRESS 206 Eden

Spec—12-23-21—E.B.R.S.—400 Bks. 181599

E 01695

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01695

CERTIFICATE OF DEATH.

174-002

1-PLACE OF DEATH — Registered No.

City of BALTIMORE (No. Johns Hopkins Hosp St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Edward Bower

(a) Residence No. Johns Hopkins Hosp St., Ward Helena Mon.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. ? ds. How long in U. S., if of foreign birth? 76 yrs. 6 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Leonora P. Bower

6-DATE OF BIRTH (month, day and year) Feb-26/1859

7-AGE. 76 yrs. 6 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer). from Live Stock Industry

(c) Name of employer. New York?

9-BIRTHPLACE (city or town) (State or Country). NY.

PARENTS.

10-NAME OF FATHER. John Bower

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Rotherfield England

12-MAIDEN NAME OF MOTHER. Amanda Hood

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Rogan Valley N.J.

14-

(Informant). Mrs Leonora P. Bower (wife)

(Address). Helena Montana

SEP 4 - 1925

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 3rd 25

17- I HEREBY CERTIFY, That I attended deceased from ..... 1925 to Sept 3rd 1925

that I last saw him alive on Sept. 3rd, 1925,

and that death occurred, on the date stated above, at 12 20 a.m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of June 8, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Cystoscopy

(Signed) James B. Hutchinson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Helena Montana — DATE OF BURIAL. Sept 4 19 25

20-UNDERTAKER. H. KEMP MOWEN COMPANY, WILLIAM F. WOODEN, Successor — ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

E 01696 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01696

CERTIFICATE OF DEATH. 46

REGISTERED NO. 5-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sylvia Conner.

(a) RESIDENCE NO. 403 N. Central Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
58				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Aron Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Nancy Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records, Balto City Hospitals

15 SEP 4 - 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-3-1925

17 I HEREBY CERTIFY, That I attended deceased from 8-28-, 1925, to 9-3-, 1925,

that I last saw her alive on 9-3-, 1925

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Cervix with Metastases to Other Organs.

(duration) yrs. 12 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? History & Physical Signs

(Signed) Ina G. Champe M. D.

, 19 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
~~Forest~~ Dale Depot ~~Cem~~ Va.	Sept 5 1925
20 UNDERTAKER	ADDRESS
Furs & Locks	1312 Pulaski

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01697

01697

CERTIFICATE OF DEATH.

100-601

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 N. Mount ST.) 15-13 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and add ont No. 18.)

2-FULL NAME Dorothy Mokeen Savoy

(Residence in Baltimore: No. 1624 N. Mount St. St.; yrs. 1 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 12 (Day), 1925 (Year)

7-AGE, yrs. 7 mos. 22 ds. If LESS than 1 day, hrs. or mts.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ernest Savoy

11-BIRTHPLACE OF FATHER (State or Country), Charles Co. Md.

12-MAIDEN NAME OF MOTHER Mary Barnes

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Savoy

(Address) 1624 N. Mount St

15- SEP 4 - 1925 ROBERT R. KRAUTH, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 3 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1925 to Sept 3 1925, that I saw h[er] alive on Sept 2nd 1925 and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 3 mos. ds.

(Signed) Frank S. Hunter M. D.

Sept 4, 1925 (Address) 2512 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept 4 1925

20-UNDERTAKER Virginia A. Brooks — ADDRESS 1463 N. Carey

Spec.—1-10-21—M&T—1500 Blks.

E 01698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 01698

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 26-7 WARD)

2-FULL NAME Charles D. Kuefer

(a) RESIDENCE NO. B. V. A ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 9/5

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant B. V. A. Records
(Address)

15 SEP 4 - 1925 HUBERT H. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1925

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925 to Sept. 2, 1925

that I last saw him alive on Sept 2, 1925

and that death occurred, on the date stated above, at 8 14 m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ..... yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) R. Hooper Smith, M. D.

, 19 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	9/5 1925
20 UNDERTAKER Robert Brokerson	ADDRESS Catonsville Holly

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01699 — CERTIFICATE OF DEATH. — 71-001 E 01699

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp ST., 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian Sfarr

(a) RESIDENCE NO. 1775 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec 6th 1906

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	7	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto —

PARENTS

10 NAME OF FATHER Christian Sfarr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER Eva Allenbaugh

BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Charles Clubb
225 Carroll st

ROBERT R. KRAUTER, Registrar
Social Service Bureau

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-2 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-28, 1925, to 9-2, 1925, that I last saw him alive on 9-2, 1925 and that death occurred, on the date stated above, at 11.05 P.m.

The CAUSE OF DEATH* was as follows:

Meningitis
(Pneumococcus)
(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Nasal operation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? St. Agnes Hosp.

Did an operation precede death? Yes Date of 8-29-25

Was there an autopsy? No —

What test confirmed diagnosis? Spinal punctures

(Signed) J Gerald Stonrel, M. D.

19 (Address) St. agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk Cemetery	9/5/25
20 UNDERTAKER: Geo Leimbach & Son	ADDRESS: 647 W Pratt St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-5-129

E 01700

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 218 E 20th Street St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Kate Maud Thomas

(a) Residence No..... 218 E 20 th Street St., ... Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 67 yrs 5 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of (Single)

6-DATE OF BIRTH (month, day and year) March-18-1858

7-AGE. 67 yrs. 5 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... None

(c) Name of employer..... None

9-BIRTHPLACE (city or town) (State or Country). Washington D.C.

PARENTS.

10-NAME OF FATHER. Lewis Thomas

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Washington D.C.

12-MAIDEN NAME OF MOTHER. Margaret Lewis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Accomac Co. Va.

14- (Informant) Mrs. E.R. Delano (niece)

(Address) Deerfield Mass.

15- 9CL 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 4/25

17- I HEREBY CERTIFY, That I attended deceased from Apr 13 1925 to Sept 4 1925, that I last saw h[illegible] alive on Sept 3rd 1925, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

& arteriosclerosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Odema Dropsy

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

9/4, 1925 (Address) 846 W 36th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cemetery	Sept-5-1925
20-UNDERTAKER.	ADDRESS
STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	106 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01701

CERTIFICATE OF DEATH.

31

E 01701

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 woodyear ST., WARD)

2-FULL NAME Henry montague.

(a) RESIDENCE NO. 1326 woodyear ST., 15-13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 1, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bakery

(c) Name of employer ~~Smith~~ S midth Bakery

9 BIRTHPLACE (city or town) (State or country) Jeffersville Amelia Co Va.

PARENTS

10 NAME OF FATHER Wm. montague

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mattie Pride.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant mother Mrs M. montague

(Address) 1326 woodyear St.

15 - 1925 , 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1925.

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1925, to Sept 2nd 1925.

that I last saw him alive on Sept 2nd 1925

and that death occurred, on the date stated above, at 9:00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? B. of Tuberculosis

(Signed) Jas E Bell, M. D.

, 19 (Address) 1224 Grenor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Amelia Co Va	Sept 4 1925
20 UNDERTAKER Mrs Jas N. Dennis Rev T. E. Nelson	ADDRESS 1303 Presstman St

Spec.—1-10-21—M&T—1500 Blks.

E 01702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 01702

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 N. Durham ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Underwood

(a) RESIDENCE NO. 1031 N. Durham ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 3, 25

7 AGE	Years	Months	Days	If LESS than 1 day 2 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Lucas Underwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mother (Address) 1031 N. Durham

15 Filed 4-1925, 19 Robert P. Harrison Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1925, to Sept. 3, 1925, that I last saw her alive on Sept. 3, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth (7 mos-)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. L. Berry M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health, SEP 1925

Spec.—1-10-21—M&T—1500 Bks.

E 01703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01703

2-90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 S. Wolfe Street ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph . Roslan

(a) RESIDENCE NO. 912 S. Wolfe Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia . Roslan

6 DATE OF BIRTH (month, day, and year) Feb. 7 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	40	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) Balto Ohio R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mrs. Sophia. Roslan

(Address) 912 S. Wolfe Street

15 1925 ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/2/25

17 I HEREBY CERTIFY, That I attended deceased from July - ....., 1925, to Sept 2 , 1925, that I last saw h.... alive on Sept 1 - , 1925, and that death occurred, on the date stated above, at 330 P m.

The CAUSE OF DEATH* was as follows:

Valvular Dis- Cardiac

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) General Debility

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Frank C Bruner, M. D.

, 19 (Address) 125 S Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	Sep 5 1925

20 UNDERTAKER ADDRESS

John M Weber 1803 Bank

Spec.—1-10-21—M&T—1500 Bks.

E 01704

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01704

CERTIFICATE OF DEATH.

93-49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myrtle Elizabeth Mitchell

(a) RESIDENCE NO. 809 Wellington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 9 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	13	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph B Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Willie Ellison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Joseph B Mitchell

Address 809 Wellington St

15 Filed Sept 6 1925, 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 21, 1925, to Sept 2, 1925, that I last saw her alive on Sept 2, 1925, and that death occurred, on the date stated above, at 1:55 P. m.

The CAUSE OF DEATH* was as follows:

Undiagnosed Cerebral Condition

4 days

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Aug 22-25

Was there an autopsy? Yes - Partial (Brain)

What test confirmed diagnosis? Laboratory + Clinical

(Signed) Philip Jacobson M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Sept 6 1925

20 UNDERTAKER Eberenowitz & Son ADDRESS 947 Chestnut

Cor.—1-12-23—M&T—100 Bks.

E 01705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01705

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp St. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvester Neale

(a) RESIDENCE NO. 305 S. Spring ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	Sngl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant E Johnson
(Address) 1407 Eastern Ave

15 Filed 4-1925, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Odema of lungs (duration) yrs. mos. 2 days

(Signed) James M Fenlon, M. D.
(Coroner.)

9/4, 1925 (Address) 1002 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? John Hopkins Hosp

Former or usual residence 305 S. Spring

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 9/5 1925

20 UNDERTAKER George J Ruth

ADDRESS 1735 Harford Ave

Con.—1-12-25—M&T—100 Blks.

E 01706

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01706

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Druid Hill Ave. 14-1 161 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Un named. (Baby Hughes)
1412 Druid Hill Ave.

(a) RESIDENCE NO. 1412 Druid Hill Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) aug 31-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Ernest A. Hughes

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Annmelia Jackson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Ernest A. Hughes
(Address) 1412 Druid Hill Ave

15 Filed Sept 4, 1925, 192 Robert P. [illegible]
Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
1 mo - prematur
Asphyxia Livida
(duration) yrs. mos 1 ds.
CONTRIBUTORY (Secondary) Broken Constitution
(duration) yrs. mos. 1 ds.

(Signed) E. C. Blades, M. D.
Sept 1/25 (Coroner) (Address) 1426 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Sept. 4 1925

20 UNDERTAKER John H. Fradin — ADDRESS 1017 Lanvale

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01707

E 01707

CERTIFICATE OF DEATH.

REGISTERED NO. 100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital Madison & Linden Av. ST. 26-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris May Henry

(a) RESIDENCE NO. 5 Cook Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER James Henry

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md (State or country)

12 MAIDEN NAME OF MOTHER Laura V. Henry

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant Mrs Mary M. Clentis (Address)

Filed Sept 4 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1925, to Sept 2, 1925, that I last saw h[illegible] alive on Sept 2 - 6:05 PM, 1925, and that death occurred, on the date stated above, at 6:30 p m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Autopsy

(Signed) Wm. C. Wright, M. D.

, 19 (Address) Madison & Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cook Mon'y Cemetery Inc

DATE OF BURIAL Sept 5 19 25

20 UNDERTAKER Robt Turner

ADDRESS W. North Ave

Spec.—1-12-23—M&T—500 Bks.

E 01708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01708

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 25-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Marie Battenfield

(a) RESIDENCE No. 4207 Potter Ave. ST. WARD Catonsville Md.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Leroy Battenfield

6 DATE OF BIRTH (month, day and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Spurrier Steidel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lavinia Steidel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Leroy Battenfield

(Address) 4207 Potter Ave.

15 Filed 4-1925, 19 Robert B. Harriden,
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-20, 1925, to 9-2, 1925, that I last saw her alive on 9-2, 1925 and that death occurred, on the date stated above, at 3.30 p m

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

Sudden.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) forceps delivery 9 days ago.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clin. Examination

(Signed) Dudley R Bonsa, M. D.

, 19 (Address) 904 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Sept. 2, 19 25

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

Spec. 1-10-21—M&T—1500 Bks.

E 01709

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01709

CERTIFICATE OF DEATH.

122-002

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED No. 12-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME Mary A. Shipley

(a) RESIDENCE No. 2918 N. Bernard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Daniel B Shipley

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE About	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Nicholas Voit

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1925, 19 ROBERT P. HUTTON, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 24th 1925 to Sept. 3rd 1925.

that I last saw her alive on Sept. 3rd 1925,

and that death occurred, on the date stated above, at 2.5 P.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver with Ascites

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hepatic Coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Gross Physical & Autopsy

(Signed) Gerard H. Gardner M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL 9/5 1925

20 UNDERTAKER Ury Cook — ADDRESS 502 E Mulb

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01710

CERTIFICATE OF DEATH.

Dr Smith Lucky Heights 01

8-24-25

REGISTERED NO. E 01710

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 5000 Ferndall ST., (WARD)

2-FULL NAME Emma Shipley

(a) RESIDENCE No. 5000 Ferndall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elias. Wm Shipley

6 DATE OF BIRTH (month, day, and year): Sept 15-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	60	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Helen Winkelpleck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Miss Helen Shipley

(Address) 5000 Ferndale Md

Filed ..... 19 .....

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 2 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1925, to Sept 2, 1925, that I last saw h alive on Sept 2d, 1925, and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Artio S. Thrombosis

& Cerebral Hemorrhage

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Esquivel, M. D.

(Address) 4509 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Sept 5 1925

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

E 01711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 01711

REGISTERED NO. 21-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Ward 27 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ray T. Miller

(a) RESIDENCE NO. 1105 ward 27 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md.

PARENTS

10 NAME OF FATHER Baxter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Barrett Bragg.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14

Informant Catherine Ballenfield

(Address) 1105 Ward 27

Sept 5 1925 Robert P. Harrison, Registrar

(Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 27, 1925, to Sept 3, 1925, that I last saw h alive on Sept 3, 1925, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. H. Campbell M. D.

(Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	9/5/1925
20 UNDERTAKER Dane Easton	ADDRESS 9/6
	6 c 01

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01712 — 129 — E 01712

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2815 Elliott ST., 1-3 WARD)

2-FULL NAME Michial Zglinicki

(a) RESIDENCE NO. 2815 Elliott ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant M. Zglinicki
(Address) 2815 Elliott

15 Filed ....., 19..... Registrar

5 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2nd, 1925, to Sept 3rd, 1925, that I last saw him alive on Sept 2nd, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Jod. M. D.

, 19 (Address) 4704 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL Sept 7 1925

20 UNDERTAKER J.W. Ozazewski ADDRESS 1930 Eastern

Filed Sept 5 1925 Harrison, Clerk
Burial Permit Clerk

pec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01713

E 01713

CERTIFICATE OF DEATH.

100 001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Cambridge ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanislaw Borowicz Skowronski

(a) RESIDENCE NO. 2228 Cambridge ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10 - 2d

7 AGE: Years 1 5 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Stanislaw Skowronski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Sophia Skowron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Sophia Skowronski

(Address) 2228 Cambridge

15 Filed 1925, 19 Earl F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925, to Sept. 3, 1925, that I last saw him alive on Sept 1, 1925 and that death occurred, on the date stated above, at 12 M

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Otitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kiger M. D.

, 19 (Address) 2627 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Sept 5 1925

20 UNDERTAKER F. W. Ozarowski — ADDRESS 1980 Eastern

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01714 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01714

CERTIFICATE OF DEATH.

3-113

1-PLACE OF DEATH Registered No.....

City of BALTIMORE: (No. 318 S. Bond St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antony SOROKA

(a) Residence No. 318 S. Bond St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
M	W	S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 15. 1925

7-AGE.	If LESS than 1 day,
...yrs. 1 mos. 19 ds.	...hrs. or...min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Paul Soroka

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Mary Panhik

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Russia

14- (Informant) Paul Soroka
(Address) 318 S. Bond Atreet

15- Filed ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-4-25

17- I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1925 to Sept. 4, 1925 that I last saw him alive on Sept. 4, 1925 and that death occurred, on the date stated above, at 2 10 p.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Primary Pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Andrew Nemkowski M. D.

. 19 (Address) 2579 Edalmen Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
London Park	Sept. 5, 1925
20-UNDERTAKER.	ADDRESS
John Greblunas	4258 Iowa St

Burial Permit Clerk.

E 01715 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01715

CERTIFICATE OF DEATH.

21-38

1-PLACE OF DEATH

City of BALTIMORE: (No. 1130 Russell St. St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gardner.(C) 30

(Residence in Baltimore: No. 1130 Russell St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word)
Male.	Colored	Married

6-DATE OF BIRTH. July 25, 1880 (Month) (Day) (Year)

7-AGE. 45 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). A.A.Co.Md.

PARENTS.

10-NAME OF FATHER. Perry H.Gardner.(C)

11-BIRTHPLACE OF FATHER, (State or Country). A.A.Co.Md.

12-MAIDEN NAME OF MOTHER. Sarah Riley.(C)

13-BIRTHPLACE OF MOTHER, (State or Country). A.A.Co.Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ollie Gardner.(C) wife

(Address) 1136 W.Lexington St.

15-

Filed 9-1925, 192.... Robert P. Harrison, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 3, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of an Aortic Aneurism.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Rennhardt M. D. (Coroner)

Sept. 4, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Sept 6 1925
20-UNDERTAKER,	ADDRESS
J. E. Greene & Son	847 W Monty St

Spec.—1-10-21 M&T 1500 Bks.

E 01716

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01716

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Carey ST., 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. McCrea

(a) RESIDENCE No. 115 N. Carey ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leona Moody McCrea

6 DATE OF BIRTH (month, day, and year) March 11, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	59	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James McCrea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amanda Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lester W. McCrea (Address) 115 N. Carey St

15 Filed ..... 19 ..... Registrar

5 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1925, to Sept 3, 1925, that I last saw him alive on Sept 3, 1925, and that death occurred, on the date stated above, at 2. A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis and Interstitial Nephritis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Autopsy

(Signed) Henry C. Blake, M. D.

, 19 (Address) 1203 N. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Sept 5 1925

20 UNDERTAKER John O. Mitchell ADDRESS 12 N. Fayette

Robert P. Harrigan, Burial Permit Clerk

E 01717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01717

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Bush St & 800 R'd Crossing St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora A. Husted

(Residence in Baltimore: No. Millville – N. J. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

6-DATE OF BIRTH. Unknown (Month) (Day) (Year)

7-AGE about 56 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Newport N.J.

PARENTS.

10-NAME OF FATHER, Peter Campbell

11-BIRTHPLACE OF FATHER, (State or Country). Newport, N.J.

12-MAIDEN NAME OF MOTHER, Martha Batrman

13-BIRTHPLACE OF MOTHER, (State or Country) Newport, N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank N. Fox

(Address) Millville, N.J.

15- Filed 1925 192.. Robert F. Harrison, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 3rd 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by the Inquest, Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows: Hemorrhage Brain
Fractured Skull
(Duration) at once
CONTRIBUTORY (Secondary) Struck by B.T.O. Train
(Duration) yrs. mos. ds.

(Signed) Thos. A. Norton M. D.
(Coroner.)

Sept 5 1925 (Address) Curtis Bay Md.

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Millville City Cemetery	Sept 1925
20-UNDERTAKER,	ADDRESS
Wilbur W Shreve	1018 Edmondson Ave

Cor.—1-12-23—M&T—100 Bks.

E 01718

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01718

CERTIFICATE OF DEATH.

15-172

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital WARD) 15-13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Mc. Kinley Gross

(a) RESIDENCE No. 1316 Laurens ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 6, 1902

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	23	2	28	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Calvert co Md.

PARENTS

10 NAME OF FATHER Wesley Gross

11 BIRTHPLACE OF FATHER (city or town) Calvert co (State or country) Md

12 MAIDEN NAME OF MOTHER Amelia Gross.

13 BIRTHPLACE OF MOTHER (city or town) Calvert co (State or country) Md.

14 Informant John Garrett (Address) 1813 Brunt St.

15 Filed Sept 7, 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Jumped from Window (duration) yrs. mos 2 hrs

CONTRIBUTORY (Secondary) Shock (duration) yrs. mos. 2 ds.

(Signed) H. C. Wade, M. D.

Sept 7, 192 (Address) 1423 Hollins (Corner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Retirement Cemetery Calvert co md

DATE OF BURIAL Sept 6 1925

20 UNDERTAKER Mrs. Hannah H. Dennis T. G. Nelson

ADDRESS 1303 Preston St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01719 E 01719

CERTIFICATE OF DEATH.

5-2 194

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 212 N Carolina ST., WARD)

2-FULL NAME Samuel E. Parker

(a) RESIDENCE NO. 212 N Carolina ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	England	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Parker

DATE OF BIRTH (month, day, and year) Nov 18 1877

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	9	16	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant
(c) Name of employer Lunch

BIRTHPLACE (city or town) Bristol
(State or country) West Indies

10 NAME OF FATHER Alexander Parker

11 BIRTHPLACE OF FATHER (city or town) West Indies
(State or country)

12 MAIDEN NAME OF MOTHER Bruce

13 BIRTHPLACE OF MOTHER (city or town) West Indies
(State or country)

PARENTS

14 Informant Laura Parker
(Address) 212 N Carolina

15 Filed ....., 192.... (Robert P. Harrison) Registrar

- 1925 (Myrtle Ferris) Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion Prostration

(duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Benton, M. D.
(Coroner.)

Sept 3, 1925 (Address) 700 Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Sept 6 1925

20 UNDERTAKER Chris. H. Johnson ADDRESS 616 N. Carolina St.

Spec.—1-10-21—M&T—1500 Bks.

01720 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01720

CERTIFICATE OF DEATH.

8 1114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 N. Bethel ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary R. Rozier

(a) RESIDENCE NO. 1616 N. Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widower

5a ~~If married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Nelson Rozier

6 DATE OF BIRTH (month, day, and year) Sept 25 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
75	Years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Halbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizebeth Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant Mrs. Rozier

(Address) 1616 N. Bethel St

15 Filed 9-5-1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1925, to Sept 4, 1925, that I last saw her alive on Sept 3, 1925 and that death occurred, on the date stated above, at 8:00 a m.

The CAUSE OF DEATH* was as follows:

Exhaustion & Infirmities of age

(duration) ? yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Infirmities of age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. P. Cannon, M. D.

9-5-25, 19 (Address) 1701 N Carlton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dawn Cemetery	Sept 7 1925

20 UNDERTAKER Robt J Turner ADDRESS 442 E Broadway

E 01721

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01721

CERTIFICATE OF DEATH.

161

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1502 N. Lexington St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie Cleveland

(Residence in Baltimore: No. 1502 N. Lexington St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Cold	Sing'l

6-DATE OF BIRTH. Sept 3rd 1925
(Month) (Day) (Year)

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, 10 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Cleveland Jester

11-BIRTHPLACE OF FATHER, (State or Country). Ala

12-MAIDEN NAME OF MOTHER. Isabelle Barnes

13-BIRTHPLACE OF MOTHER, (State or Country). So. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cleveland Jester

(Address) 1502 N. Lexington St.

15- Robert F. Harriden

Filed ....., 192 Registrar.

Burial Permit Clerk.

3 - 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 3rd 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edw. A. Norton M. D.
Coroner

Sept 4th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Iron	Sept 5, 1925
20-UNDERTAKER.	ADDRESS
Joseph A. Linly	#151 Winters ave

Spec.—1-10-21—M&T—1500 Blks.

01722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-001 E 01722

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 45 (Street) Rennert Ave. (WARD) 27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Retzke

(a) RESIDENCE NO. 45 (Street) Rennert Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (a) HUSBAND of ~~(a) WIFE of~~ Margaret Retzke

6 DATE OF BIRTH (month, day, and year) Oct. 24-1886

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer John Linder

9 BIRTHPLACE (city or town) (State or country) Balto. County

PARENTS

10 NAME OF FATHER Albert F. Retzke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Nicolaus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Edward F. Smith

(Address) 204 Gibbons Ave.

15 Filed 9/5, 19 25 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 2, 1925, to Sept 5, 1925; that I last saw h alive on Sept 5, 1925; and that death occurred, on the date stated above, at 5.10 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 38 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History of Case & findings

(Signed) Jane Brown, M. D.

(Address) 183 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem — DATE OF BURIAL: Sept 8 1925

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2050 Eastern Ave.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01723

CERTIFICATE OF DEATH.

101-901 E 01723

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ____ ST., 76 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank C. Ving

(a) RESIDENCE NO. B. V. A ST., WARD A II
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoe maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Frank Ving

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Records B. V. A.
(Address)

15 Filed SEP 6 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 3 1925

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to September 3, 1925, that I last saw him alive on September 3, 1925, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Gt lower
Bronchopneumonia left base
Myocarditis Chr.

(duration) ? yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory,

(Signed) R. Hooper Lemmon, M. D.

Sept 3. 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rockman Cemetery

DATE OF BURIAL: 9/7 1925

20 UNDERTAKER: ROBERT BROOKS & SON
FUNERAL DIRECTORS & EMBALMERS

ADDRESS: Calhoun Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 01724 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01724

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 3-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Rose Shields

(a) RESIDENCE NO. 1413 Bonk st ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 55 yrs. ? mos. 9 ds. How long in U. S., if of foreign birth 55 yrs. ? mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Aug 12 about 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Francis Shields

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tyrone - Ireland

12 MAIDEN NAME OF MOTHER Mary E Donnelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tyrone Ireland

14 Informant (Address) Mt Hope Retreat Balto. Md

15 Filed SEP 6 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 10 . 1924 . to Sept 5 . 1925 .

that I last saw her alive on Sept 5 . 1925 .

and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.

(Valvular Insufficiency)

Unknown (duration) yrs. mos da.

CONTRIBUTORY (Secondary) Epilepsy

Unknown (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) Dutton P. Hill M. D.

. 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Sept 7th 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. MONUMENT AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01725

CERTIFICATE OF DEATH. 129 E 01725

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 126 S Regester ST., 2-1 WARD)

2-FULL NAME Barbara A Ritter

(a) RESIDENCE NO. 126 S Regester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Ritter

6 DATE OF BIRTH (month, day, and year) Aug 7, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Bart Kruber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dal Idlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Ritter (Address) 126 S Regester

15 Filed SEP 6 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to Sept 3, 1925, that I last saw h[illegible] alive on Sept 3, 1925, and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis aortic regurgitation, chronic arterio sclerosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Heart failure Y asthenia

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Signs & symptoms

(Signed) [illegible] M. D.

9/6, 1925 (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Sept 7 1925

20 UNDERTAKER Wendell Appelson — ADDRESS 3751

Cor.—1-12-23—M&T—100 Bks.

E 01726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 E 01726

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt City Hospital ST., 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Bell

(a) RESIDENCE NO. 3114 O'Donnell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
mal	whit	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bell

DATE OF BIRTH (month, day, and year) Aug 4 1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	67	1	1	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balt MD

10 NAME OF FATHER Charles Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Dont Knows

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Mary Bell
(Address) 3114 O'Donnell

15 Filed SEP 6 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet wound in Brain self inflicted Suicide

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Insane (duration) 2 yrs. mos. ds.

(Signed) James M Fenton, M. D. (Coroner.)

Sept 6 1925 (Address) 900 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs., ... mos., 12 ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? 3114 O'Donnell St

Former or usual residence 11 "

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Sept 7 1925

20 UNDERTAKER Wendell Dysel Son — ADDRESS 378 N

Cor.—1-12-23—M&T—100 Bks.

E 01727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 01727

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Block Forest St. Farmers & Planters Hotel ST., 20-5 WARD)

2-FULL NAME Jno R. Caulk

(a) RESIDENCE NO. Union Memorial Hospital ST., 238 N. Monroe WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Caulk

DATE OF BIRTH (month, day, and year) —

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	54			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Elevator man
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Union Memorial Hosp

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER James T. Caulk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Ann Bowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Chas S. Caulk

(Address) 238 N. Monroe St

Filed SEP 6 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found dead Camp Sept. 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acoholism

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Ripley, M. D.

Sept. 4, 1925 (Address) 1057 Cathedral (Coroner.)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State 1 month above yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL Sept 7 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01728

CERTIFICATE OF DEATH.

24-001 E 01728

REGISTERED NO. 22-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 Warren Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S.Jory

(a) RESIDENCE NO. 120 Warren Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cordelia Jory

6 DATE OF BIRTH (month, day, and year) Feb.7 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	76	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Marine Engineer

(c) Name of employer Chesapeake Line

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Jory

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Stouter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Cordelia Jory

(Address) 120 Warren Ave

15 Filed SEP 6 - 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 5, 1925, that I last saw h/m alive on Sept 4, 1925 and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

from history (duration) About yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Cushman, M. D.

Sept 5, 1925 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Sept 8 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01729

E 01729

CERTIFICATE OF DEATH.

X 112

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE, (No. 17 E 21st St.) 12 WARD 5

2-FULL NAME Mildread F. Peregoy

(a) RESIDENCE NO. Westminster, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Ft	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29 1922 Ques

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	8		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER Raymond Peregoy

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Hattie Mills

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

Informant Hattie Peregoy
(Address) Westminster

SEP 6 - 1925 ROBERT R. QUARTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Convulsions due to Acute indegestion

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jas H Norris, M. D.
(Coroner.)
Sept 5, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Sept 7 1925
20 UNDERTAKER Chenowith & Son	ADDRESS 967 Cathedral St

Spec.—1-10-21—M&T—1500 Bks.

E 01730

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01730

X 100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosetta Bradshaw

(a) RESIDENCE NO. ..... Severn Md - ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	34	Years	Months	Days	If LESS than 1 day, ...brs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) ..... N. C.
(State or country)

PARENTS

10 NAME OF FATHER Jacob Wiles

11 BIRTHPLACE OF FATHER (city or town) ..... Md.
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Harrison

13 BIRTHPLACE OF MOTHER (city or town) ..... Md.
(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Received SEP 6 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 30th, 1925, to Sept. 4th, 1925, that I last saw h[er] alive on Sept. 4th, 1925, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) ..... yrs. 1½ mos ..... ds.

CONTRIBUTORY (Secondary) Hypertension, Arteriosclerosis, Meningitis

Pneumonia (?) (duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Hayward ..... M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Severn Md

DATE OF BURIAL Sept 6 1925

20 UNDERTAKER Robert Wheelan

ADDRESS 1515 Mt Clevenger St

...ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01731

CERTIFICATE OF DEATH.

101-001 E 01731

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 Chelsea Terrace ST., 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME T. Henry Barron

(a) RESIDENCE NO. 2135 Chelsea Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1899

8 AGE: Years 26; Months; Days; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

D30

PARENTS

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: James H. Barron

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary C. Flaherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mary E. Barron

(Address) 2135 Chelsea Terrace

SEP 6 - 1925

ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-4-1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1925, to Sept 4, 1925.

that I last saw him alive on Sept 4, 1925,

and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S. Hibbett, M. D.

Aug Sept 4, 19 (2) (Address) 2220 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 9-7th 1925

20 UNDERTAKER: ROBERT BROOKS & SON FUNERAL DIRECTORS & EMBALMERS

ADDRESS Calhoun Hollins

Spec.—1-10-21 M&T 1500 Bks.

01732

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01732

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home + Infirmary 7-1 185 REGISTERED NO.....

CITY OF BALTIMORE: (No. ..... ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Emelia Georgiana Focke

(a) RESIDENCE NO. 713 W. Lafayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X X X

6 DATE OF BIRTH (month, day, and year) July 8, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Frederick Focke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Regina Karthaus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant William F. Focke (brother)
(Address) 713 W. Lafayette Ave

15 Filed SEP 6- 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Sept 4, 1925, that I last saw her alive on Sept 4, 1925, and that death occurred, on the date stated above, at 8:15 p m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 6 days

CONTRIBUTORY (Secondary) Fracture Femur, left

(duration) yrs. 1 mos. 21 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Walter W. Eagle M. D.

9/4, 1925 (Address) Church Home + Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Sept 7 1925

20 UNDERTAKER H. Lauer Kennard — ADDRESS 723 W Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01733

E 01733

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N. Calverton Road ST., 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis G. Straub

(a) RESIDENCE NO. 20 N. Calverton Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma D. Straub

6 DATE OF BIRTH (month, day, and year) Mar 29. 1866.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jeweler

(b) General nature of Industry, business, or establishment in which employed (or employer) A. N. Fetting

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Straub

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Frederick R. Doebel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma D. Straub

(Address) 20 N. Calverton St

15 Date Received SEP 7 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 2nd, 1925 to Sept 5th, 1925

that I last saw him alive on Sept 5th 1925

and that death occurred, on the date stated above, at 10.55 P. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Edema of Lungs

(duration) yrs. mos. one da.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? History & Physical Exam

(Signed) Chas A Aand, M. D.

9/5, 1925 (Address) 2105 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem — DATE OF BURIAL Sept 8, 1925

20 UNDERTAKER Mr. Mrs. J. W. Teufel & Son — ADDRESS 801 W. Fayette

Central Permit Clerk.

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01734

CERTIFICATE OF DEATH.

168 E 01734

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1107 Scott St ST., 21-2 WARD)

2-FULL NAME Gustav A Grosche

(a) RESIDENCE NO. 1107 Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie D. Grosche

DATE OF BIRTH (month, day, and year) May 30, 1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	3	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Piano Finisher
(b) General nature of industry, business, or establishment in which employed (or employer) Knabe Piano Co
(c) Name of employer 886

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Elizabeth N. Grosche
(Address) 1107 Scott St.

Filed ... 192... ROBERT R. KRAUTER Registrar
SEP 7 - 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide

Hanging

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) M S Physician

(duration) yrs. mos. ds.

(Signed) H G Yades, M. D.
(Coroner)

Sept 5, 192 (Address) 142 E Biddle

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem DATE OF BURIAL Sept 7 1925

20 UNDERTAKER Mr & Mrs John W Teufel & Son ADDRESS 801 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

1837 01735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 X E 01735

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Parnell

(a) RESIDENCE NO. Wilson N.C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Mordecai Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Mary Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed SEP 7 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 3 - 1925 to Sept 6 - 1925.

that I last saw her alive on Sept 6 - 1925.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Benign Glioma

(duration) yrs. 3 mos. + ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Aug. 19, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Julian D. Hart, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilson N C

DATE OF BURIAL: 9/7/19 25

20 UNDERTAKER: Joseph Ahrens

ADDRESS: 221 Bway

—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01736

161-001

E 01736

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 North Bradford ST., 8-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Struck

(a) RESIDENCE NO. 1508 North Bradford ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Infant

3 If married, widowed, or divorced (write the word) HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 5 / 25

AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Herman Struck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Helen Stroh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Herman Struck 1508 North Bradford St

15 SEP 7 - 1925

16 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 19 25, to Sept 5, 19 25, that (last saw him alive on Sept 5, 19 25, and that death occurred, on the date stated above, at 6.35 p.m.

The CAUSE OF DEATH* was as follows: Premature Birth

Weakness

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Fred Saunders M. D.

19 (Address) 1508 North Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL Sept 7 1925

20 UNDERTAKER August Pasch

ADDRESS Ashland

ec.—1-12-23—M&T—500 Blks.

E 01737 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 01737

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 North Bradford ST., 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Strusz

(a) RESIDENCE NO. 1508 North Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 5 25

AGE: Years | Months | Days | If LESS than 1 day: hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Herman Strusz

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Helen Wood

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant (Address)

SEPT 7 1925 ROBERT N. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 5 1925 to Sept 6 1925

that I last saw h alive on Sept 5 1925

and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows: Pyloric stenosis

Contributory Fell & hurt head (duration) 1 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Vomiting

(Signed) [illegible] M. D.

(Address) 608 Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: Sept 7 1925

20 UNDERTAKER: August Pasch

ADDRESS: 2709 Ashland Ave

Spec. 1-10-21—M&T—1500 Blks.

E 01738

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01738

CERTIFICATE OF DEATH.

1-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 15 WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Pitts

(a) RESIDENCE No. 1333 Stockton ST., Balto WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1916

7 AGE 9 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Harry Pitts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER Emma Mooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL.

15 Filed SEP 7 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 3 . 1925 . to Sept 4 . 1925 .

that I last saw ~~he~~ alive on Sept 4 . 1925 .

and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture-Widal

(Signed) Thos. W. Cooperale M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn

DATE OF BURIAL Sept 8, 1925

20 UNDERTAKER John H. Frazier

ADDRESS 1047 Hillsdale Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01739 — 167-9-01 E 01739

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO. 531 (STREET) Lanvale (AVE.) (WARD) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Leo Howard Adams

(a) RESIDENCE NO. 531 S. Luzerne Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male — 4 COLOR OR RACE White — 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 5, 1925

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	—	—	—	6 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Milton Thomas Adams

11 BIRTHPLACE OF FATHER (city or town) Somerset Co (State or country) Md

12 MAIDEN NAME OF MOTHER Flora Jefferson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Milton Thomas Adams (Address) 531 S. Luzerne Ave

15 SEP 7 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1925, to Sept 5, 1925, that I last saw him alive on Sept 5, 1925, and that death occurred, on the date stated above, at 12:30 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity Birth

9 Months

(duration) About 6½ hours yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) R. Bernard M. D.

Sept 5, 1925 (Address) 1200 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Sept 7, 1925
20 UNDERTAKER	ADDRESS
Henry Sander Sons Inc	1710 West N

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01740 CERTIFICATE OF DEATH. 65-07 E 01740

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 6 WARD)

2-FULL NAME Mildred N. Katzen

(a) RESIDENCE NO. 231 N. Chester ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? 27 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman M.

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Isaac Kremer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Eva H.K.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sam Kremer (Address) 1819 Chester st

SEP 7 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 22, 1925, to Sept 5, 1925, that I last saw her alive on Sept 5, 1925 and that death occurred, on the date stated above, at 9 00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Lymphatic Leukemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Jno. M. Fechling M. D.

9/5, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	9/7 1925
20 UNDERTAKER	ADDRESS
Sol Shiras & Bro	1127 E. Balto st

Spec.—1-10-21—M&T—1500 Bks.

01741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 E 01741

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Siegel

(a) RESIDENCE NO. 1307 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? 20 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Siegel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Pera

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Jennie Siegel

(Address) 1307 E Lombard st

15 Filed SEP 7 - 1925 ROBERT R. KRAUTER, Registrar

Death Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1925

17

I HEREBY CERTIFY, That I attended deceased from 8/17, 1925, to 9/6, 1925, that I last saw him alive on 9/6, 1925, and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Benign hypertrophy of prostate

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia, Cardiac failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam + Blood chem

(Signed) Charles Jacobson, M. D.

9/6, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	9/7/25
20 UNDERTAKER	ADDRESS
H. L. Levinson & Bro	1127 E Balto st

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01742 — 74-001 — E 01742

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1317 Wolf ST., 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hanna Brofner

(a) RESIDENCE NO. 1317 N. Wolf ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? 28 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adolph

6 DATE OF BIRTH (month, day, and year): NK

7 AGE — Years: 82 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: George Rahoff. (Address) 131 N Wolf St

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 7 1920

17 I HEREBY CERTIFY, That I attended deceased from 7-2, 1920, to 7-6, 1920, that I last saw h[illegible] alive on 7-5, 1920, and that death occurred, on the date stated above, at 1 9 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. Wachs, M. D.

7/7/25 (Address) 2757 W. Fayette.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 9/7 1920

20 UNDERTAKER: Sol Levinson & Bro — ADDRESS: 1127 E Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

01743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01743

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Lou Johnson

(a) RESIDENCE NO. 1118 Low St. Baltimore Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE Colored.

5 Single, ~~Married, Widowed~~ or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country)

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Martha Marshall

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant John Johnson (Address) 1118 Low St.

15 Filed SEP 7 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1925 to Sept. 4, 1925, that I last saw h[illegible] alive on Sept 4, 1925 and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nutritional Disturbance about 1 mos

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W F Borgardt, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL Sept. 7 1925

20 UNDERTAKER Wm J. G. Locke ADDRESS 1302 Jeffer[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01744 — CERTIFICATE OF DEATH. — 18 113 — E 01744

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 217 Cove alley St., 18 ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Mathews

(Residence in Baltimore: No. 217 Cove alley. St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colord

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: June 10 1925 (Month) (Day) (Year)

7-AGE: ....yrs. 2 mos.....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: no
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Balto City Md.

PARENTS.

10-NAME OF FATHER: Wm Mathews.

11-BIRTHPLACE OF FATHER, (State or Country) Md.

12-MAIDEN NAME OF MOTHER, Annie Broad

13-BIRTHPLACE OF MOTHER, (State or Country) N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Mathews

(Address) 217 Cove St

15-DATE RECEIVED: SEP 7 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 5 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

Intestinal Indigestion

(Duration) ....yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Thrush

(Duration) ....yrs. ....mos. 1 ds.

(Signed) [illegible] M. D. (Coroner)

(Address) 1412 E. Baltimore

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL, 9/7/25

20-UNDERTAKER: David Easton — ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

84289 E 01745

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 01745

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 21-3 ST., WARD)

2-FULL NAME Thomas Taylor

(a) RESIDENCE NO. 713 S Freemont Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None also

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Virginia (State or country)

PARENTS

10 NAME OF FATHER Phillip Taylor

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

SEP 7 - 1925 Filed 1925 ROBERT M. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 - , 1925, to Sept 6 - , 1925, that I last saw him alive on Sept 6 - , 1925, and that death occurred, on the date stated above, at 10 45 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Symptoms about (duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) General Pentonitis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Sept 1'25

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) F. H. Cuchet M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 9/8/1925

20 UNDERTAKER Dave Fenton — ADDRESS 916 Cathedral

Spec.—1-10-21 M&T 1500 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01746

100-001 E 01746

CERTIFICATE OF DEATH.

E 01746

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1447 Anchor ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Juanita Loretta Ridge

(a) RESIDENCE NO. 1447 Anchor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. 27 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11.8.24

7 AGE: Years | Months 9 | Days 27 | If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Salt City

PARENTS

10 NAME OF FATHER: Wm A. Ridge

11 BIRTHPLACE OF FATHER (city or town) (State or country): Indiana

12 MAIDEN NAME OF MOTHER: Ethel May Sinderburg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Jersey

14 Informant: Wm A. Ridge

(Address): 1447 Anchor St

15 Filed SEP 7 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9.5 1925

17 I HEREBY CERTIFY, That I attended deceased from 9.3 1925, to 9.5 1925,

that I last saw her alive on 9.5 1925,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) yrs. 1 hour mos. ds.

CONTRIBUTORY (Secondary) ~~Enteritis~~ Bronchial Pneu

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) L. Worthington, M. D.

9.5 1925 (Address) 182 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leader Hill — DATE OF BURIAL: Sept. 7 1925

20 UNDERTAKER: J. Rew. McCully — ADDRESS: 130 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

01747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01747

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Kenwood ave ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelm Brill

(a) RESIDENCE NO. 932 Kenwood ave ST., WARD 1
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-30-25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Talbot Brill

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Mary Zywicka

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore

14 Informant Talbot Brill
(Address) 932 Kenwood ave

15 SEP 7 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 6, 1925, that I last saw him alive on Sept 6, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Diarrhea

(Signed) [illegible], M. D.

6-9, 1925 (Address) 2042 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Cem	Sep 7 1925
20 UNDERTAKER	ADDRESS
Stephen Frankowski	1100 Kenwood ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01748

CERTIFICATE OF DEATH.

8-1 9 E 01748

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No. Hopkins Hospital ST., 8 WARD)

2-FULL NAME Millicent Thomas

(a) RESIDENCE NO. 1936 Patterson place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

DATE OF BIRTH (month, day, and year) Nov 2/24

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	000	10	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto. Md
(State or country)

10 NAME OF FATHER Wm. Thomas

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Emma Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Willia, Thomas
(Address) 1936 Patterson Place

Filed ... 192 ... HUBERT H. KRAUTER Registrar
SEP 7 - 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia

Autopsy at Hospital
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pertussis (duration) ... yrs. ... mos. ... ds.

(Signed) ... (Coroner) ... M. D.

9-7-25 192 (Address) 508 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Trinity Cem. Sept. 7th 1925

DATE OF BURIAL

20 UNDERTAKER Lilly & Zeiler 403 S. Wolfe St.

ADDRESS

Spec. 1-10-21 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

01749 — 129 — E 01749

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 47-3 WARD)

2-FULL NAME Albert Hall

(a) RESIDENCE NO. 758 Brady St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hall

7 DATE OF BIRTH (month, day, and year) 1882

8 AGE	Years	Months	Days	If LESS than 1 day, ..hrs or ....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Reeds B. V. A
(Address)

15 Filed SEP 7 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3 1925

17 I HEREBY CERTIFY, That I attended deceased from August 29, 1925, to , 1925,
that I last saw him alive on Sept 3 , 1925,
and that death occurred, on the date stated above, at 7 50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, Hypertension
Myocarditis,

(duration) Not Known yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure, Uremia,

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) R Harper Smith M. D.

Sept 4, 1925 (Address) City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	9/7/25
20 UNDERTAKER Lewis L Johnson	ADDRESS 1538 Madison

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01750

CERTIFICATE OF DEATH.

17-90 E 01750

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ____ ST., ____ WARD) REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Liggie Burke

(a) RESIDENCE NO. 556 Oxford St ST., ____ WARD ____

(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE: 45 Years ____ Months ____ Days ____ If LESS than 1 day, ____ hrs. or ____ min.

8a OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Somerset County

PARENTS

10 NAME OF FATHER George Curtiss

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eastern Shore

12 MAIDEN NAME OF MOTHER Nanie Curtiss

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eastern Shore

14 Informant: Records Baltimore City Hospitals (Address)

15 SEP 7 - 1925 ROBERT M. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1925

17 I HEREBY CERTIFY, That I attended deceased from August 31, 1925, to Sept 1, 1925, that I last saw him alive on Sept 1, 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

Aortic Insufficiency

(duration) ? yrs. ____ mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory, Autopsy

(Signed) C. Hooper Smith, M. D.

Sept 2 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leverel Lee

DATE OF BURIAL: 9/7/25

20 UNDERTAKER: Lee & Devereux

ADDRESS: 598 W Baltimore

Spec.—1-10-21—M&T—1500 Bks.

01751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01751
REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE. (No.) 3303 1st E. (St.) 20-5 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Claudia Stallings

(a) RESIDENCE No. 3303 1st E. St., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS
10 NAME OF FATHER Charles Leroy Stallings
11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md
12 MAIDEN NAME OF MOTHER Lola F. Thilo
13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Charles Leroy Stallings
(Address) 3303 1st E.

15 Filed SEP 7 - 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1925, to Sept 6, 1925, that I last saw h[illegible] alive on Sept 5, 1925, and that death occurred, on the date stated above, at 5-40 p.m.

The CAUSE OF DEATH* was as follows:
Acute Enteritis Colitis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Measles
(duration) — yrs. — mos 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. L. Reckard, M. D.
Sept 6 1925 (Address) H. L. Reckard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz's Cem.	Sept. 7th 1925
20 UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Wolfe St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

01752 — 1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp ST.: 17-1 WARD) — 10

E 01752 — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Chaney

(a) RESIDENCE. No 1206 Argyle Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 3, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Chaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gloucester Va.

12 MAIDEN NAME OF MOTHER Carrie Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Carrie Chaney (mother)
(Address) 1206 Argyle Ave.

15 Filed SEP 7 - 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1925, to Sept 5, 1925, that I last saw him alive on Sept 5, 1925, and that death occurred, on the date stated above, at 3:25 P m.

The CAUSE OF DEATH* was as follows:

Ton. & Pharg. Diphtheria

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bac. Culture

(Signed) Myron G. Tull, M. D.

9/7. 1925 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Gem — DATE OF BURIAL 9/7 19

20 UNDERTAKER A. J. Hemsley — ADDRESS 535 Biddle

Spec.—1-10-21—M&T—1500 Bks.

01753

HEALTH DEPARTMENT—CITY OF BALTIMORE

01753

CERTIFICATE OF DEATH.

74-9-3 E

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2731 Greenmount Ave. ST., WARD 9-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington Strawinski

(a) RESIDENCE NO. 2731 Greenmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Colley Bull.

6 DATE OF BIRTH (month, day, and year): February 22, 1851

7 AGE: Years 74; Months 6; Days 13.; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired for 5 years Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): 21 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Charleston North Carolina.

PARENTS

10 NAME OF FATHER: Felix Theodore Strawinski

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Russia.

12 MAIDEN NAME OF MOTHER: Clara Smyser.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Baltimore Co. Maryland.

14 Informant (Address): Wife - Mary Colley Bull Strawinski 2731 Greenmount Ave.

15 Filed 7-1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 4, 1925, that I last saw him alive on Sept 4, 1925, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Charles Luther Stewart M. D.

Sept 4 1925 (Address) 1738 E. 28th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Sept 7 1925

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North

...c. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01754 ✓ 13 E 01754

E 01754

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 556 W. Barre ST. 22-1 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Enoch Galvin Jr

(a) RESIDENCE. No. 556 W. Barre ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) OCT 13- 1924

7 AGE: Years | Months: 10 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER: Enoch Galvin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Texas

12 MAIDEN NAME OF MOTHER: Annie Mosley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Annie Mosley

(Address) 556 W. Barre St.

15 Filed ..... 19.....

SEP 7 - 1925

ROBERT R. KRAUTER

Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/4/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/29/ 1925 to 9/5/ 1925

that I last saw h... alive on 9/5/ 1925

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Gastro-enteritis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? no.

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) J. Ernest Bowley M. D.

9/6/ 1925 (Address) 908 S. Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Iron Cem

DATE OF BURIAL: Sept 7 19

20 UNDERTAKER: S. H. Brown & Son

ADDRESS: 108 N. Mount

Spec—12-23-21—E.B.R.S.—400 Bks.

01755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 E 01755

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 631 N. Loudon St., 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Vincent Kethy or Kyenskas

(a) Residence No. 631 N. Loudon St., 4 Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) not Known 1870

7-AGE. 55 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Tailor

(b) General nature of industry, business, or establishment in which employed (or employer). 680

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Lithuania

PARENTS.

10-NAME OF FATHER, John Kyenskas

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Lithuania

12-MAIDEN NAME OF MOTHER, Anna Waitukaty

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Lithuania

14-

(Informant). John Kyenskas

(Address). 412 S. San Jamon St. Chicago Ill.

SEP 7 - 1925 ROBERT R. KRAUSER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 4/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1925 to Sept 4 1925

that I last saw h[e] alive on Sept 4 1925

and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ulcer Colitis

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) F. W. Kessler, M. D.

9/6/25 19 (Address) 37 S Stricker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cem. DATE OF BURIAL, Sept. 7, 1925

20-UNDERTAKER, John Grebliauckas ADDRESS 425 S. Paca St.

...—1-12-25—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01756

CERTIFICATE OF DEATH.

129 E 01756

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 446 E. 22nd ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph P. Reynolds

(a) RESIDENCE NO. 446 E. 22nd St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Marion E. Reynolds

DATE OF BIRTH (month, day, and year) Nov. 1, 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	10	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. (State or country) Md.

10 NAME OF FATHER Jos. P. Reynolds

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Amanda L. Supplee

13 BIRTHPLACE OF MOTHER (city or town) Pa (State or country)

14 Informant (Address) Mrs. Marion Reynolds 446 E. 22nd St.

15 Filed Sept 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 3 1925, to Sept 6 1925, that I last saw him alive on Sept 5 1925, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular disease of Heart

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. S. Thom, M. D.

(Address) 6 E. Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Sept 8 1925
20 UNDERTAKER Wm. Pickuer & Sons	ADDRESS Norfolk Va

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01757

100-001

E 01757

CERTIFICATE OF DEATH.

4-2

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. George Kellenbeck

(a) RESIDENCE NO. 1609 Chilton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mns. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Kellenbeck

6 DATE OF BIRTH (month, day, and year) May 23-1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Joseph Kellenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Sarah Bradyburg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Jennie Kellenberg

(Address) 1609 Chilton Ave

15 Filed SEP 7 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1925, to Sept 4, 1925, that I last saw him alive on Sept 4, 1925, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchiectasis & Broncho pneumonia

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Philip Jacobson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL 9/7 1925

20 UNDERTAKER J. A. Inman ADDRESS E. Balto.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

01758 — E 01758

28-2 — 129

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3600 Gwynn Oak Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Wesley Hamilton

(a) RESIDENCE NO. 3600 Gwynn Oak Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed,~~ or Divorced (write the word): Married

6a If married, widowed, or divorced (HUSBAND of or) WIFE of: Julia Hamilton

6 DATE OF BIRTH (month, day, and year): Dec 1st, 1892

7 AGE — Years: 32 — Months: 9 — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Optician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: American Optical Co.

8b

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James E. Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chestertown Md

12 MAIDEN NAME OF MOTHER: Annie Sparks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Queen AnnCo Md

14 Informant: Mrs Julia Hamilton

(Address): 3600 Gwynn Oak Ave

15 SEP 7 - 1925 — ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20th, 1925, to Sept 6th, 1925, that I last saw him alive on Sept 5th, 1925, and that death occurred, on the date stated above, at 3:45 p m.

The CAUSE OF DEATH* was as follows:

Acute Right dilatation of Heart

Pulmonary Edema

2 days. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous Nephritis

Hypertension (duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Kidney test Phelein etc

(Signed) Amelia S. Zimmerman, M. D.

, 1925 (Address) 1805 W North

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Sept 9th, 1925

20 UNDERTAKER: Richard Gore — ADDRESS: 1731 N Eutaw

Rec.—6-9-19—H. P. Co.—1000 Bks.

E 01759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01759

REGISTERED NO. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 13 Mortimer Ave ST.; 27-2 WARD)

2-FULL NAME Calvin Townsend Booley

(a) RESIDENCE. No. 13 Mortimer Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Sherman A. Bosley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Blanche E. Townsend

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Sherman A. Bosley

(Address) 13 Mortimer ave

SEP 7 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-6-1925

17 I HEREBY CERTIFY, That I attended deceased from 8-21- 1925, to Sept 5 1925, that I last saw him alive on Sept 5 1925, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Morbus Cordis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? No special test

(Signed) Robert F. Hendrix, M. D.

9-6-25 (Address) Main & Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	Sept. 8" 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Gilmore St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1760

CERTIFICATE OF DEATH.

90 E 01760

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 2-1 WARD)

2-FULL NAME Mary E. McHale

(a) RESIDENCE NO. 124 S. Duncan St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	S ingle

If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	05			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) Varsity
(c) Name of employer Underwear Co

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

10 NAME OF FATHER Marton McHale

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Brogan

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

Informant Mrs Hannon
(Address) S. Ponca ~~Road~~ St

SEP 7 - 1925 ROBERT R. KRAUSER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Valvular Cardiac Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J S Mahon, M. D.
(Coroner.)

9-7-25, 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dead Cathedral Cemetery — DATE OF BURIAL: 9/8/1925

20 UNDERTAKER: E D Fanning Nov 1938 — ADDRESS: Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~E~~ 01761

CERTIFICATE OF DEATH.

187-003E 01761

REGISTERED NO. 187-2

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 313 S Mount St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander R. J. Long

(a) RESIDENCE NO. 313 S Mount St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Louisa Fortune

6 DATE OF BIRTH (month, day, and year) Aug 24 1870

7 AGE Years 55 Months Days 12 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R R

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Alexander Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Gillespie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Robert Long 313 S Mount St

15 Filed SEP 8 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1925, to Sept 5, 1925.

that I last saw him alive on Sept 5, 1925.

and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Abscess of Lung (duration) yrs. 1 mos 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Findings

(Signed) James F. Hollingsworth M. D.

19 (Address) 1724 N Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 9/8 1925

20 UNDERTAKER A. Jones

ADDRESS 111 S Eden

Rec. 6-9-19—H. P. Co.—1000 Blks.

01762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 E 01762

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp ST.: 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Beneykowski

(a) RESIDENCE. NO. 512 S. Bethel St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 1 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced: HUSBAND of (or) WIDE of

6 DATE OF BIRTH (month, day, and year): Dec 24, 1923

7 AGE: Years 1 | Months 8 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Apolinary Beneykowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Rose Grodisiewski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Rose Beneykowski (mother) 512 S Bethel St.

15 Filed SEP 8 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 4 1925 to Sept 7 1925, that I last saw h[er] alive on Sept 7 1925, and that death occurred, on the date stated above, at 9.55 a m.

The CAUSE OF DEATH* was as follows:

Laryn. Diphtheria

(duration) yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubation Date of 9/1/25

Was there an autopsy? No

What test confirmed diagnosis? Pos. Throat Culture

(Signed) Myron B. Tull, M. D.

9/7, 1925 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Sept 8 25

20 UNDERTAKER: F W Ozarewski — ADDRESS 1930 Eastern Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01763

CERTIFICATE OF DEATH.

100-001 E 01763

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1940 Patterson Place ST., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert D. Anderson

(a) RESIDENCE NO. 1940 Patterson Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) July 27/25

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Charles Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Virginia Loubach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant (Address) Charle- Anderson 1940 Patterson Place

SEP 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

(Signed) J. S. N. Collins M. D.

9-7-25, 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL Sept 8th 1925

20 UNDERTAKER Leo S. Cook ADDRESS 1731 Patterson Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01764

CERTIFICATE OF DEATH.

E 01764

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 16-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Taylor

(a) RESIDENCE No. 809 N. Carey St. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Laura Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed SEP 8 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3, 1925

17 I HEREBY CERTIFY, That I attended deceased from August 28, 1925, to Sept. 3, 1925, that I last saw him alive on Sept. 3, 1925, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McClane Jr. M. D.

9-4-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	9/7/25
20 UNDERTAKER Dame Earlow	ADDRESS 94 Ga ave

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01765

E 01765

CERTIFICATE OF DEATH.

90

18 - 2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 - S Stockton ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pravilla Wilkins Sowe

(a) RESIDENCE NO. 20 - S. Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John Sowe

DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
44				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Centreville Md

10 NAME OF FATHER Joshua Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Centreville Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Centreville Md.

Informant (Address) Agnes Gross 20 - S Stockton St

Filed SEP 8 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/6 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/5 - 1925, to 9/6 - 1925.

that I last saw h[illegible] alive on 9/5 - 1925

and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Acute Dyspepsia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) / yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bruce Rutter, M. D.

9/6, 1925 (Address) 2154 Dill. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 9/7/1925

20 UNDERTAKER David Earlam

ADDRESS 916 Paca

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01766

CERTIFICATE OF DEATH.

16-002

21-3

E 01766

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 515 Otterbein St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Florence Lanartina.....

(a) Residence No.... 515 Otterbein St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) Oct 26-1924

8-AGE. yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Vincent Lanartina

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Lena Garbo

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14- (Informant) Mr Vincent Lanartina

(Address) 515 Otterbein Ave.

SEP 8 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 7-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 6 1925 to — 19....

that I last saw h[illegible] alive on Sept. 6 19 25

and that death occurred, on the date stated above, at 7:30 A.m.

The CAUSE OF DEATH* was as follows:

Marasmus

about

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) — yrs. 1 mos. — ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination only

(Signed) Harry Finlan M. D.

19 (Address) 1404 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL. Sept 8. 1925

20-UNDERTAKER John F. Cowan & Son ADDRESS 1 East Fayette St. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01767

CERTIFICATE OF DEATH.

8-40 E 01767

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 N. Milton Ave ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Gorsuch

(a) RESIDENCE NO. 1021 N. Milton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie C. Gorsuch

6 DATE OF BIRTH (month, day, and year) March 3-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John T. Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Sarah Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mamie C. Gorsuch

(Address) 1021 N. milton ave

15 SEP 8 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1 1925 to Sept 4 1925

that I last saw him alive on Sept 4 1925

and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows: Arterio Sclerosis Chronic Interstitial Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) J. Wm. Bullitt M. D.

9 S. 19 (Address) 600 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Sept 8 1925

20 UNDERTAKER George W. Zinkler

ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01768

CERTIFICATE OF DEATH.

44 E 01768

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3506 O'Donnell ST., 15-6 WARD)

2-FULL NAME Julius Schulka

(a) RESIDENCE No. 3506 O'Donnell ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christena Schulka

6 DATE OF BIRTH (month, day, and year): Oct. 1869

7 AGE — Years: 55 — Months: 11 — Days: 6 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Gross Coal Co.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Frederick Schulka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Charlotte Poether

(Address): 3506 O'Donnell St.

SEP 8 - 1925

ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1925 to Sept 6, 1925, that I last saw h[illegible] alive on Sept 6, 1925, and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of about 6 wks ago

Was there an autopsy? no

What test confirmed diagnosis? Op. & Aut.

(Signed) Caleb N Athey, M. D.

Sept 6, 1925 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bachmans Cem.

DATE OF BURIAL: Sept 10 1925

20 UNDERTAKER: George W. Zirkler

ADDRESS: 1739 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01769

CERTIFICATE OF DEATH.

129 E 01769

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 E 20th St ST.; 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Myers

(Residence in Baltimore: No. 727 E 20 St. St.; 30 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug (Month) 2 (Day), 1858 (Year)

7-AGE 68 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Inspector U.S.C.
(b) General nature of industry, business, or establishment in which employed (or employer) 0816

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel Myers

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Rebecca Flook

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G E Myers

(Address) 727 E 20 St.

15- SEP 8 - 1925 ROBERT H. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 8 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1924 to Sept 8 1925, that I saw him alive on Sept 7 1925, and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) 2 yrs. mos. ds.

(Signed) Percy Kemp M. D.

Sept 8, 1925 (Address) 2507 N Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Patterson, Md

DATE OF BURIAL, Sept 10, 1925

20-UNDERTAKER M. L. Etherson & Son

ADDRESS Lyndo

Rec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01770

CERTIFICATE OF DEATH. 159-001 E 01770

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 241 S Ann Street ST., V-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanislaus . Swiston

(a) RESIDENCE NO. 241 S. Ann ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1y yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 23 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	1	2	14	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Alexander Swiston

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Nellie. Bozek

13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Mr. Alexander . Swiston
(Address) 241 S. Ann Street

SEP 8 - 1925 ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7/25

17 I HEREBY CERTIFY, That I attended deceased from September 3, 1925 to September 7, 1925.

that I last saw him alive on September 7, 1925.

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus -

Inanition

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. A. Kotowski. M. D.

, 19 (Address) 421 S Ellwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Sept 8 1925

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

rec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01771

CERTIFICATE OF DEATH.

13-6 90 ✓ E 01771

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2215 Eutaw Place St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Bertha Miller

(a) Residence No. 2215 Eutaw Place St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) Oct 23-1899

8-AGE. 25 yrs. 10 mos. ..... ds. If LESS than 1 day, ...hrs. or....min.*

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer .....

10-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS

10-NAME OF FATHER. Sol H. Miller

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Ada Filtzer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Russia

14-(Informant) Sol H. Miller

(Address) 2215 Eutaw Place

15- SEP 8 - 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 7/925

17- I HEREBY CERTIFY, That I attended deceased from June 1st 1924 to Aug 9th 1925, that I last saw h.er alive on 9/7 1925, and that death occurred, on the date stated above, at 12 20 P.M.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Embolism

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Harry Filderman M.D.

9/7 1925 (Address) 2210 Eutaw Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Levering Hebrew Rm — DATE OF BURIAL. 9-8 1925

20-UNDERTAKER. Jack Lewis — ADDRESS 1739 E Balto St

Dec.—1-16-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01772 — CERTIFICATE OF DEATH. — X 46 E 01772

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., (or) WARD) (6-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Rosa Wilson

(a) RESIDENCE NO. Friendship Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) [illegible]

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Household

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Friendship Md
(State or country)

PARENTS

10 NAME OF FATHER Julius Wilson

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Julia Carr

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Edwin Wilson
(Address) Friendship Md

15 Filed SEP 8 - 1925, 19.. ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1925, to Sept 8, 1925, that I last saw h[illegible] alive on Sept 8, 1925, and that death occurred, on the date stated above, at 2:42 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma uterus with abdominal metastasis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Aug 7, 25

Was there an autopsy? no

What test confirmed diagnosis? Laparotomy

(Signed) T. W. Wright, M. D.

, 19 (Address) Church Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St James Cemetery Md	9/8, 19 25

20 UNDERTAKER W. A. Weldt ADDRESS Friendship

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01773

E 01773

CERTIFICATE OF DEATH.

REGISTERED NO. 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S Chester ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME M. Theresa Flaherty

(a) RESIDENCE NO. 515 S. Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Single

7 DATE OF BIRTH (month, day, and year) May 23 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michel Flaherty

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Marguerite King

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mary Flaherty 515 S Chester St (Address)

15 Filed 9-5, 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1925, to Sept 4, 1925, that I last saw h alive on Sept 4, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(dutation) yrs. Several mos ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) yrs. several mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M. Donnelly M. D.

, 19 (Address) 3035 Odonnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 9/8 1925

20 UNDERTAKER John A. Moran

ADDRESS 3000 E. Baltimore

ec.—1-10-21—M&T—1500 Blks.

E 01774

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01774

CERTIFICATE OF DEATH.

90

REGISTERED NO. 10-6

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 607 S Bentalou ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie O Heidenkummer

(a) RESIDENCE NO. 609 S Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edw H Heidenkummer

DATE OF BIRTH (month, day, and year) Dec 23 - 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	8	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HH.

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Herman Hartfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Edward Heidenkummer

(Address) 609 Bentalou St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/6/25 19

17 I HEREBY CERTIFY, That I attended deceased from 8/3/25, 19, to 9/6/25, 19.

That I last saw h alive on 9/6/25, 19.

and that death occurred, on the date stated above, at 620 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Nature Regurg

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H Blumgart, M. D.

19 (Address) 375 Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Sept 8th 1925

20 UNDERTAKER Jos Lembach & Sons

ADDRESS 647 N Fremont Ave.

...—1-12-25—M&T—100 Bks.

E 01775 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01775

CERTIFICATE OF DEATH. 99-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

...TY OF BALTIMORE: (No. 1608 Carlton Ave ST. 17 WARD)

2-FULL NAME Clarence E. McFuture

(a) RESIDENCE NO. 1608 Carlton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

...ength of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

...ATE OF BIRTH (month, day, and year)

...GE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
—	7		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

BIRTHPLACE (city or town) Balto
(State or country)

10 NAME OF FATHER C. E. McFuture

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER C. Maddux

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Mrs. M. E. McFuture
(Address) 1608 Carlton Ave

...Mch 8 1929 ...02 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ... yrs. ... mos. ... da.

(Signed) H. J. Pyles, M. D.
(Coroner.)

Sept 7, 1925 (Address) 1037 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Ct — DATE OF BURIAL Sept 8 1925

20 UNDERTAKER J. H. Brown & Son ADDRESS 108 W. Mt. Royal

Dec.-1-1021 M&T 1500 Blks.

E 01776 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01776

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 27-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4801 Cronson Ave St.) (WARD)

2-FULL NAME Lemuel Berman

(a) RESIDENCE NO. 4801 Cronson Ave ST.,

(Usual place of abode) WARD

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Eunice.

7 DATE OF BIRTH (month, day, and year): Jan. 16 1846

AGE: Years 79 | Months 7 | Days 22 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 0'6

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ~~Poland~~ Balto.

PARENTS

10 NAME OF FATHER: Joseph Berman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Lyda Kay

(Address) 451 Townsend Ave

15 Filed Sept 8 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 7 1925

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1925, to Sept 7, 1925, that I last saw him alive on Sept 6, 1925, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hoen, M. D.

8-7, 1925 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid — DATE OF BURIAL: Sept 9 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 501 E Fayette

or.—1-12-28—M&T—100 Blks.

E 01777 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 01777

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. St. Joseph Hospital ST., 10-27 WARD)

2-FULL NAME Margaret Heller

(a) RESIDENCE NO. 926 N. Caroline St ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	white	single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of none

ATE OF BIRTH (month, day, and year) Nov 3-1878

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER Robt Heller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Kraft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Amelia "eller
(Address) ~~264 S. Robinson~~

Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to ner death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes (Coma)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S M Bullin, M. D.
(Coroner)

9-7-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence 926 N. Caroline

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery DATE OF BURIAL 9/8 192 5

20 UNDERTAKER William Cook ADDRESS 502 E North

—1-12-23—M&T—500 Bks.

E 01778

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01778

CERTIFICATE OF DEATH.

74001

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 W Hamilton Ave ST., 27 WARD)

2-FULL NAME John C Schaninger

(a) RESIDENCE NO. 6 W. Hamilton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Christine Berlach

DATE OF BIRTH (month, day, and year) July 7-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2		

OCCUPATION OF DECEASED Wholesale

(a) Trade, profession or particular kind of work Produce dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Edw A Schaninger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Ramberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Christine Schaninger

(Address) 6 W Hamilton Ave

Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1925, to Sept 6, 1925,

that I last saw him alive on Sept 6 1925

and that death occurred, on the date stated above, at 1 40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Stanley Long, M. D.

Sept 6, 1925 (Address) 27 W Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Sept 1925

20 UNDERTAKER John Lechner

ADDRESS 2008 Allison St

Spec.—1-10-21—M&T—1500 Bks.

E 01779 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01779

CERTIFICATE OF DEATH. X 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Gilmor ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Henrietta Curry

(a) RESIDENCE NO. ~~417~~ Laurel, Maryland ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 day How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Curry

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Savage Md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): Mary Curry 23 So Laurel St

15 Filed SEP 16 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 7th, 1925, to Sept 8th 1925, that I last saw h alive on Sept. 8th, 1925, and that death occurred, on the date stated above, at 12 45 m.

The CAUSE OF DEATH* was as follows:

Endocarditis Chronic

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) W. Edward Bell, M. D.

, 19 (Address) 124 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Md

DATE OF BURIAL: 9/10/25

20 UNDERTAKER: Geo E French

ADDRESS: Laurel

Dec.—1-10-21—M&T—1500 Bks.

E 01780 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01780

CERTIFICATE OF DEATH.

REGISTERED NO. 129 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 319 Furrow ST., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ottilie Hartgen

(a) RESIDENCE NO. 319 Furrow ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Hartgen

7 DATE OF BIRTH (month, day, and year) June 15 1861

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	2	27	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm Hartgen (Address) 319 Furrow St

15 Filed 9-8 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/5, 1925, to 9/6, 1925.

that I last saw h[illegible] alive on 9/6, 1925

and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 1? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) F. A. Sigrist, M. D.

19 (Address) 1045 S. Eilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Sept 8th 1925

20 UNDERTAKER F. B. Wippert ADDRESS 1853 W. Baltimore St

6-9-19—H. P. Co.—1000 Bks.

E 01781

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01781

CERTIFICATE OF DEATH.

22-74-00N

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 662 Haw ST.; 22 WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Williams

(a) RESIDENCE. No. 662 Haw ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
56	Col	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Williams

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Paper Co. of

(c) Name of employer Dobler Mudge Co, Md.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Williams Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mamie Williams

(Address) 662 Haw St.

SEP 8 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/5/25

17 I HEREBY CERTIFY, That I attended deceased from July 20th. 1925, to Sept 5th. 1925, that I last saw h[im] alive on Sept 4th. 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 4 ds.

(duration)

CONTRIBUTORY (Secondary) Carbuncle Parenchyma (duration) Lung Tuberculosis yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death? Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Microscopical & Clinical

(Signed) J. Sam Bowley, M. D.

9/6, 1925 (Address) 906 S Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interment

DATE OF BURIAL 9/8, 1925

20 UNDERTAKER Samuel Hemsley

ADDRESS 518 Biddle

Dec.—1-10-21—M&T—1500 Bks.

E 01782 HEALTH DEPARTMENT—CITY OF BALTIMORE. E 01782

CERTIFICATE OF DEATH.

REGISTERED NO. 26-790

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evan Shipley

(a) RESIDENCE NO. B. V. A ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1851

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) not known

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) not known Maryland

PARENTS

10 NAME OF FATHER Hanson Shipley

11 BIRTHPLACE OF FATHER (city or town) not known (State or country) Maryland

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) not known (State or country) not known

14 Informant Records. B. V. A. (Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 4 1925

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to September 4, 1925.

that I last saw him alive on September 4, 1925,

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory, General Examination

(Signed) R. Hooper Edmunds, M. D.

Sept 5, 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 9/9/ 1925

20 UNDERTAKER Samuel T. Hamilton & W. Biddle

ADDRESS 578

Spec.—1-10-21—M&T—1500 Bks.

E 01783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01783

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3026 Walbrook Ave ST. 15-24 WARD

2-FULL NAME George R. Carr

(a) RESIDENCE NO. 3026 Walbrook Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Carr

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Richard Carr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant James T Gorman
(Address) 3026 Walbrook Ave

15 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7" 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 5" 1925, to Sept 7 1925, that I last saw him alive on Sept 7" 1925 and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) O. N. Duvall, M. D.

9/7. 1925 (Address) 1817 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Sept 10 1925

20 UNDERTAKER W M Routson — ADDRESS 223 S Howard St

...r.—1-12-23—M&T—100 Bks.

E 01784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01784

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 9-2 WARD)

REGISTERED NO. 188-003

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances E. Rudel

(a) RESIDENCE No. 3012 Harford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Martin E. Rudel

DATE OF BIRTH (month, day, and year) Dec 13-1873

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	8	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12 MAIDEN NAME OF MOTHER Mary A. Wilkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co

Informant Martin E. Rudel
(Address) 3012 Harford Ave

Filed [illegible] 1925 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thoracic Hemorrhage-shock

Struck by automobile

Inquest Sept 9-25

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Other injuries

(duration) yrs. mos. ds.

(Signed) J. M. Bracken, M. D.
(Coroner.)

9-9-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Sept 8 1925

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01785

E 01785

CERTIFICATE OF DEATH.

188-Dec

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hospital ST., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Wolfe

(a) RESIDENCE NO. 404 N-25 St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	~~M~~

6 If married, widowed, or divorced HUSBAND of (or) WIFE of A. W Wolf

7 DATE OF BIRTH (month, day, and year) Jan 29 1846

8 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	7		

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

11 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Charles A Wolf
(Address) 404 N 25 St

15 8 Filed 1925 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Auto Accident

Multiple Fractures

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

(Signed) G C Wades, M. D.

Sept 8, 1925 (Address) 1436 N Broadway

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Sept 8 1925
20 UNDERTAKER Chenoweth & Son	ADDRESS 1607 Chestnut

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01786

CERTIFICATE OF DEATH.

46 E 01786

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Edith Sitler

(a) RESIDENCE NO. 311 E. 24th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F.

4 COLOR OR RACE W.

5 ~~Single, Married~~, Widowed, ~~or Divorced, (write the word)~~

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Widow.

7 DATE OF BIRTH (month, day, and year) 1870

AGE 55 Years ~~Months 2~~ Sept 26 Days

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph A. Wishard

11 BIRTHPLACE OF FATHER (city or town) Cavetown
(State or country) Md.

12 MAIDEN NAME OF MOTHER Anna A. David

13 BIRTHPLACE OF MOTHER (city or town) Cavetown
(State or country) Md.

14 Informant Mrs. J. Sitler

(Address) 311 E. 24th St. City

Filed SEP 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-8-1925

17 I HEREBY CERTIFY, That I attended deceased from 9-2-, 1925, to 9-8-, 1925, that I last saw her alive on 9-8-, 1925, and that death occurred, on the date stated above, at 7.9. m.

The CAUSE OF DEATH* was as follows:

Malignant, Papillomatous cyst Ovary

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralytic Ileus (duration) yrs. mos. 4. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 9-4-25

Was there an autopsy? no

What test confirmed diagnosis? Clinical Op.

(Signed) W. F. Bongardt, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Smithsburg Md. DATE OF BURIAL Sept 8 1925

20 UNDERTAKER Geo. A. Harley ADDRESS 1900 W. Fayette

...—1-12-23—M&T—100 Bks.

E 01787

E 01787 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

177

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

-PLACE OF DEATH

Y OF BALTIMORE: (No.) 1833 E Lombard ST., 1-1 WARD)

-FULL NAME Rita M Dempert

(a) RESIDENCE NO. 1835 E Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
...ale	white	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Feb 3/ 1902 Investigation

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	7	3	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Examiners
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer Gripe Manfac. Co.

IRTHPLACE (city or town) Balto Md
(State or country)

10 NAME OF FATHER Adam Dempert

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Jenkins

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

Informant Catherine Dempert
(Address) 1835 E Lombard

Filed ..... 192 .....
Registrar

8-1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema of Larynx by Taking Chloroform Internally by Mistake for medicine accident (duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Inspiration Pneumonia (duration) ... yrs. ... mos. 1 ds.

(Signed) James M Fulton, M. D.
(Coroner.)

Sept 8, 1925 (Address) 700 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Sept 10 1925

20 UNDERTAKER Wendell Appleson — ADDRESS 3734

r.—1-12-23—M&T—100 Bks.

E 01788 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01788

CERTIFICATE OF DEATH. 6-31

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

TY OF BALTIMORE: (No. 2024 E. Fayette St ST., WARD)

2-FULL NAME John J. Lane

(a) RESIDENCE NO. 2024 E. Fayette St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	white	married

f married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Lane(nee Schoff)

ATE OF BIRTH (month, day, and year) Unknown

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Continental Co
(c) Name of employer

IRTHPLACE (city or town) (State or country) California

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prob. Cal.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prob. Cal

Informant (Address) John Geo. Martin 138 N. Castle St

Filed ... 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Probably Sept 1-29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cardiac failure
(Found dead in bed Sept 7-29. Last seen Aug 31-29)
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Alcoholism ? Pulm. Tuberculosis
(duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Collins, M. D.
(Coroner.)
9--29, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery — DATE OF BURIAL Sept 9 1929

20 UNDERTAKER Richard F. Cauley — ADDRESS 624 Eager St.

Spec.—1-10-21—M&T—1500 Blks.

E 01789

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01789

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 37 Royal Oak Ave. ST.) 28-2 WARD

2-FULL NAME Jane Phillips White

(a) RESIDENCE NO. 37 Royal Oak Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Mar 5 1859

AGE: Years 66 | Months 6 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Thos. White

11 BIRTHPLACE OF FATHER (city or town) England
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Phillips

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Mrs. David Thos White

(Address) 3 Kingsdale Ave.

Filed P 8- 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1924, to Sept 7 1925,

that I last saw her alive on Sept 7, 1925,

and that death occurred, on the date stated above, at 6.25 P. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) W. C. Smith, M. D.

(Address) 4809 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL Sept 9 1925

20 UNDERTAKER W. H. Heckert Sons ADDRESS Norfolk Va

12-23-21—E.B.R.S.—500 Blks.

E 01790 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01790

CERTIFICATE OF DEATH X 135

1-PLACE OF DEATH Union memorial Hosp — Registered No.....

City of BALTIMORE: (No. 33rd + calvert St., V-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M Banister

(a) Residence No. Forest Hill Harford Co., — Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) aug 9. 1858

8-AGE. 67 yrs. 11 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS

10-NAME OF FATHER, Andrew W Banister

11-BIRTHPLACE OF FATHER (city or town) (State or Country), ohio

12-MAIDEN NAME OF MOTHER, Eliza Ward

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pa.

14-(Informant) Union Memorial Hos

(Address) 33rd & Calvert St

15- 19 Robert F. Harrison, Registrar.

SEP 8 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept-7-

17- I HEREBY CERTIFY, That I attended deceased from aug 23 1925 to Sept 7 1925 that I last saw him alive on Sept 7 1925, and that death occurred, on the date stated above, at 8 12 p. m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of Prostate

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema acute

(Duration) 7 yrs. mos. 16 ds.

18-Where was disease contracted if not at place of death? 8-25-25

Did an operation precede death? Yes Date of 9-3-25

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) R J Bedford, M. D.

, 19 (Address) V. M. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Forest Hill Md	Sept 8 25
20-UNDERTAKER, W M Tuckerhoss	ADDRESS North & Pa

6-9-19 H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01791

E 01791

CERTIFICATE OF DEATH.

52

20-3

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2557 W. Fayette ST.; WARD)

2-FULL NAME Elizabeth Kathern Lebherz

(a) RESIDENCE. No. 2557 W. Fayette ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Lebherz

DATE OF BIRTH (month, day, and year) Aug 20- 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61		0	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Chas Heinty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Hoffmeister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant (Address) Mrs. Georgette Schuckmann 2557 W. Fayette St.

15 Filed SEP 5 1925 Robert F. HARRISON, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-7- 1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1924, to Sept. 7—, 1925, that I last saw her alive on Sept. 4—, 1925, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Arthritis deformans

11 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Starvation during last few weeks

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Metabolic disorder

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Required

(Signed) Chester Packard, M. D.

. 19 (Address) 914 Mechanic

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Sept 10 1925
20 UNDERTAKER George J. Smith	ADDRESS 153 Holland St

Doc—12-23-21—E.B.R.S.—400 Bks.

01792 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 01792

CERTIFICATE OF DEATH. 74-002 Registered No. 6-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 2834 E. Baltimore St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Rose

(a) Residence No. 2834 E. Baltimore St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary B Rose

7-DATE OF BIRTH (month, day and year) Nov 12 1849

8-AGE. 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Holland

PARENTS.

10-NAME OF FATHER, Frederick Rose

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Holland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-(Informant) Mary B. Rose

(Address) 2834 E. Baltimore

15-Filed Sept 7 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 6 1925

17-I HEREBY CERTIFY, That I attended deceased from Nov 30 1924 to Sept 5 1925.

that I last saw him alive on Sept 6 1925,

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Wilson M. D

9/7, 1925 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park — DATE OF BURIAL. Sept 9 1925

20-UNDERTAKER. George Smith — ADDRESS 1332 Hollins St

Dec—12-23-21—E.B.R.S.—400 Bks.

E 01793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75-002 E 01793

5-8

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2773 W. North St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Neill Smith

(a) Residence No. 2773 W. North St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed or divorced, HUSBAND of Edna N. Smith.

7-DATE OF BIRTH (month, day and year) Sept 2 - 1869

8-AGE, 56 yrs. mos. 5 ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 660

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Cecil Co Md.

PARENTS.

10-NAME OF FATHER John Smith.

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Cecil Co Md

12-MAIDEN NAME OF MOTHER Frances Stephens

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Edna N. Smith

(Address) 2773 W. North

15- Filed, 19 Robert P. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 7-25

17- I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1924, to Sept. 7, 1925, that I last saw him alive on Sept 7, 1925 and that death occurred, on the date stated above, at 9.20a m.

The CAUSE OF DEATH* was as follows:

General Paralysis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. K. Wellen M. D.

(Address) 2757 W. North

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Sept. 9, 1925
20-UNDERTAKER, George J. Smith	ADDRESS 1532 Edmondson Ave

E 01794 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01794

CERTIFICATE OF DEATH. Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Walter.

Residence in Baltimore: No. Rosemont. A. A. Co. Md. St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female.

4-COLOR OR RACE: White.

5-Single, Married, Widowed, or Divorced, (Write the word.): Single.

6-DATE OF BIRTH: December 25, 1911 (Month) (Day) 1 (Year)

7-AGE: 13 yrs. 8 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Brooklyn N.Y.

PARENTS.

10-NAME OF FATHER: Joseph R. Walter

11-BIRTHPLACE OF FATHER, (State or Country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Catherine Hawkins.

13-BIRTHPLACE OF MOTHER, (State or Country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert T. Walter. (uncle)

(Address) 2217 E. Monument St.

15- P 8 - 1925 192 Robert F. Harrison, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 6, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns about the face and body from a lighted candle.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) 4 yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

Sept. 7th. 1925 (Address) 10 N. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Rosemont, A. A. Co. Md. Sept 5th. 1925.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park [illegible] | DATE OF BURIAL: 9/8/ 1925

20-UNDERTAKER: J. J. Doan | ADDRESS: [illegible] Balto

ec.—1-10-21—M&T—1500 Bks.

01795

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01795

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 2514 W Fayette ST., 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Prudence Pindell

(a) RESIDENCE NO. 2514 W. Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 6, 1925

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joshua Pindell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Delia C. Ripley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mr. Joshua Pindell

(Address) 2514 W. Fayette St.

15 Filed 8 1925 19 Robert F. HARRISON, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7 - 1925

17

I HEREBY CERTIFY, That I attended deceased from 9/6 - 1925, to 9/7 - 1925.

that I last saw h.. alive on 9/7 - 1925,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Immature

6-mo. ubio

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Cahn M. D.

9/7, 1925 (Address) 2105 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Sept 8 1925

20 UNDERTAKER — ADDRESS

Nelson E. Stiles — 320 Md Ave Westport

E 01796 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01796

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward 21-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... William Harrison.(C).....

Residence in Baltimore: No. 1114 China St. .....St.; yrs. 65 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single.

6-DATE OF BIRTH. Do not know. ....., 1..... (Month) (Day) (Year)

7-AGE. 65 yrs. ---------- mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Police Report.

(Address)..... Southern District.

15- Filed [illegible] 1925 Robert J. Harrison, 192..... Registrar.

Asst. Registrar.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy

Acute dilatation of the Heart

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Aug. 27, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?..... Southern Police Station Aug. 22, 1925.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Sept 7 1925

20-UNDERTAKER, Daniel Coston ADDRESS 916 Penna Ave

c.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01797.

CERTIFICATE OF DEATH. 129

REGISTERED NO. E 01797.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 142 N. Bregs ST., 23-1 WARD)

2-FULL NAME Addie M. Richard

(a) RESIDENCE NO. 142 N Bregs ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, ~~widowed, or divorced~~ (or) ~~WIFE~~ of Henry J. Richard

DATE OF BIRTH (month, day, and year) Dec 11 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	4	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) New York (State or country)

PARENTS

10 NAME OF FATHER Otto Linde

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Anne Hoffman

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Henry J. Richard (Address) 142 N Bregs

15 Filed SEP 8 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1920, to Sept 6, 1925, that I last saw her alive on Sept 6, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Hamburger M. D.

(Address) 18 Sandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Sept 9 1925

20 UNDERTAKER: E. Schlosman & Son — ADDRESS: 1084 Hanover

...—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

01798 — 74-001 — E 01798

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1605 Hanover ST. 23-7 WARD

2-FULL NAME Margaret Nickles

(a) RESIDENCE. NO. 1605 Hanover ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Nickles

DATE OF BIRTH (month, day, and year) Jun 16 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER John H. Wissinger

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Rachel Schyer

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Herbert F. Nickles
(Address) 1605 Hanover St

Filed Sep 8 1925 (Robert J. Harrison) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 31 1925 to Sept 7 1925, that I last saw h alive on Sept 7 1925, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) yrs. mos. 8 ds

CONTRIBUTORY (Secondary) Apoplexy (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) R. B. Campbell M. D.

Sept 8 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Sept 10 1925
20 UNDERTAKER E. Schloman & Son	ADDRESS 1039 Hanover St

c.—1-10-21—M&T—1500 Blks.

01799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01799

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 1-2 WARD)

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (NO. [redacted] ST.,

2-FULL NAME Andrew Hutzler

(a) RESIDENCE NO. 30[illegible] S. Carey St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of not known

DATE OF BIRTH (month, day, and year) 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	74			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Hutzler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant City Hospitals Records (Address)

Filed Sep 7 1925, 19 Registrar Robert P. HARRISON,

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 6 1925

17 I HEREBY CERTIFY, That I attended deceased from September 1, 1925, to Sept 6, 1925, that I last saw him alive on September 6, 1925, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Diarrhoea (unknown etiology)

Senile Deterioration

Arteriosclerosis

(duration) ? yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Gross & Microscopic Exam.

(Signed) R. Hood Smith, M. D.

Sept 7, 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	Sept 9 1925
20 UNDERTAKER	ADDRESS
Geo. M. Fink Son	811 N. Mt

—1-12-23—M&T—500 Bks.

E 01800

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01800

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 E. Cross ST., 24-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Metzger Jr.

(a) RESIDENCE NO. 236 E Cross ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 25/1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	13.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: August Metzger Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Louise Hemmus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): August Metzger Jr. 236 E. Cross St.

15 Filed Sept 8 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1925, to Sept 7, 1925, that I last saw alive on Sept 7, 1925 and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenzalis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) W. A. Daniel, M. D.

, 19 (Address) 169 W. La St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Dan Oliver Cemetery — DATE OF BURIAL: Sept 8, 1925

20 UNDERTAKER: A. Howard Evans — ADDRESS: 38 E Fay ave

E 01801 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01801

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2548 Fait Avenue ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred . Faby

(a) RESIDENCE NO. 2548 Fait Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 26 1925

AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	6	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michael. Faby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Agnes.Stanislawski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Agnes. Faby

(Address) 2548 Fait Avenue

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/8/25

17 I HEREBY CERTIFY, That I attended deceased from Sept. 7 , 1925 , to Sept 8 , 1925.

that I last saw her alive on Sept. 8 , 1925.

and that death occurred, on the date stated above, at 8 15 Am.

The CAUSE OF DEATH* was as follows:

Summer Diarrhea

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Edward Kenworthy, M. D.

, 19 (Address) 3529 Eastern Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Sept 9 1925

20 UNDERTAKER John M Weber ADDRESS 1842 Bank

Burial Permit Clerk

—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01802

E 01802

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 826 Lessier St., 17-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby White

(a) Residence No. 826 Lessier St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Infant

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

7-DATE OF BIRTH (month, day and year) Sept 4 1925

8-AGE, ...yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer, ...

10-BIRTHPLACE (city or town) Washington D.C.
(State or Country),

PARENTS.

10-NAME OF FATHER, Melvin White

11-BIRTHPLACE OF FATHER (city or town) Da
(State or Country),

12-MAIDEN NAME OF MOTHER, Ruby Louise

13-BIRTHPLACE OF MOTHER (city or town) Da
(State or Country),

14-
(Informant).....
(Address).....

15-
Filed ..... 192.....
Registrar.

Robert E. Harrigan
Assistant Deputy Clerk

SEP 8 - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 4 25

17- I HEREBY CERTIFY, That I attended deceased from Sept 4, 1925 to Sept 4, 1925 that I last saw h[illegible] alive on Sept 4, 1925 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Congenital Syphilis

.....(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)
.....(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? ....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Path

(Signed) R. Hunt M. D.

, 19 (Address) 701 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Johns Hopkins Hospital

DATE OF BURIAL, ..., 19....

20-UNDERTAKER Commissioner of Health

ADDRESS .....

ec.—1-10-21—M&T—1500 Blks.

E 01803

HEALTH DEPARTMENT—CITY OF BALTIMORE

01803

CERTIFICATE OF DEATH.

161-901

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 982 Franklin Rd. ST., 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME "Baby" Pedone

(a) RESIDENCE NO. 98 Franklin Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 6-1925

AGE	Years	Months	Days 1	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Phillip P. Pedone

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Estella Abell

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant Phillip P. Pedone (Address) 98 Franklin Rd

15 Filed 8 1925 . 19 Registrar Robert F. Harrison, Asst. Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 6. 1925 to Sept 6. 1925.

that I last saw he alive on Sept 6. 1925.

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth.
(5 Mos. Uterine Gestation and Placenta Previa) (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hemorrhage & Palpation of Placenta

(Signed) Paul Brown, M. D.

9/6, 1925 (Address) 1837 Pa. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

COMMISSIONER HEALTH, SEP 8 - 1925

or.—1-12-23—M&T—100 Blks.

01804

HEALTH DEPARTMENT—CITY OF BALTIMORE

01804

CERTIFICATE OF DEATH.

188-003

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No. St. Joseph's Hospital 4-1 ST., WARD)

2-FULL NAME Esmerelda Johnston

(a) RESIDENCE NO. 535 Druid St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year)

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33				

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work (0)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

HIRTHPLACE (city or town) Virginia
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Police Dept
(Address)

Filed . 192 Registrar

Burial Permit Clerk

- 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2nd 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death
on the day stated above.
The CAUSE OF DEATH* was as follows: Fract. right & left
and Internal hemorrhage
Few hours
(duration) yrs. mos. ds.
CONTRIBUTORY accidentally Struck by Auto truck
(Secondary) (duration) yrs. mos. ds.
(Signed) W J. Riley, M. D.
Sept 7, 1925 (Address) (Coroner) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) A few hours in the
At place of death yrs., mos., ds. State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. DATE OF BURIAL 9/3/25

20 UNDERTAKER by Pearce Funeral Home ADDRESS

SEP 3 1925

oc—12-23-21—E.B.R.S.—400 Blks.

01805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01805

CERTIFICATE OF DEATH.

44

12-3

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2510 N. Charles St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Hartigan

(a) Residence No. 2510 N. Charles St., ... Ward ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

7-DATE OF BIRTH (month, day and year) Do not know

8-AGE. 73 yrs. -- mos. -- ds. If LESS than 1 day, ...hrs. or ....min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10-BIRTHPLACE (city or town) (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: Maurice Hartigan

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Julia Aylward

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14-(Informant) Mrs. Emma Nugent

(Address) 2510 N. Charles St.

15-Filed 1925 Robert P. Harrison, 19... Registrar.

Buried Forest Glen.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 7, 1925

17-I HEREBY CERTIFY, That I attended deceased from June 10 1925 to Sept 7 1925

that I last saw her alive on Sept 6 1925

and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma of the Stomach

(Duration) yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Primary Carcinoma of left Breast (Duration) 2 yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Anamnestic

(Signed) Wm. P. Geraghty M. D.

9/8 1925 (Address) 16 E Preston St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 9/9 1925

20-UNDERTAKER: Henry W. Spears & Son — ADDRESS: 805 N. Calvert

Cor.—1-12-23—M&T—100 Blks. (West Balto. Gen. Hospital)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01806 CERTIFICATE OF DEATH. 188-003 E 01806

1-PLACE OF DEATH W.G.H. Hospital 16-5 REGISTERED NO.

CITY OF BALTIMORE (No.) St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Mullenberg

(a) RESIDENCE NO. 2401 Harlem ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Aug 1, 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	1	6	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Chas H. Mullenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Virginia Donaldson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Chas. H. Mullenberg
(Address) 2401 Harlem Ave

Filed 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.
The CAUSE OF DEATH was as follows: Multiple Fractures accident auto.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 2 ds.

(Signed) H. C. Radcliffe, M. D.
(Coroner.)
192 (Address) 1475 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cem DATE OF BURIAL Sept 9 1925

20 UNDERTAKER Robert S. Stitt ADDRESS 2548 Edmondson

HEALTH DEPARTMENT—CITY OF BALTIMORE

01807 E 01807

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 19 7 REGISTERED NO. C

CITY OF BALTIMORE (No. ~~204 N. Mulberry~~ ST. 4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wong Dip

(Residence in Baltimore: No. 204 N. Mulberry St. 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1885
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundryman 041
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). China

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). China

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). China

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chin Lung

(Address) 114 Park ave

15-

Filed ..... 191 Robert P. Harrison, Registrar.

8-1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 8, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Lung Tuberculosis Pulmonary Abdominal Tuberculosis Hemorrhage (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Shock

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Sept 9, 1925 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem DATE OF BURIAL, Sept 9, 1925

20-UNDERTAKER John O. Mitchell ADDRESS 201 N Eutaw

ec.—1-10-21—M&T—1500 Bks.

01808 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01808

CERTIFICATE OF DEATH. 129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No 1447 Washington Blvd. 21-2 WARD)

2-FULL NAME Martha Thrush

(a) RESIDENCE NO. 1447 Washington Blvd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Thrush

7 DATE OF BIRTH (month, day, and year) Sept 1- 1870

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 87

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Robert McHenning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary J Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Trigal
(Address) 317 S Fulton ave

15 Filed ..... Robert P. Harrison, Registrar

8 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/7/, 1925, to 9/7/, 1925.

that I last saw her alive on 9/7/25 19

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertension

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Pleurisy with effusion

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Bernard J Fenny, M. D.

9/8/1925 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	9-9-1925
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Baltimore

cc.—8-24-14—M. & T.—2000 Blks.

01809 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 01809

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

ITY OF BALTIMORE: (NO. 2505 W Baltimore ST.; 20-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Hawksz (about)

Residence in Baltimore: No. 2505 W Baltimore St.: 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Female

4-COLOR OR RACE, Polish

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

DATE OF BIRTH, May (Month) ..., 18?? (Day) (Year)

AGE, 32 yrs. 3 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Katherine Mascowiz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Dawkszo

(Address) 2505 W Balt St

15- SEP 9 - 1925 ROBERT R. KRAUL

....., 191... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 7th 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1925, to Sept 7th 1925, that I saw h er alive on Sept 5th 1925, and that death occurred, on the date stated above, at 12.05 P.M.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 3 ds.

Myocardial Dis

CONTRIBUTORY (Secondary) Pulmonary (Duration) yrs. mos. 5 ds.

(Signed) J. Poulos M. D.

Sept 7th 1925 (Address) 3909 Gamon Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, Sept 9th 1925.

20-UNDERTAKER Harry A Witzke ADDRESS 1531 W Lombard St

cc.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 01810

1810

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 22-2 WARD)

2. FULL NAME James S. Palty

(a) RESIDENCE NO. City Hospitals 512 Light ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	not known

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) not known

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
52				

not known

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work not known

(b) General nature of industry, business, or establishment in which employed (or employer) not known

(c) Name of employer

BIRTHPLACE (city or town) (State or country) not known Balto.

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant City Hospitals Records
(Address)

15 Filed SEP 9 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1925, to Sept 7, 1925, that I last saw him alive on Sept 7, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis

Chr. Nephritis

Hypertension, Left Hemiplegia (duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchapneumonia (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? General Laboratory Exam.

(Signed) C. Hooper Smith, M. D.

Sept. 9, 1925 (Address) City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. DATE OF BURIAL 9/9/25, 19

20 UNDERTAKER M Doyle & Son ADDRESS 15 E Lee St.

E 01811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01811

CERTIFICATE OF DEATH.

24-001

24-3

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1414 Decatur St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Fialkowski.

Residence in Baltimore: No. 1414 Decatur St. 45 St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-Single, Married, Widowed or Divorced, (Write the word.): Married

DATE OF BIRTH: Do not know. (Month) (Day) 1..... (Year)

AGE: 60 yrs. ---- mos. ---- ds.

If LESS than 1 day, ...hrs. or....min.?

7-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor.
(b) General nature of industry, business, or establishment in which employed (or employer): 180

8-BIRTHPLACE, (State or Country): Poland.

PARENTS.

10-NAME OF FATHER: Jacob Fialkowski.

11-BIRTHPLACE OF FATHER, (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country): Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Fialkowski.(nephew)

(Address) 1618 Eastern Ave.

SEP 9 - 1925 Filed ROBERT R. KRAUTER, Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 8th, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

Cerebral Hemorrhage.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs....mos....ds.

(Signed) Otto W. Reinhardt M. D. (Coroner.)

Sep. 9, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary Cem — DATE OF BURIAL: Sep 10, 1925

20-UNDERTAKER: Wm Fialkowski — ADDRESS: 1618 Eastern ave

r.—1-12-23—M&T—100 Bks.

01812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 01812

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1511 N. Dallas St ST., 8-3 WARD)

2-FULL NAME Martin Woods

(a) RESIDENCE NO. 1511 N. Dallas St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
le	col	widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

ATE OF BIRTH (month, day, and year) unknown

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or empioyer) Formerly laborer
(c) Name of employer

IRTHPLACE (city or town) (State or country) N.C.

10 NAME OF FATHER Perry Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) George TROGDEN)Grandson) 1511 N. Dallas St

Filed SEP 9 1925, 192 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S H Culen, M. D. (Coroner.)

9-9-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Sept 9 192 5
20 UNDERTAKER	ADDRESS
Mrs R. G. Elbert	1725 Oakland Ave

ec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01813

CERTIFICATE OF DEATH.

Hamilton 101-001

E 01813

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 4514 Arlington Ave ST., 27 WARD)

2-FULL NAME James D. Robb

(a) RESIDENCE NO. 4514 Arlington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Robb

DATE OF BIRTH (month, day, and year) 4/9/1847

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ship Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 0 1/2

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James D. Robb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Ida McCaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Nellie J. McDonal (Address) 4514 Arlington Ave

15 Filed SEP 9 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 6 1925 to Sept 7 1925.

That I last saw him alive on Sept 6 1925

and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy M. D.

9-7. 1925 (Address) 4218 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pinewood Cemetery

DATE OF BURIAL: 9/9 1925

20 UNDERTAKER: George J. Ruth

ADDRESS: 1755 Harford Ave

6

ec—12-23-21—E.B.F.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1814

CERTIFICATE OF DEATH.

49 E 01814

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Lula Latter

(a) Residence No. 29 West Preston St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) 3-31-1880

8-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

10-BIRTHPLACE (city or town) Baltimore Md. (State or Country),

10-NAME OF FATHER, Wm Latter

11-BIRTHPLACE OF FATHER (city or town) Md (State or Country),

12-MAIDEN NAME OF MOTHER, Louisa Lebeller

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country)

14-INFORMANT (Informant) Mrs Louise Latter

(Address) 29 West Preston St

15-

SEP 9 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 8- 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 4, 1925, to Sept 8, 1925, that I last saw h. in alive on Sept 8th, 1925, and that death occurred, on the date stated above, at 6:45 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Pancreas

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? —

(Signed) Wm Easter, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, Sept. 11, 1925

20-UNDERTAKER, William Cook — ADDRESS 501 E North Ave

pec.—8-24-14—M. & T.—2000 Bks.

01815 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01815

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 636 First St. Westport St. 25th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Edison.

Residence in Baltimore: No. 636 First St. Westport St.; ...yrs., 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

DATE OF BIRTH, June 14, 1925
(Month) (Day) (Year)

AGE, 0 yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or ...min.?

7-OCCUPATION:
(a) Trade, profession, or particular kind of work ...at Home...
(b) General nature of industry, business, or establishment in which employed (or employer) ...

8-BIRTHPLACE, (State or Country), Baltimore

PARENTS:

10-NAME OF FATHER, Boyd F. Edison.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Botha Zysowski.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. B.F. Edison

(Address) 636 First St. Westport.

SEP 9 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 9, 1925
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 5 1925, to Sept 9 1925, that I saw her alive on Sept 8 1925, and that death occurred, on the date stated above, at 1.15 A.m.

The CAUSE OF DEATH* was as follows:

Pertussis

(Duration) ...yrs. ...mos. 14 ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) ...yrs. 2 mos. 25 ds.

(Signed) H. Hamilton Wheeler M. D.

Sept 9, 1925 (Address) Lansdowne P.O. Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	Sept. 9, 1925.
20-UNDERTAKER	ADDRESS
Nelson E. Stiles	520 Md Ave Westport.

...r.—1-12-25—M&T—100 Bks.

01816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E 01816

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 701 Baker ST., 15-13 WARD)

2-FULL NAME Mary A Wilson

(a) RESIDENCE NO. 701 Baker ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

...gth of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
...male	Colored	married

If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Robert J wilson

...ATE OF BIRTH (month, day, and year) July 30, 1868

...GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	1	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

BIRTHPLACE (city or town) Washington D C.
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) "

12 MAIDEN NAME OF MOTHER Cornelia Baggette

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

Informant Milton C. Wilson
(Address) 701 Baker St

FILED SEP 9 - 1925 ROBERT R. KRAUTH Registrar

Burial Permit Given.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) Exhaustion yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

Signed J C Grady, M. D.
(Coroner.)

Sept 8 192 (Address) 143 Holliday

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Sept 10 1925

20 UNDERTAKER Wm Geo H. Dennis

ADDRESS 1203 Pressman St

Geo E. Pelton.

6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01817

CERTIFICATE OF DEATH.

90E 01817

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 858 Union ST. 18-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Barry

(a) RESIDENCE NO. 858 Union St. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) [illegible] 1859

8 AGE: 66 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): X

(c) Name of employer: X

9 BIRTHPLACE (city or town) (State or country): Balt Md

PARENTS

10 NAME OF FATHER: John Barry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont know

12 MAIDEN NAME OF MOTHER: Dont Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont Know

14 Informant: Annie Harmon
(Address): 1103 angle ave

SEP 9 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Augt, 1925, to Sept 6, 1925, that I last saw h[illegible] alive on Sept 5, 1925, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows: Cardiac Renal Valvular

(duration) — yrs 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Old Pneumonia

(duration) yrs 1 mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles H. Hansel M. D.

19 2 (Address) 712 S Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn	Sept 9 1925
20 UNDERTAKER	ADDRESS
John H Owens	5385 Belair Rd

...c.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01818

CERTIFICATE OF DEATH.

X 29 E 01818

15-13

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1128 Laurens ST., WARD)

2-FULL NAME Mattie Cooper

(a) RESIDENCE NO. 1128 Laurens ST., WARD Grafton

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: Blk

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Cooper

DATE OF BIRTH (month, day, and year): Feb 24-76

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	49	5	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer): Private

(c) Name of employer

BIRTHPLACE (city or town) Tuscaloosa

(State or country) Ala.

PARENTS

10 NAME OF FATHER Edw Lyon

11 BIRTHPLACE OF FATHER (city or town) Ala

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Richard Talbot

(Address) 1128 Laurens St

15 SEP 9 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1925, to Sept 7, 1925, that I last saw h[illegible] alive on Sept 6, 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Nephritis. ?

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No ...Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. A. Bigler M. D.

Sept 9, 1925 (Address) 1209 Druid Park Dr.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Americus

DATE OF BURIAL: Sept 9, 1925

20 UNDERTAKER: Wm H Force Sons

ADDRESS: 1100 W Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

01819

CERTIFICATE OF DEATH.

Registered No. C 01819

1-PLACE OF DEATH

City of BALTIMORE: (No. 1204 James St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Tamulonis

Residence in Baltimore: No. 1204 James St.; yrs. 17 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

1-COLOR OR RACE: White

3-Single, Married, Widowed, or Divorced, (Write the word.): Married

4-DATE OF BIRTH: July 20 (Month) (Day) 1862 (Year)

5-AGE: 63 yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

6-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 810

7-BIRTHPLACE, (State or Country): Lithuania

PARENTS:

10-NAME OF FATHER: Joseph Tamulonis

11-BIRTHPLACE OF FATHER, (State or Country): Lithuania

12-MAIDEN NAME OF MOTHER: Alice Pietkievi

13-BIRTHPLACE OF MOTHER, (State or Country): Lithuania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Tamulonis

(Address) 1216 James St

15- SEP 9 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 8 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

4 years (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) Thos. R. Horton M. D. (Coroner)

Sept 9th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	9/10/25 19
20-UNDERTAKER,	**ADDRESS**
Jos Grabowicka	425 S Paca

c.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01820

CERTIFICATE OF DEATH.

E 01820

1-PLACE OF DEATH University Hospital

TY OF BALTIMORE: (No. Lombard & Greene ST., 22 WARD 162

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Generett

(a) RESIDENCE NO. 1541 W. Barre ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept. 4, 1925

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 48 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Abraham Generett

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Rebecca Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Rebecca Generett
(Address) 541 W. Barre St.

15 Filed 9 1925 19 Robert P. Harrison, Registrar
Burial Permit Clerk?

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4 1925, to Sept 4, 1925, that I last saw he alive on Sept. 4, 1925, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:
Congenital atelectasis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Phys. Examination

(Signed) Frederick A. Snyder, M. D.

Sept 4 1925 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 19 .....

ADDRESS

20 UNDERTAKER Commissioner Hea[illegible]

SEP 9 1925

E 01821 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01821

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH
City of BALTIMORE: (No. Pronounced dead at St. 16-1 Ward)
Franklin & W Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Flora H. Langford
Residence in Baltimore: No. 1115 N. Franklin St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE. Black
5-Single, Married, Widowed, or Divorced, (Write the word.) Single
6-DATE OF BIRTH. Unknown (Month) (Day) (Year)
7-AGE. about 8 mos. ds.
If LESS than 1 day, hrs. or min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).
9-BIRTHPLACE, (State or Country). Balto.

PARENTS.
10-NAME OF FATHER. Peter Langford
11-BIRTHPLACE OF FATHER, (State or Country) South America
12-MAIDEN NAME OF MOTHER. Flora Garbutt
13-BIRTHPLACE OF MOTHER, (State or Country) Honduras

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Peter Langford
(Address) 1115 N. Franklin St

15- Filed 1925 Robert P. Harrison, 192 Burial Permit Clerk Registrar.
THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 16 (Month) (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by me at the Inquest, autopsy (or inquiry.) and other data, find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Cholera Infantum
(Duration) 4 X yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) —
(Duration) yrs. mos. ds.
(Signed) Thos. B. Horton M. D.
(Coroner)
Aug 31st 1925 (Address) Curtis Bay, Md.
*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. PUBLIC CEMETERY. DATE OF BURIAL. 19

20-UNDERTAKER. Commissioner Health ADDRESS SEP 9 - 1925

...—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01822

101 E 01822

CERTIFICATE OF DEATH.

...-PLACE OF DEATH

...Y OF BALTIMORE: (No. Balt & Cit Hospitals 3 - 2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

...-FULL NAME William Potter

...a) RESIDENCE NO. 5 S. Bond or S. Ann St ST., ... WARD .....

(Usual place of abode)

...gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

...X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word)

...ual | White | Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

...TE OF BIRTH (month, day, and year)

...GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 45				

...CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... unknown
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

...IRTHPLACE (city or town) .....
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

Informant .....
(Address) ~~Robert F. Harrison,~~

...9 - 1925 192 ..... Registrar
Filed
Burial Permit Clerk

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY
(Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Hanlon, M. D.
(Coroner)
Sept 1925 (Address) 700 Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs., ... mos., 6 ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	192
20 UNDERTAKER (Commissioner Health)	ADDRESS SEP 1 - 1925

ac.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, NO. BALTIMORE CITY HOSPITALS ST., WARD)

2-FULL NAME William Falter

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49 yr.			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER William Falter

11 BIRTHPLACE OF FATHER (city or town) Holland (State or country)

12 MAIDEN NAME OF MOTHER Tenschen Falter

13 BIRTHPLACE OF MOTHER (city or town) Holland (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20 ....., 1925, to Aug. 25 ....., 1925.

that I last saw him alive on Aug. 19 ....., 1925.

and that death occurred, on the date stated above, at 12:15a m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

8/25 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

PUBLIC CEMETERY SEP 5 - 1925

THE MORGUE by Police Dept

...—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01823

E 01823

CERTIFICATE OF DEATH.

185

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Balto City Hospitals ST., 4-2 WARD)

2-FULL NAME Charles Warner

(a) RESIDENCE No. 302 Park ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year)

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) 862
(c) Name of employer

IRTHPLACE (city or town) .....
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

Informant
(Address) Robert F. Harrison, [Burial Permit Clerk]

Filed ..... 192 ..... Registrar
MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as ~~follows~~:
Comminuted fracture
L Hip, + shock
(duration) ..... yrs. ..... mos. 3 ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James McKenzie, M. D.
(Coroner.)
Sept 4, 1928 (Address) 1002 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....
302 Park ave

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. SEP 8 - 1928

DATE OF BURIAL 192

20 UNDERTAKER Commissioner Health

ADDRESS

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH Baltimore City Hospital,

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Charles Warner,

(a) RESIDENCE NO. 302 Park Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male,	white,	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1853.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER George Warner.

11 BIRTHPLACE OF FATHER (city or town) Balte., Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) Germany.
(State or country)

14 Informant Hospital Record.
(Address) Baltimore City Hospital.

15 Filed ..... , 19 ..... Registrar

THE MORGUE. by Police Dept.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1925, to Aug. 26, 1925, that I last saw him alive on Aug. 26, 1925, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Comminuted Intertrochanteric Fracture of the right femur due to an accidental fall down the steps at his home. (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia. (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and Laboratory

(Signed) Ira P. Champe M.D. M. D.

, 19 (Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL SEP 1925

20 UNDERTAKER

ADDRESS

01824 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 01824

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

ity of BALTIMORE: (No. 502 N. Fayette St. St., 4-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henery Louis Stocks.

esidence in Baltimore: No. 502 N. Fayette St. St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M | 4-COLOR OR RACE, W. | 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

DATE OF BIRTH,

....., 1.....
(Month) (Day) (Year)

AGE, 40 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-
Filed ..... 192.....
Registrar.

Burial Permit Clerk

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 2 25
(Month) (Day) 192.....(Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asthma — (Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia (Duration) yrs. mos. ds.

(Signed) G E Stades M. D.
(Coroner.)

Sept 8 25 192.... (Address) 43 N Stricker

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, ...19...

20-UNDERTAKER, [redacted] ADDRESS [redacted]

SEP

r.—1-12-25—M&T—100 Bks.

E 01825

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01825

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 213 S President ST., 3-1 WARD)

2-FULL NAME Konrid, Frank

(a) RESIDENCE NO. 213 President ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
rap	Wht	Sngl

d married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year)

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47			

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O'K O
(c) Name of employer

IRTHPLACE (city or town) .....
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

Informant Robert F. Harrison.
(Address)

Filed [illegible], 192... Clerk.

THE MORGUE, Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Wood alcohol Poisoning (Acute)
(duration) ..... yrs. Sudden mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Trubon, M. D.
(Coroner)
2nd, 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL SEPT 1925 192...

20 UNDERTAKER [illegible]

ADDRESS [illegible]

01826

HEALTH DEPARTMENT—CITY OF BALTIMORE

01826

CERTIFICATE OF DEATH.

4-167-801

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 644 N. Fayette St. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Mills

Residence in Baltimore: No. 644 N. Fayette St. St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

4-COLOR OR RACE, W.

5-Single, Married, Widow or Divorced (Write the word.) Married

DATE OF BIRTH,

.....1.....
(Month) (Day) (Year)

AGE 52 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.*

OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0817

BIRTHPLACE, (State or Country). Md

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed 1925 Robert F. Harrison, 192 Burial Permit Clerk Registrar.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 26 (Month) (Day) — 25 (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Injury (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Ill. Gas Poisoning

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) .....yrs. .....mos. .....ds.

(Signed) per H. C. Wades M. D.

(Coroner)

Aug 26 192.. (Address) 1426 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY, DATE OF BURIAL, ...19....

20-UNDERTAKER, Undertaker Not Known ADDRESS

SEP 8 - 1925

01827 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01827

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. Mercy Mem Hospital St., 12-198 Ward) Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Napoleon Mason

Residence in Baltimore: No. Not Known St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. M. 4-COLOR OR RACE. Le 5-Single, ~~Married, Widowed, or Divorced~~ (Write the word) Sgle

DATE OF BIRTH. ..... 1..... (Month) (Day) (Year)

AGE 35 yrs. mos. ds. If LESS than 1 day Autopsy hrs. or min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Not Known

BIRTHPLACE, (State or Country). Va

10-NAME OF FATHER, Not Known,

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Aug - 1925 192 Robert F. Harrison, Registrar.

Burial Permit Clerk

THE MORGUE

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23- 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY that I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide Multiple Cuts. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock (Duration) yrs. mos. ds.

(Signed) C. E. Staley M. D. (Coroner)

1925 (Address) 1732 Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. PUBLIC CEMETERY DATE OF BURIAL. 19

20-UNDERTAKER. ADDRESS

c.—1-10-21—M&T—1500 Blks.

E 01828 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01828

CERTIFICATE OF DEATH.

REGISTERED NO. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 214 N. Milton Ave ST., 6-3 WARD

2-FULL NAME John Franklin Bell.

(a) RESIDENCE NO. 214 N Milton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 Life mos. ds. How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Bell.

6 DATE OF BIRTH (month, day, and year) March 6 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81		7	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine

(b) General nature of industry, business, or establishment in which employed (or employer) Eng.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bucks Co. Pa.

PARENTS

10 NAME OF FATHER Albert Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bucks Co Pa.

12 MAIDEN NAME OF MOTHER Mary Sponagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bucks Co Pa

14 Informant Mary A. Bell. (Address) 214 N Milton ave.

Filed SEP 3 - 1925 Registrar ROBERT H. HARRISON

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1925 to Sept 8 1925

that I last saw h (alive on Sept 8 1925

and that death occurred, on the date stated above, at 1 P M.

The CAUSE OF DEATH* was as follows:

Gangrene of foot

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jos K Ellis M. D.

19 (Address) 108 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cty

DATE OF BURIAL 9/11 1925

20 UNDERTAKER Jos J. Herr & Son

ADDRESS 156 N Eutaw

r.—1-12-23—M&T—100 Bks.

E 01829

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01829

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Y OF BALTIMORE: (No.) 744 W. Pratt St. ST., 7 WARD) 1-3 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. F. Wagner

(a) RESIDENCE NO. 2610 Edmondson Av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Kate Wagner

ATE OF BIRTH (month, day, and year) July 10. 1857

GE Years	Months	Days	If LESS than 1 day, hrs or min
68	1	27	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Plumber
(b) General nature of industry, business, or establishment in which employed (or employer) 059
(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto. md

10 NAME OF FATHER Hetrick Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) germany

12 MAIDEN NAME OF MOTHER Julia Stemmyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) germany

Informant Mrs. Wagner
(Address) 2610 Monument

Filed ..... 192 ..... Registrar

- 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) G C Cadle, M. D.
(Coroner.)

Sept 8 192 5 (Address) 143 E 33 way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Sept 10 1925

20 UNDERTAKER Edw. J. Fanning & Son — ADDRESS Lafayette & Washington

...-1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01830 01830

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 1132

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2526 Fait Ave. ST., 1-2 WARD)

2-FULL NAME Bernard Doerfler.

(a) RESIDENCE NO. 2526 Fait Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 17 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Frank J. Doerfler.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Frances Antszewski

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Frank J. Doerfler.
(Address) 2526 Fait Ave.

15 Robert P. Harrison, Registrar
- 1925 .19 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8th 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 7 , 19 25 , to Sept 8 , 19 25 ,

that I last saw he alive on Sept 8 , 19 25

and that death occurred, on the date stated above, at 7.10 A. m.

The CAUSE OF DEATH* was as follows:

Gastro Entritis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral Tubyon

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Gerard M. D.

.19 (Address) 1 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Sept 10th 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 405 S. Wolfe St.

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01831

E 01831

CERTIFICATE OF DEATH.

1-4 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 3116 Foster Ave. ST., 1-4 WARD)

2-FULL NAME Anna Marie Benzing

(a) RESIDENCE NO. 3116 Foster Ave. ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, and year) July 28- 1901

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	24	1	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Operator.

(b) General nature of industry, business, or establishment in which employed (or employer) C & P. Tel. Co. 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City.

PARENTS

10 NAME OF FATHER George Benzing.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Catherine Fehlbaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George Benzing. (Address) 3116 Foster Ave.

15 - 1925 . 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 25 , 1924 , to Sept 7 , 1925 ,

that I last saw her alive on Sept 6 , 1925 ,

and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) Wm. H. McAvoy, M. D.

9/8. 1925 (Address) 839 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Sept. 10th 1925

20 UNDERTAKER ADDRESS

Tilly & Zuber 703 S. Wolfe St.

...-1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

832

CERTIFICATE OF DEATH.

31 E 01832

1-PLACE OF DEATH Jursar.

CITY OF BALTIMORE: (No. 1713 Park Ave. ST., 76-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin O'Connor

(a) RESIDENCE No. 3403 Dillon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Oconner

6 DATE OF BIRTH (month, day, and year) Mar. 25 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Paper Stayer
(b) General nature of industry, business, or establishment in which employed (or employer) Self. 052
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Carrie O'Conner 3403 Dillon St.

Filed 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cut. Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) J. C. Wades, M. D.
(Coroner)

Sept 8 1925 (Address) 1435 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL Sept. 11 1925

20 UNDERTAKER William Cook — ADDRESS 5522 E. Monument Ave.

c.—1-10-21—M&T—1500 Blks.

01833 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01833

CERTIFICATE OF DEATH.

15-474

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 3715 Liberty Heights ST. WARD)

2-FULL NAME Dr. Carlton M Cook

(a) RESIDENCE No. 3715 Liberty Heights ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE Madeline E. Cook

DATE OF BIRTH (month, day, and year) Feb 29, 1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	65		7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer): 054

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Pottsville Pa

PARENTS

10 NAME OF FATHER: Uriah Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country): New England

12 MAIDEN NAME OF MOTHER: Elizabeth Newcomb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York State

14 Informant: Mrs. Madeline E. Cook
(Address) 3715 Liberty Heights

15 Filed ..., 19 Registrar

Burial Permit Issued

Robert P. Carlson,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1925, to Sept. 8, 1925; that I last saw him alive on Sept. 7, 1925; and that death occurred, on the date stated above, at 12,40 a.m.

The CAUSE OF DEATH* was as follows:

Arterial Arteria Sclerosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lundquist, M. D.

(Address) 826 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Sept 10, 25

20 UNDERTAKER: Harry H. Witzke — ADDRESS: 1537 W. Lombard

—1-12-23—M&T—500 Blks.

01834 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓E 01834

CERTIFICATE OF DEATH.

REGISTERED NO. 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital, 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Wright

(a) RESIDENCE NO. 1820 W Pratt St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Meta M Wright.

DATE OF BIRTH (month, day, and year) May 27. 1885

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work auto mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

BIRTHPLACE (city or town) (State or country) City Balto Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Meta M Wright (Address) 1820 W Pratt St

Filed 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-4-25, 19..., to 9-8-25, 19...,

that I last saw him alive on Sept 8- 1925

and that death occurred, on the date stated above, at 8.50 Pm

The CAUSE OF DEATH* was as follows:

Peritonitis following ruptured appendix

(duration) ... yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of 9-4-25

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Leo A Stewart, M. D.

, 19 (Address) 904 N. Chester St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Cemetery — DATE OF BURIAL Sept 11 1925

20 UNDERTAKER Harry H Nitzke — ADDRESS 1531 N Broadway

c—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01835

CERTIFICATE OF DEATH.

4+47 E 01835

Registered No.....

1-PLACE OF DEATH

ity of BALTIMORE: (No. University Hosp St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Dodrer

(a) Residence No. Westminster Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, Divorced, (Write the word.)

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Dodrer

7-DATE OF BIRTH (month, day and year) Unknown

8-AGE. 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or Country). Md.

10-NAME OF FATHER. Gusbane Neff

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Matilda Fisher

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14-Informant

(Address) University Hosp Records

15-SEP 10 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-9-25

17- I HEREBY CERTIFY, That I attended deceased from 8-26, 1925, to 9-9, 1925, that I last saw h.. alive on 9-9, 1925, and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Dilatation & Myocardial Failure

Insufficiency (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast (Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8-27-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Lee Howard Elgin, M. D.

, 19 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Westminster — DATE OF BURIAL. Sept 13, 1925

20-UNDERTAKER. H Bankard & Son — ADDRESS Westminster md

ec—12-23-21—E.B.R.S.—400 Bks.

01836

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 E 01836

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No.....St.,.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Alphretta Bafford

(a) Residence No. 2107 E Eager St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Female

4-COLOR OR RACE. White

5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~. (Write the word.) Widow

If married, widowed, or ~~divorced~~) HUSBAND of (or) WIFE of Edward T Bafford

DATE OF BIRTH (month, day and year) Apr 16-1851

AGE. 73 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

BIRTHPLACE (city or town) (State or Country). Maryland

10-NAME OF FATHER. Wm Moore

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Amanda Hamilton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant). Grover Bafford

(Address) 2107 E Eager St

15- EP 10 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 8-1925

17- I HEREBY CERTIFY, That I attended deceased from July 30, 1925, to Sept 8, 1925, that I last saw her alive on Sept 8, 1925, and that death occurred, on the date stated above, at 5:25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lower jaw, Senility & general weakness.

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary).....

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?.....

(Signed) Wm H Swaim, M. D.

, 19 (Address) Maryland Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Salisbury Md — DATE OF BURIAL. Sept 10 1925

20-UNDERTAKER. Robt T Turner Sr — ADDRESS. 1344 Broadway

.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01837

CERTIFICATE OF DEATH.

90 E 01837

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

-PLACE OF DEATH

Y OF BALTIMORE: (No. 2445 Hudson Place ST., N. WARD) 3

-FULL NAME Alexander Pender

a) RESIDENCE No. 2445 Hudson Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Florence Pender

TE OF BIRTH (month, day, and year) Aug 5 - 1884

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	1	3	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

RTHPLACE (city or town) (State or country) N. C.

0 NAME OF FATHER Ames Pender

1 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

2 MAIDEN NAME OF MOTHER Caroline Garl

3 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

Informant Florence Pender
(Address) 2445 Hudson Place

P 10 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:

Valvular disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Chas Morrison M. D. (Coroner.)

Sept 9, 1925 (Address) 323 Reliance

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Sept 12 1925

20 UNDERTAKER Franklin W Leitz — ADDRESS 709 W 33rd St

...—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

25-002

E 01838

CERTIFICATE OF DEATH.

E 01838

REGISTERED NO.....

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 537 Oxford ST.: 17-2 WARD)

2-FULL NAME Miriah McEwman

(a) RESIDENCE. No. 537 Oxford ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: McEwman

DATE OF BIRTH (month, day, and year) unknown.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Private family

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: Chas. Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Francis Clay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Burnie L. Young. 537 Oxford St.

15 Filed . 19 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

SEP 19 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/17/1925

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1925, to Sept 17, 1925, that I last saw h[illegible] alive on Sept 17, 1925 and (that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Toxemia (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Paralysis (duration) 10 yrs. 2 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Tomkins M. D.

19 (Address) 1019 Dallsville ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion

DATE OF BURIAL: Sept 19 1925

20 UNDERTAKER: John H. Tomkins

ADDRESS 1027 Dallsville ave

Rec.—1-10-21—M&T—1500 Bks.

E 01839 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01839

CERTIFICATE OF DEATH.

REGISTERED NO. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322, Holbrook ST., 9-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. Conroy

(a) RESIDENCE NO. 1322 Holbrook ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) January 7 1925

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER Thomas L. Conroy

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Mary L. Russell

13 BIRTHPLACE OF MOTHER (city or town) New York (State or country)

14 Informant Wm. Thomas L. Conroy (Address) 1322 Holbrook St

15 Filed SEP 10 1925 ROBERT H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 9, 1925 that I last saw her alive on Sept 9, 1925, and that death occurred, on the date stated above, at 9:55 P. m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein, M. D.

9/10, 1925 (Address) 933 Argyle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Sept 11 1925

20 UNDERTAKER Henry Hoerdt Son ADDRESS 1301 E Eager

rc.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01840 E 01840

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST., 70-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Bailey

(a) RESIDENCE NO. 2106 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	Unknown		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: None

BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Johnson Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Vermont

12 MAIDEN NAME OF MOTHER: Lucy S. Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Mt. Hope Records Balto. Md

SEP 10 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 9, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1924, to Sept 9, 1925,

that I last saw h.r alive on Sept. 9, 1925,

and that death occurred, on the date stated above, at 10. A. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis & Chr Interstitial Nephritis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senile Dementia. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical & Chemical

(Signed) Milton P. Hall, M. D.

9/9/25 19 (Address) Mt. Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery Stafford Road	Sept. 11 1925
20 UNDERTAKER	ADDRESS
Henry Hoch & Son	1301 E. Eager St

...c—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01841 E 01841

CERTIFICATE OF DEATH.

28-90

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 Newton Ave. Arlington St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... George Henry Heiderman

(a) Residence No. 7 Newton Ave. Arlington St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Heiderman

7-DATE OF BIRTH (month, day and year) May. 31, 1851

8-AGE. 74 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Salesman 019

(b) General nature of industry, business, or establishment in which employed (or employer)..... Confectionery

(c) Name of employer..... (Himself)

10-BIRTHPLACE (city or town)..Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Augustus H. Heiderman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER Georgiana Everhart

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14- (Informant) Arthur P. Heiderman

(Address) 7 Newton Avenue

Filed SEP 10 1925 19 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept. 9 25

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1925, to Sept 8 1925, that I last saw h.. alive on Sept 8 1925, and that death occurred, on the date stated above, at 7. P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) 4 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. J. Davies M. D.

9-9 1925 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt. Olivet Cem	Sept 10 25

20-UNDERTAKER. Joseph B. Cook ADDRESS 1003 W Balto St

c.- 1-10 21 - M&T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01842 — 38E 01842

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... ST., 5-1 WARD)

2-FULL NAME Estella Almond

(a) RESIDENCE NO. 1008 Hollen ST. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: Negro | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nat Brown

DATE OF BIRTH (month, day, and year) 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Mac Throer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Estella Throer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant City Hospitals Records

(Address)

SEP 10 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1925, to Sept 8, 1925, that I last saw her alive on Sept 8, 1925, and that death occurred, on the date stated above, at 8 50 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Aortitis (Luetic)

Aortic Incompetency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Wm Roper Lovett, M. D.

Sept. 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 11 1925

20 UNDERTAKER Mrs R.C. Elliott — ADDRESS 1925 Eastern Ave

—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01843

CERTIFICATE OF DEATH.

E 01843

1-PLACE OF DEATH

City of BALTIMORE: (No. 1331 Ward St., 21-27 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Katherine Coaker

(a) Residence No. 1331 Ward St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. C.

5-Single, Married, Widowed, or Divorced. (Write the word) Widow

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) May 1863

8-AGE. 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Domestic

(b) General nature of industry, business, or establishment in which employed (or employer). 670

(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country). Md

PARENTS:

10-NAME OF FATHER. Isaac Sample

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Margret Rowe

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14-

(Informant). Elizabeth Jones

(Address). 1331 Ward st.

15-

Filed SEP 10 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 7/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1925 to Sept 7 1925

that I last saw h. Ex alive on Sept 6 1925

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

(Signed) H S McCard M. D.

9/9, 1925 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mount Auburn	Sept 10, 1925
20-UNDERTAKER.	ADDRESS
Mrs R.A. Elliott	1525 Ashland Ave

...r.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01844

E 01844

CERTIFICATE OF DEATH.

66

REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 926 Hillman St ST., 10-2 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harvey Carter

(a) RESIDENCE NO. 926 Hillman St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

f married, widowed, or divorced HUSBAND of (or) WIFE of none

ATE OF BIRTH (month, day, and year) 1899

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36			

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Moving Furniture
(b) General nature of industry, business, or establishment in which employed (or employer) Self.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto.md

10 NAME OF FATHER Richard Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucinda Moxley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Robert Robinson
(Address) 926 Hillman St

Filed ..... 192 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Possible Acute Alcoholism

(duration) yrs. mos. ds.

(Signed) S. K. Walter, M. D.
(Coroner.)

9-9-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Sept 11 1925

20 UNDERTAKER Robert E. Wilkinson — ADDRESS 1515 McElderry St

Rec.—1-10-21—M&T—1500 Bks.

01845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164 E 01845

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Streeper ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Mommonier

(a) RESIDENCE No. 602 N. Streeper ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Mommonier

7 DATE OF BIRTH (month, day, and year) Nov. 15, 1842

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	9	23	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter + Builder

(b) General nature of industry, business, or establishment in which employed (or employer) Jobber 015

(c) Name of employer

PARENTS

10 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Charles Mommonier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Martha Cochran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Martha Mommonier

(Address) 602 N. Streeper St

15 Filed 19 Registrar

SEP 10 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Septem 1, 1925, to Septem 7, 1925, that I last saw h alive on 1, 2, 1925, and that death occurred, on the date stated above, at 11 A, m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Breakdown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Valentine O. M. D.

8, 19 (Address) 14 So Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Sept 12 1925

20 UNDERTAKER Henry Sander Sons Inc. ADDRESS 1710 Fleet St

Martha Betts.

Spec.—1-10-21—M&T—1500 Blks.

4169 E 01846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 44 E 01846

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 7-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7 WARD)

2-FULL NAME Martha Betts

(a) RESIDENCE NO. Grantsville West Virginia WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or ~~divorced~~

HUSBAND of (or) WIFE of Marshall Betts

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

6 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 63

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER James Right

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Sarah Reney

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Ricardo

(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 10 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925, to Sept. 8, 1925, that I last saw h alive on Sept. 8, 1925, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? West Virginia.

Did an operation precede death? Yes Date of Aug. 24 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Xray and examination

(Signed) F. H. Ruehrmund M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grantsville W Va

DATE OF BURIAL 9/10 1925

20 UNDERTAKER Joseph Abrens

ADDRESS 221 Busy

Rec—12-23-21—E.B.R.S.—400 Bks.

E 01847 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 113 E 01847

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 1-1

City of BALTIMORE: (No. 2236 Cambridge St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Soltysiak

(a) Residence No. 2236 Cambridge St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write this word.): Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of: —

7-DATE OF BIRTH (month, day and year): 12/21/24

8-AGE: ..... yrs. 8 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

10-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.

10-NAME OF FATHER: William Soltysiak

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Catherine Wachowiak

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14-INFORMANT: William Soltysiak

(Address): 2236 Cambridge

15- SEP 10 1925 ..... 192 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Sept 9 1925

17- I HEREBY CERTIFY, That I attended deceased from September 7 1925 to September 9 1925

that I last saw h. alive on September 9 1925

and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Acute entero-colitis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Frank Famiglietti M. D.

9/10, 1925 (Address) 2431 Fait Av

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: 9/11, 1925

UNDERTAKER: Mt Faekenelli — ADDRESS: 148 Eastern

01848

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

99-002

E 01848

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Fred Rd & North Bend Lane ST.: 28-5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Chas Isaac James.

(Residence in Baltimore: No. Fred Rd & North Bend Lane St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	married

6 DATE OF BIRTH Dec (Month) 23 (Day), 1855 (Year)

7 AGE 69 yrs. 8 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Lumber, Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Ret'd

9 BIRTHPLACE (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry James

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Amilia Kate

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs C R Bruery

(Address) Catonsville Md

SEP 10 1925 Filed ROBERT R. KRAUTER, Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept (Month) 9 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1925, to Sept 9 1925, that I saw him alive on Sept 4, 1925, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis &
Pulmonary Emphysema
(Duration) 15 yrs. mos. ds

Contributory (SECONDARY) acute Dilatation of Heart
(Duration) yrs. 10 minutes mos. ds.

(Signed) Marshall B Hurst M. D.

Sept 9, 1925 (Address) Catonsville Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL Sept 11, 1925

20 UNDERTAKER Henry Hopkins Sons

ADDRESS McCulloh & Richards

...—6-9-19—H. P. Co.—1000 Bks.

E 01849 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

90 E 01849

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 2289 Garrison Lane ST.; 20-4 WARD)

2-FULL NAME Charles A. Riebert

(a) RESIDENCE. No. 228 S. Garrison Lane ST., ... WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Married

3 If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Riebert

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Riebert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Riebert

(Address) 228 S. Garrison Lane

Filed SEP 10 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1925, to Sept 8, 1925, that I last saw him alive on Sept 7, 1925, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

½

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. S. Jones M. D.

9/8, 1925 (Address) 720 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Sept 11 1925

20 UNDERTAKER G. W. Dill

ADDRESS 3109 Frederick Ave.

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01850

E 01850

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) Johns Hopkins Hospital. ST., 27-11 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katy Novak

(a) RESIDENCE NO. Woodford Road Between Forest & Harford Aves ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)

Female White

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept. 1, 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~None~~ 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Novak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lenora Dombrowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant W. T. Sisson

(Address) Johns Hopkins Hospital.

15 Filed Sept 10 1925, 19 Robert B. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-1, 1925, to 9-1, 1925

that I last saw him alive on 9-1 1925

and that death occurred, on the date stated above, at 9 4-7 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. T. Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL. DATE OF BURIAL 19 SEP 10 1925

20 UNDERTAKER

ADDRESS

0 1925

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

01851

CERTIFICATE OF DEATH.

18 E 01851

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 216 W Chase ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Brown. 216 W Chase St.

(a) RESIDENCE NO. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Brown

DATE OF BIRTH (month, day, and year) Aug 10 1887

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38		21	

OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Sanitary

(c) Name of employer Mfg Co

BIRTHPLACE (city or town) (State or country) Macon Ga.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Macon Ga.

12 MAIDEN NAME OF MOTHER Lucy Brown

13 BIRTHPLACE OF FATHER (city or town) (State or country) Macon Ga.

Informant Annie Brown

(Address) 216 W Chase St

Filed ... 192 Registrar

10 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage accident struck by pneumatic tire Ford Tractor

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis (duration) yrs. mos. ds.

(Signed) H. G. Wades, M. D. (Coroner.)

Sept 8 1925 (Address) 1430 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Macon Ga.

DATE OF BURIAL 9/10 1925

20 UNDERTAKER Emmett D Kemp Ley

ADDRESS 578 N Bridge

ec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01852

CERTIFICATE OF DEATH.

13 E 01852

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #2 Calvert ST.; 25-7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland Ames

(Residence in Baltimore: No. 2 Calvert St. Brooklyn Balto St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) X

6-DATE OF BIRTH, June 25th (Month) (Day) 1925 (Year)

7-AGE, — yrs. 2 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Brooklyn, Balto. Md

PARENTS

10-NAME OF FATHER. Thomas H. Ames

11-BIRTHPLACE OF FATHER (State or Country). B. A. Co. Md

12-MAIDEN NAME OF MOTHER Laura V. Sailes

13-BIRTHPLACE OF MOTHER (State or Country). Essex County Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas H. Ames

(Address) 2 Calvert St. Brooklyn. Balto.

15-

SEP 10 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 9th (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 4th 1925, to Sept. 9th 1925, that I saw h.... alive on Sept 9th 1925, and that death occurred, on the date stated above, at 3:30 P.m.

The CAUSE OF DEATH* was as follows:

Intestinal Intoxication

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Harry Heibel M.D.

Sept 10th, 1925 (Address) 127 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Emmanuel Branch Cem

DATE OF BURIAL, Sept 11 1925

20-UNDERTAKER R. L. Parham

ADDRESS 906 Leadenhall St

...c.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01853

CERTIFICATE OF DEATH.

1-901 ✓

E 01853

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Hospt. ST., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Newman.

(a) RESIDENCE NO. 1540 Light ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 3. 1893.

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32	5	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman. 986

(b) General nature of industry, business or establishment in which employed (or employer) Central Chem. Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James Newman

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country)

12 MAIDEN NAME OF MOTHER Margaret Shelleng

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant R. Thayer (Address) 1630 Ashburton St

Filed Sept 10 1925 Robert N. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1925.

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1926, to Sept 9, 1926.

that I last saw h alive on Sept 9, 1926.

and that death occurred, on the date stated above, at 2 00 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hybrid fever -

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood culture.

(Signed) James H. Nelson, M. D.

(Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (2) Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem	Sept 11 1925
20 UNDERTAKER John J. Fahey & Son	ADDRESS 1315 Light St

...—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01854 113E 01854

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 808 S. Kenwood Ave. (St.) (Ward) 153

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Rosk

(a) RESIDENCE. No. 808 S. Kenwood Ave. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) Nov 8 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer) infant

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Balto Maryland.

10 NAME OF FATHER Andrew Rosk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Tina Sakorskey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Andrew Rosk

(Address) 808 S. Kenwood Ave

15 Filed 10 1925 19 Robert M. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1925, to Sept 9, 1925, that I last saw h[illegible] alive on Sept 4, 1925, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

coma — following acute gastro enteritis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chest (tuberculosis)

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? Poole, Kent Co, Md.

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [signature], M. D.

9/9/1925 (Address) 1014 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	19
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

E 01855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01855

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. [redacted] ST., 19-1 WARD)

2-FULL NAME Edward Butler

(a) RESIDENCE NO. 258 Brown St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ...min.
	39			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General (day)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George Butler

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Alice ?

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Baltimore Md

14 Informant City Hospitals Records (Address)

15 Filed Sept 11 1925 Robert R. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 4 1925

17

I HEREBY CERTIFY, That I attended deceased from September 3, 1925, to September 4, 1925.

that I last saw him alive on September 3, 1925.

and that death occurred, on the date stated above, at 8 Pm 1 m.

The CAUSE OF DEATH* was as follows:

Aortitis (Luetic),*

Myocarditis

Arteriosclerosis

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Myocardial Failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Laboratory

(Signed) R Hoopes Lund, M. D.

Sept 9, 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Sept 11 1925

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 E. Lombard St

...-1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01856 E 01856

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mun Hospital ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Saml F Dunn

(a) RESIDENCE NO 104 N Grove ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Jan 11 1922

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	7	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) Balto. Md
(State or country)

10 NAME OF FATHER Eddie H. Dunn

11 BIRTHPLACE OF FATHER (city or town) Ft Foote Va
(State or country)

12 MAIDEN NAME OF MOTHER Dorothy L Bennett

13 BIRTHPLACE OF MOTHER (city or town) Washington D.C.
(State or country)

Informant Addie H. Dunn
(Address) 104 N Grove St

Filed SEP 12 1925 Robert E. Garrison, Registrar

Burial Permit issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Auto Accident
Fracture neck
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Drowning
(duration) yrs. mos. ds.

(Signed) C Hale M. D.
(Coroner)

Sept 10 1925 (Address) 143 Hoffman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Sept 11 1925

UNDERTAKER H.D. Nippert ADDRESS 1550 W Balto St

...—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-001

E 01857

E 01857

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No 1821 E Lombard ST., 2-1 WARD)

2-FULL NAME George Stiller

(a) RESIDENCE NO. 1821 E Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
...al	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, and year) June 11, 1928

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	2	29	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto City
(State or country)

10 NAME OF FATHER Leo Stiller

11 BIRTHPLACE OF FATHER (city or town) Balto City
(State or country)

12 MAIDEN NAME OF MOTHER Dorothy Babitz

13 BIRTHPLACE OF MOTHER (city or town) Balto City
(State or country)

Informant Dorothy Stiller
(Address) 1821 E Lombard

FEP 11 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Acut Bronchitis

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Acut Congestion of Lungs (duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Hinton, M. D.
(Coroner.)

Sept 10, 1928 (Address) 4 W E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents — DATE OF BURIAL Sept 11 1928

20 UNDERTAKER Wendell Disselhorst — ADDRESS 132 Lan...

...—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01858

01858

CERTIFICATE OF DEATH.

123

8-3

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 2039 KeyserSt ST., WARD)

2-FULL NAME Leila Simms

(a) RESIDENCE NO. 2039 Keyser St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	widow

married, widowed, or divorced HUSBAND of (or) WIFE of Arta Sims

ATE OF BIRTH (month, day, and year) unknown

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56			

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

IRTHPLACE (city or town) Va.
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

Informant Robert Simms (son)
(Address) 2039 Keyser St

EP 11 1925 ROBERT P. KRAUTER ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Gall Stone Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probable adhesions of
region of pylorus yrs. mos. ds.

(Signed) ..... (Coroner.) M. D.

9-10-25, 192 (Address) 509 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brunswick Md — DATE OF BURIAL Sept 11 1925

20 UNDERTAKER Mrs R.G. Elliott — ADDRESS 1126 Ashland

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01859

CERTIFICATE OF DEATH.

15-11 129 E 01859

REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. St Agnes Hosp. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Finch.

(a) RESIDENCE No. 2101 Walbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred seventeen mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George Finch

DATE OF BIRTH (month, day, and year) May 5 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	3	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N. Y.

10 NAME OF FATHER Peter Hufslader

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Lucy Orton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Geo. N. Finch (Address) 2101 Walbrook ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1925, to Sept 11, 1925

that I last saw her alive on Sept 11, 1925

and that death occurred, on the date stated above, at 12-15 A m

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis - Ai-t. Sc.l. Hyper-tension

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorr.

(duration) [redacted] yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lapat.

(Signed) Frances A. Ellen, M. D.

, 19 (Address) 616 Dunbarton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hornell N. Y.	Sept 11, 1925
20 UNDERTAKER Josiah Syfer	ADDRESS 1600 W. North ave

r.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

01860 123 E 01860

REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. St Joseph Hospital ST., 2-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora V. Oppel

(a) RESIDENCE NO. 002 S. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred ever yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	white	married

f married, widowed, or divorced HUSBAND of (or) WIFE of John J. Oppel

ATE OF BIRTH (month, day, and year) April 6-1885

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	5	4	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

IRTHPLACE (city or town) Frederick, Md
(State or country)

10 NAME OF FATHER James Brightwell

11 BIRTHPLACE OF FATHER (city or town) Frederick Md
(State or country)

12 MAIDEN NAME OF MOTHER Lucinda Keiser

13 BIRTHPLACE OF MOTHER (city or town) Frederick Md
(State or country)

Informant Cornelia I. Reichardt
(Address) 3813 Gough St

Filed ..... 192 ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Embolus

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probably Acute Choleocystitis or Gall stones

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Coe, M. D.
(Coroner.)

9-10-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Sept 12 1925

20 UNDERTAKER W. M. Cook — ADDRESS 502 E. North Ave

cc—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01861

CERTIFICATE OF DEATH.

5-13 E 01861

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospitale Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Lee Conway

(a) Residence No. 402 Calvin St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) July 3, 1925

8-AGE. yrs. 2 mos. 7 ds. If LESS than 1 day, hrs. or min.*

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work baby yes

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Charles Conway

11-BIRTHPLACE OF FATHER (city or town) Maryland (State or Country),

12-MAIDEN NAME OF MOTHER, Lena Boss

13-BIRTHPLACE OF MOTHER (city or town) Maryland (State or Country),

14- (Informant) Mrs Charles Conway

(Address) 402 Calvin St

15- Filed SEP 11 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 10-25

17- I HEREBY CERTIFY, That I attended deceased from August 26, 19 25 to September 10 19 25

that I last saw him alive on September 10, 19 25

and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Entero - colitis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? clinical methods, autopsy

(Signed) Frank R. Smith, Jr. M. D

, 19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Sept 12, 1925

20-UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

ec. — 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01862

CERTIFICATE OF DEATH.

+ 91-003 E 01862

REGISTERED NO.....

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2418 Woodbrook ave ST. 13 WARD 5)

2-FULL NAME Julius Kerngood

(a) RESIDENCE No. 2418 Woodbrook ave WARD New York
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Kerngood

DATE OF BIRTH (month, day, and year) 10-24-1863

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	10	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Hesbiel Kerngood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Eichenwald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lena Kerngood
(Address) 601 W 160th St N. York City

15 Filed SEP 11 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/10/1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1925 to Sept 10, 1925 that I last saw him alive on Sept 10, 1925 and that death occurred, on the date stated above, at 4.05 A m.

The CAUSE OF DEATH* was as follows:

Endarteritis Obliterans

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In New York

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. D. Lloyd, M. D.

, 19 (Address) 1737 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 9/13/1925

20 UNDERTAKER David Sondheim

ADDRESS 1005 W Boyd

...ec. 1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 01863

1863

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...ITY OF BALTIMORE: (No. 417 Homeland Ave. 27-8 WARD)

2-FULL NAME Albert Goodman

(a) RESIDENCE NO. 417 Homeland Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca J. Goodman

DATE OF BIRTH (month, day, and year) 11-14-1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	4	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Reporter

(b) General nature of industry, business, or establishment in which employed (or employer) Newspaper

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Arron Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosalie Burkind

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rebecca J Goodman

(Address) 417 Homeland ave

15 Filed SEP 11 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/10/1925

17 I HEREBY CERTIFY, That I attended deceased from 9/15/15 to 9/10/25 that I last saw him alive on 9/15/25 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Ch. Endocarditis

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W W Yaddess M. D.

9/9/25 19 (Address) 321-E-25

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ohel Shalom Cem. DATE OF BURIAL 9/13/1925

20 UNDERTAKER David Sondheim ADDRESS 1150 W. Pratt Royal Ave

Rec.—1-10-21—M&T—1500 Bks.

1864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159-002 E 01864

REGISTERED NO.

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. 19-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Hulsart (Hulsart)

(w) RESIDENCE NO. 1409 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State) New Jersey

Length of residence in city or town where death occurred 0 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 8-1924

AGE	Years	Months	Days	If LESS than 1 day, 0 hrs. or 0 min.
	0	11	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Raynal Hulsart

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Josephine Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Josephine Hulsart

(Address) 1409 W Fayette st

Filed SEP 11 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/6, 1925, to 9/9, 1925.

that I last saw her alive on 9/6, 1925

and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Congenital Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) 0 yrs. 0 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James Carlyle, M. D.

9/9, 1925 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 9-11th 1925

20 UNDERTAKER ROBERT BROOKS & SON

ADDRESS Calhoun Hollins st

ec.—1-10-21—M&T—1500 Bks.

E 01865

HEALTH DEPARTMENT—CITY OF BALTIMORE

83 E 01865

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 214 E.20th.St ST., 17-5 WARD)

2-FULL NAME Donald McIlvain Pontier

(a) RESIDENCE NO. 214 E.20th.St ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 24 ds. How long in U. S., if of foreign birth? 56 yrs. 5 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Helen R.Pontier

DATE OF BIRTH (month, day, and year) March 16-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	56	5	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward F.Pontier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary R.Hogg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs Helen R.Pontier(Wife)
(Address) 214 E.20th.St

SEP 11 1925 ROBERT R. KRAUTER, Registrar
City Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 9 1920. to Sept 8 1925, that I last saw h alive on Sept 8 1925, and that death occurred, on the date stated above, at 11 0. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral softening (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? NK

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed Frank Hagner M. D.
9/9, 1925 (Address) 2430 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Sept-12,25

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

...ec.—1-10-21—M&T—1500 Bks.

01866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16J-002 01866

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Women's Hospital-

...ITY OF BALTIMORE: (No. ..... ST., 13-3 WARD)

2-FULL NAME Baby Myerberg

(a) RESIDENCE NO. 290 N Eutaw ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single-

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Sept. 8, 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

OCCUPATION OF DECEASED None -

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Isador Myerberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Teresa W. Claster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto -

14 Informant Isador Myerberg - Father
(Address) 1962 Lanvale Terrace

SEP 11 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept - 10, 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 8, 1925, to Sept. 10, 1925, that I last saw him alive on Sept - 10, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Sept-10 1925

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [signature] M. D.

, 19 (Address) 3860 Booth St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 9-11- 19

20 UNDERTAKER: Jos. Lewis, 1491 E. Balto

ADDRESS

Rec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01867

44 E 01867

E 01867

CERTIFICATE OF DEATH.

3-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 4 WARD)

2-FULL NAME Mrs Rebecca Liebowitz

(a) RESIDENCE NO. 135 S. Bond ST., WARD H-9

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Max Liebowitz husband

DATE OF BIRTH (month, day, and year) —— 1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	—	—	

6 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

PARENTS

7 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Liebowitz (Address) 135 S. Bond St.

15 SEP 11 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1925, to Sept 10, 1925, that I last saw her alive on Sept 10, 1925, and that death occurred, on the date stated above, at 6 40 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

6 wks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema. (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Philip Jacobson M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Sinai Hebrew Cem

DATE OF BURIAL 9-11-1925

20 UNDERTAKER Jacob Weis

ADDRESS 1731 E Baltimore

Spec.—1-10-21—M&T—1500 Blks.

Horwitz

HEALTH DEPARTMENT—CITY OF BALTIMORE

01868 E 01868

CERTIFICATE OF DEATH.

123

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 15-8 WARD)

2-FULL NAME Sarah J. Horwitz (Jennie)

(a) RESIDENCE NO. 1915 Ruxton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Horwitz

DATE OF BIRTH (month, day, and year) 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harris Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ingary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Horwitz

(Address) 1915 Ruxton Ave

15 Filed SEP 11 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 19 25

17 I HEREBY CERTIFY, That I attended deceased from 9/1/25, 19 , to 9/11/25, 19 ,

that I last saw h alive on 9/11/25, 19

and that death occurred, on the date stated above, at 1.05 Pm

The CAUSE OF DEATH* was as follows: Arteriosclerosis Shock

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 8-25

Was there an autopsy? Yes Findings Same

What test confirmed diagnosis? Clinical Gross

(Signed) Jesse Gudelsky M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 9-11- 1925

ADDRESS

20 UNDERTAKER Jos Levis 1424 E. Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01869 — 113 E 01869

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1812 Calhoun ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME P. Kennedy Hamer.

(a) RESIDENCE NO. 1812 Calhoun Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Jan. 9. 1925.

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8		

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Henry L. Hamer.

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Etta Hamer.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Henry L. Hamer.
(Address) 1812 Carrington Ave

SEP 11 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 9, 1925, that I last saw h[illegible] alive on Sept 8, 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno. Frahm, M. D.

9/10. 1925 (Address) 1827 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Sept 12 1925

20 UNDERTAKER Geo. J. Ruck — ADDRESS 735 Harford Ave.

Dec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01870 CERTIFICATE OF DEATH. X 129 E 01870

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (NO. Wayne & Richland Aves. ST., 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Dodson

(a) RESIDENCE NO. 816 Wyman Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lula J Dodson

DATE OF BIRTH (month, day, and year) Aug 4-1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	73			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Alfred Dodson

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Lula J Dodson

(Address) 816 Wyman Ave

15 Filed SEP 11 1925 .19.. ROBERT H. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/7 .1925. to 9/10 .1925.

that I last saw h[illegible] alive on 9/10 .1925.

and that death occurred, on the date stated above, at 10:35 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Benign hypertrophy of prostate.

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 9/3/25

Was there an autopsy? No

What test (confirmed diagnosis)? Clinical findings

(Signed) Jr. Hubert Williams M. D.

, 19 (Address) 1 W Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Vienna Va DATE OF BURIAL 9/11 1925

20 UNDERTAKER William Cook ADDRESS 502 E Biddle

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01871

CERTIFICATE OF DEATH.

32E-01871

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16 W. Maple Ave St., Ward) 27-14

2-FULL NAME Robert Lee Chelf.

(a) RESIDENCE NO. 16 W. Maple Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Aug 22-1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	19	

OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Arthur M Chelf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Sanford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant (Address) Arthur M Chelf 16 W Maple Ave

Filed ..... 19 .....

SEP 1 1925 ROBERT R. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 5, 1925, to Sept 10, 1925,

that I last saw h[illegible] alive on Sept 10, 1925,

and that death occurred, on the date stated above, at 3 45 P m.

The CAUSE OF DEATH* was as follows:

To Meningitis

Bronchial Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustave A Fritz, M. D.

, 1925 (Address) Overlea

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Sept 12, 1925

20 UNDERTAKER: John Wenck

ADDRESS: 200 N Calvert

Dec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01872

CERTIFICATE OF DEATH.

6-2 113

E 01872

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 211 N. Castle ST., 6 WARD)

2-FULL NAME Lillian M. Back.

(a) RESIDENCE NO. 211 N. Castle ST., 6 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 8th 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant. 8 M

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John A. Back.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary M. Rosenberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant John A Back.

(Address) 211 N. Castle St.

15 Filed ....., 19 ROBERT A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 8 19 25

17 I HEREBY CERTIFY, That I attended deceased from September 7, 1925, to September 8, 1925, that I last saw h alive on September 8, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro - Enteritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Sept 9/25 19 (Address) 2005 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Sept 10 19 25

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 1003 E. Monument St

—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01873

CERTIFICATE OF DEATH.

113 E 01873

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 S. Durham ST., 2-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian T. Androchek

(a) RESIDENCE NO. 702 S. Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
(HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) July 30 1924

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	1	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Jacub. Androchek

11 BIRTHPLACE OF FATHER (city or town) Rusia (State or country)

12 MAIDEN NAME OF MOTHER Anna. Otremba

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

Informant Mr Jacub . Androchek

(Address) 702 S. Durham Street

Filed SEP 11 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/10/25

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1925, to Sept 10, 1925, that I last saw h[illegible] alive on Sept 10, 1925, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Gastro Enterits

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm J Rosenau M. D.

Sept 11 1925 (Address) 802 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Harford Ave

DATE OF BURIAL Sep 11 1925

20 UNDERTAKER John a Weber

ADDRESS 1803 Bank A

Spec—12-23-21—E.B.R.S.—400 Bks.

01874 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01874

CERTIFICATE OF DEATH. 28-31

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE. (No. 4321 Groveland St., 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Catherine B. Gray

(a) Residence No. 4321 Groveland St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of John F. Gray

7-DATE OF BIRTH (month, day and year) [illegible]

8-AGE, 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

PARENTS.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

10-NAME OF FATHER, John Schnauffer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Barbara Schaefer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-(Informant) Mrs. Catherine Schnauffer

(Address) 4314 Bucks Ave

SEP 11 1925 ROBERT N. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 10 1925

17-I HEREBY CERTIFY, That I attended deceased from Feby 2nd, 1925, to Sept 10th, 1925, that I last saw her alive on Sept 10, 1925, and that death occurred, on the date stated above, at 9 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(Duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Insanition (Duration) yrs. 1 mos. 10 ds.

18-Where was disease contracted if not at place of death? Balto.

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

Signed [illegible] M. D.

(Address) 6 E Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge DATE OF BURIAL, Sept 12, 1925

20-UNDERTAKER, George J. Smith ADDRESS 153 W Holbrook

Spec.—1-10-21—M&T—1500 Bks.

E 01875

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01875

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals, Baltimore, Md.

CITY OF BALTIMORE: (No.) ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Muller,

(a) RESIDENCE No. 1429 Gough St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male,	white,	Widowed.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

DATE OF BIRTH (month, day, and year) 1871.

AGE	54	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Muller.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Jennie Ruden.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Hospital Records.

(Address) Baltimore City Hospitals.

1925 Robert B. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10-25. 19

17

I HEREBY CERTIFY, That I attended deceased from 9-4-25. 19 to 9-10-25 19

that I last saw him alive on 9-10-25. 19

and that death occurred, on the date stated above, at 2:45 A. m.

The CAUSE OF DEATH* was as follows:

Extensive Urinary Extravasation and Gangrene of the External Genitalia, perineum, and abdomina l wall, from uretheral stricture, probably specific in origin, (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of 9-5-25.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and Lab.

(Signed) Wm P Thompson M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept 12 1925

20 UNDERTAKER [illegible] ADDRESS 378 N

Spec.—1-10-21—M&T—1500 Bks.

E 01876

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01876

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL 9

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 10-2 WARD)

2-FULL NAME Juanita Frazier

(a) RESIDENCE NO. 729 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE C | 5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 21 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John T. Frazier

11 BIRTHPLACE OF FATHER (city or town) (State or country) V. E.

12 MAIDEN NAME OF MOTHER Annie Bram

13 BIRTHPLACE OF MOTHER (city or town) (State or country) V. E.

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed 1 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1925, to Sept. 9, 1925, that I last saw h[illegible] alive on Sept. 9, 1925, and that death occurred, on the date stated above, at 4:15 p. m.

The CAUSE OF DEATH* was as follows:

1

Pertussis (duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia, acute (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Path Report

(Signed) A. Schaffer, M. D.

, 19 (Address) The John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means, and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Hope Cemetery — DATE OF BURIAL: Sept 11 1925

20 UNDERTAKER: Mrs. R. C. Elliott — ADDRESS: 1125 Eastlake

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 01877

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) University Hosp. St., ... Ward) 10-2 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Hill

(a) Residence No. 1217 E. Biddle St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) July 13, 1897

8-AGE, 28 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cashier 109

(b) General nature of Industry, business, or establishment in which employed (or employer) Gas & Electrics

(c) Name of employer .....

10-BIRTHPLACE (city or town) (State or Country), Va

PARENTS.

10-NAME OF FATHER, Wesson Hill

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER Lillie Knielly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) University Hosp

(Address) Records

15- Filed 1925 Robert B. BARTLETT Registrar.

Assist Forest Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-10-25

17- I HEREBY CERTIFY, That I attended deceased from 8-10 ....., 1925 to 9-10 ....., 1925

that I last saw h.. alive on 9-10 ....., 1925

and that death occurred, on the date stated above, at 8-45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchiectasis - Rt. Lung

(Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of 8-22-24-31 (93)

Was there an autopsy? No

What test confirmed diagnosis Clinical & Laboratory Test

(Signed) Lee Irvin Colgin M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Pk Cem. DATE OF BURIAL, Sept 14 1925

20-UNDERTAKER, Elmer W. Condelin ADDRESS 248 E Eager St.

over

—1-12-23—M&T—500 Bks.

E 01878

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01878

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO. 2021

CITY OF BALTIMORE: (No.) 242 Loudon Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Childs

(a) RESIDENCE NO. 242 Loudon Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Childs

6 DATE OF BIRTH (month, day, and year) Sept. 22, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Own Business

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER George T. Childs

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriett DeGual

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Harry G.T. Childs Sr.
(Address) 242 Loudon Avenue

15 Filed 1925, 19 Robert B. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 10, 1925.

that I last saw him alive on Sept 10, 1925

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial hypertrophy and decompensation
Contributory arterio sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Enlarged prostate Kidneys enlarged
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) D. Amos Palafox, M. D.

9-12, 1925 (Address) Catonsville, Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	Sept 12 "25
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Gay St

Spec—12-23-21—E.B.R.S.—400 Bks.

01879

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01879

CERTIFICATE OF DEATH.

129

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1720 Ethering St., Ward 14-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Cooper

(a) Residence No. 1720 Ethering St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) June 9. 1881

7-AGE. 44 yrs. 3 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Ethering Md.

9-BIRTHPLACE (city or town) (State or Country),

PARENTS.

10-NAME OF FATHER, William Cooper

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Louise Burkett

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Bertha Wells

(Address) 1715 Ethering St.

15- Filed 1925, 192.... Robert P. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 9. 1925

17- I HEREBY CERTIFY, That I attended deceased from June 11, 1925 to Sept. 9, 1925

that I last saw h.. alive on Sept 8 1925

and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Urine Physical

(Signed) W. H. Wright M. D.

(Address) 1209 Presstman St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery — DATE OF BURIAL: Sept 12, 1925

20-UNDERTAKER: Mrs Bas. V. Dennis per H. G. Nelson. — ADDRESS: 1303 Presstman St.

c.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01880

01880

CERTIFICATE OF DEATH.

160

REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) If death occurred in a hospital or institution, give its NAME instead of street and number.) 1 Maryland Ave Westport WARD 25

2-FULL NAME Elmer B. Hadel

(a) RESIDENCE. No. 1 Maryland Ave Westport WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sept. 3, 1925

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Samuel Hadel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret A Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mr. Samuel Hadel
(Address) 1 Md Ave Westport.

15 Filed ....., 19.. Robert ... Registrar

1 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 5 1925 to Sept 11 1925, that I last saw him alive on Sept 11 1925, and that death occurred, on the date stated above, at 11 00 P. m.

The CAUSE OF DEATH* was as follows:

Tolerus and Sepsis

(duration) nu yrs. nu mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Stools and cult.

(Signed) Raymond D. Glunz, M. D.

Sept 11, 1925 (Address) Lakeland.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Sept 12 1925
20 UNDERTAKER	ADDRESS
Nelson E Stiles	320 Md Ave Westport

...—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01881

E 01881

CERTIFICATE OF DEATH.

25-13

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 31 Maryland Ave Westport WARD

2-FULL NAME June Cameron

(a) RESIDENCE. No 31 Maryland Ave Westport. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 14 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 25, 1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		14	15	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Bernard Cameron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER Edna Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Edna Cameron
(Address) 31 Md Ave Westport

15 Filed 2 1925

Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1925, to Sept 10, 1925, that I last saw her alive on Sept 2, 1925, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(duration) no yrs. no mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Stools

(Signed) Raymond Glaum, M. D.

Sept 10, 1925 (Address) Parkland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Sept 12 1925
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	320 Md. Ave Westport.

Spec. — 1-10-21—M&T—1500 Blks.

E 01882

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01882

CERTIFICATE OF DEATH.

X 5

REGISTERED NO. 16-7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 710 N. Carey ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie Elizabeth Harris

(a) RESIDENCE NO. 710 N. Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 21-1907

7 AGE — Years: 18 — Months: 2 — Days: 21 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Anne Arundel Co., Md.

PARENTS

10 NAME OF FATHER: Mallie Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Anne Arundel Co. Md

12 MAIDEN NAME OF MOTHER: Rosie Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Anne Arundel Co. Md

14 Informant (Address): Mrs. Bertha Butler, 710 N. Carey

15 2 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 6 1925 to Sept 11 1925

that I last saw her alive on Sept 11 1925

and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Auricles (Auricular Fibrillation)

(duration) yrs. 1 mos 10 ds.

CONTRIBUTORY (Secondary): Acute Endocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home, Anne Arundel Co.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatology

(Signed) Eastern Bell, M. D.

, 19 (Address) 1324 Belnor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marks — DATE OF BURIAL: Sept 17 1925

20 UNDERTAKER: John H Toadvine — ADDRESS 1427 Eutaw Pl

Cor.—1-12-23—M. & T—100 Blks.

01883 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 01883

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 1514 Ashland Ave ST., 7-1 WARD)

2-FULL NAME Mary E. Taylor

(a) RESIDENCE NO. 1514 Ashland Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	col	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) Aug 23-1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	0	18	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Raleigh N.C.

10 NAME OF FATHER Isaac Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Maggie Curtis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

4 Informant Maggie C. Taylo r
(Address) 1514 A hland Ave

5 Filed 2 1925, 192 Robert F. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept11-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) C. H. Patter, M. D.
(Coroner.)

9-11-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Raleigh N.C. DATE OF BURIAL Sept 25 192 5

20 UNDERTAKER Chas. B. Johnson ADDRESS 46 Fayetteville St

Spec.—1-10-21 M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01884

CERTIFICATE OF DEATH.

27-161-001

E 01884

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary ST. Balt WARD 8.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Sause

(a) RESIDENCE NO. Gordon Apts. Oberlea ST., Nev. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 16 hrs. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): New born.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 10. 1925

7 AGE: Years: New Born. Months: Days: If LESS than 1 day, 16 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): New Born.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Church Home Infirmary Balto Md.

PARENTS

10 NAME OF FATHER David Sause

11 BIRTHPLACE OF FATHER (city or town) Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER Marie Eliz. Howe.

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.

(State or country)

14 Informant Church Home Infirmary

(Address) Balto Md.

15 Filed ..... 19 .....

ROBERT M. MATTHEW,

Registrar

12 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11. 1925

17 I HEREBY CERTIFY, That I attended deceased from 11.20 pm Sept 10, 1925 to 3.30 pm Sept 11, 1925, that I last saw her alive on Sept 11. 3.30 pm, 1925, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Premature 6½ Months

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. W. Gray M. D.

, 19 (Address) 11 E Chase St Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Cem. | DATE OF BURIAL: Sept 12 1925

20 UNDERTAKER: John C Miller | ADDRESS: 3119 E Monument

55

Spec.—1-10-21—M&T—1500 Bks.

8466 01885 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01885

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 7-1 REGISTERED NO. 9

CITY OF BALTIMORE: (NO. ..... ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David H. Cole

(a) RESIDENCE NO. 528 N. Bethel St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER Theodore Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed 12 1925, 19 Robert E. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1925, to Sept 10, 1925, that I last saw him alive on Sept 10, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis, acute (pneumococcus)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pertussis & pneumonia, Broncho — (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Alex Jacobstein, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. — DATE OF BURIAL: Sept 12 1925

20 UNDERTAKER: Jas J. G. Locke — ADDRESS: 1302 Jeffer

Cor.—1-12-23—M&T—100 Bks.

E 01886

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01886

CERTIFICATE OF DEATH.

9-5 1803

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Ruppel

(a) RESIDENCE NO. 1000 E. North Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

DATE OF BIRTH (month, day, and year) Sept 17-1880

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	11	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto.Md

10 NAME OF FATHER Anthony Ruppel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E. Schmodt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Mary A. Ruppel
(Address) 1000 E.North Ave

Filed 12 1925, 192 Robert B. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull & other injuries

Struck by autotruck-accidental (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. K. Cale, M. D. (Coroner.)

9-11-25, 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Sept 14 1925

20 UNDERTAKER Robt T Turner Jr — ADDRESS N Broadway

01387 HEALTH DEPARTMENT—CITY OF BALTIMORE 01387

CERTIFICATE OF DEATH.

Registered No. C 2188-03

1-PLACE OF DEATH

City of BALTIMORE: (No.) South Baltimore General Hospital. (Ward) 21

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie D.Hammond.

(Residence in Baltimore: No.) 1113 West Hamburg Street. St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	White.	Widowed.

6-DATE OF BIRTH. July 4, 1890. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
35 yrs. 2 mos. 6 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). West Virginia

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Parker.

(Address) 1036 Maldeis St.

15-

Filed 2 1925 19.. Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 10th, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the spinal column.
Internal injuries, run over by a backing automobile. Accidental Death.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Sep. 12, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Hawkins Point. September 6, 1925.

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount	Sept 14 19 25
20-UNDERTAKER, Wm. Cook,	ADDRESS 502 E North ave

Spec.—1-10-21—M&T—1500 Bks.

E 01888 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01888

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 216 N. Fremont Ave (ST.) 18-1 (WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida DeGroner

(a) RESIDENCE No. 216 N. Fremont Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6 DATE OF BIRTH (month, day, and year) Jan 9, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	25	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Italy
(State or country)

PARENTS

10 NAME OF FATHER Domonic Caddari

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Italy

12 MAIDEN NAME OF MOTHER Girranda Viduri

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Italy

14 Informant (Address) Vincent DeGeorge 207 N Eleventh

Filed SEP 2 1925, 19..... ROBERT E. HARRISON, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1925

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1925, to Sept 10, 1925, that I last saw her alive on Sept 7, 1925, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? 210 N. Fremont Ave.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) Chester Roland, M. D.

9-10-1925 19 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Sept 14 1925

20 UNDERTAKER Wm Cook 702 E Lee ADDRESS

Cor.—1-12-23—M&T—100 Bks.

E 01889

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01889

CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Finney

(a) RESIDENCE No. 736 Dolphin St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edna V. Finney

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) Howard Furniture Co

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant (Address) Edna V. Finney Wife 736 Dolphin St

15 Filed 12-1925, 192 Robert E. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia-Shock-Myocarditi

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Bauers, M. D. (Coroner.)

9-11-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 6 yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Auburn — DATE OF BURIAL Sept 13 1925

20 UNDERTAKER Sam'l W. Chase & Son — ADDRESS 1400 Mosher

Cor.—1-12-23—M&T—100 Bks.

E 01890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01890

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 N. Vincent St., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace T Thomas

(a) RESIDENCE No. 1641 N. Vincent St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 19 1896

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	7	19	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Eliz. Dorsey

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant John Thomas
(Address) 2316 Edmondson Ave.

15 Filed 9-1925, 192 Robert M. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said enquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Sept. 9, 1925 (Address) 2842 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville — DATE OF BURIAL Sept 13 1925

20 UNDERTAKER Sam'l Crase & Son — ADDRESS 1405 Madison

E 01891

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

99-092

E 01891

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 516 N. Paca St. 17-3 ST. ..... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles Leist

(Residence in Baltimore: No. 516 N. Paca St. ..... St. 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July 26th (Month) ..... (Day), 1855 (Year)

7 AGE: 70 yrs. 1 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): 088

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Chas Leist

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Buttner

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Otilia Leist

(Address) 516 N. Paca st

15. Rec'd ..... 1925, 191 ..... REGISTRAR

12 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 11, (Month) ..... (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to Sept 11 1925
that I saw him alive on Sept 10, 1925
and that death occurred, on the date stated above, at 5:00 A m.
The CAUSE OF DEATH* was as follows:

Bronchitis, chronic

(Duration) 2 yrs. ? mos. ? ds

Contributory (SECONDARY) Cardiac asthenia

(Duration) 0 yrs. 0 mos. 8 ds.

(Signed) John LeStanabury M. D.

Sept 11, 1925 (Address) 1037 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: 9/14, 1925

20 UNDERTAKER: Geo A Jacoby — ADDRESS: Eutaw & Laytte

IS VERY IMPORTANT. See instruction on

KODAK

Cor.—1-12-23—M&T—100 Bks.

E 01892

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01892

CERTIFICATE OF DEATH.

REGISTERED NO. 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Western Cem ST., 26-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Deyle

(a) RESIDENCE NO. 3420 E. Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Deyle

6 DATE OF BIRTH (month, day, and year) May 10 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	64	4	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) 813
(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. J. W. Packer
(Address) 103 Kelbaire (Raseburg)

Filed ..... 192 Robert B. Harrison, Registrar

Z 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage Brain

Suicide — Shot Self

through Head (duration) mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos. ds.

(Signed) Wm. H. Horton, M. D.
Sept 11 1925 (Coroner.) (Address) Curtis Bay,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	Sept 14 1925
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St.

Spec—12-23-21—E.B.R.S.—400 Bks.

01893

HEALTH DEPARTMENT—CITY OF BALTIMORE

01893

CERTIFICATE OF DEATH.

45

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1927 W Balto St. St., 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W Walsh

(a) Residence No. 1927 W Balto St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white.

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sarah M. [illegible] Swiney

6-DATE OF BIRTH (month, day and year) Unknown 1844

7-AGE. 76 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Machinist—

(c) Name of employer..... Fire Department

9-BIRTHPLACE (city or town) (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Michael Walsh

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Unknown.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Scotland

14- (Informant) Mrs. Sarah M Walsh

(Address) 1927 W Balto St

15-

Filed 2 1925 Robert B. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 11 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925 to Sept. 11, 1925

that I last saw h~~im~~ alive on Sept. 10, 1925

and that death occurred, on the date stated above, at 7.30 ~~P~~ A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Vesicae

per

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemochorge

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug. 24

Was there an autopsy? No

What test confirmed diagnosis? Palpation

(Signed) [illegible] M. D.

9-11, 1925 (Address) 902 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catholic Cem	Sept 14, 1925
Undertaker Gorman & Son	ADDRESS
Per J. J. Gorman & Son	902 Hollins St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01894

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01894

CERTIFICATE OF DEATH.

X 3

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1718 W. Franklin St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ivory Williams

(a) Residence No. 1718 W. Franklin St., Ward Burgaw N.C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Lottie Williams

6-DATE OF BIRTH (month, day and year) Sept.-1901

7-AGE, 23 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lab,

(b) General nature of industry, business, or establishment in which employed (or employer) Goana Factory

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Pender Co, North Carolina

PARENTS.

10-NAME OF FATHER, Ed. Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Pender Co, N. C.

12-MAIDEN NAME OF MOTHER, Ida Garrison

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). N. C.

14-

(Informant) Eva Thomas

(Address) 1718 W. Franklin

15-Dec. 2 1925 19

Robert B. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-11-25

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925, to Sept. 11, 1925, that I last saw him alive on Sept 10, 19 25, and that death occurred, on the date stated above, at 3.00 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum Exam.

(Signed) H. Marco Williams, M. D.

9-11, 19 25 (Address) 1530 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Burgaw N. C. DATE OF BURIAL, 9-12, 1925

20-UNDERTAKER Joseph A. Lively ADDRESS 151 Hunter

Spec.—1-10-21—M&T—1500 Blks.

E 01895 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 01895

CERTIFICATE OF DEATH. 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3402 Harford Ave ST., 19-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie J. May

(a) RESIDENCE NO. 3402 Harford Ave ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 74 yrs. 3 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female 4 COLOR OR RACE: White 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: (none)

6 DATE OF BIRTH (month, day, and year) May 17 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Cecil Co. Maryland

PARENTS

10 NAME OF FATHER: Frank J May

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cecil Co Md

12 MAIDEN NAME OF MOTHER: Mary Rhodes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cecil Co Md

14 Informant: Dr. Elmer Brinton (Address) 1232 N Calvert St

15 Filed 2 1925 Robert M Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11th 1925

17 I HEREBY CERTIFY, That I attended deceased from January, 1925, to Sept 11th, 1925, that I last saw her alive on Sept 11th, 1:45 P.M. 1925, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Lung & Pleura with Metastases to Liver & Brain

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Heart Exhaustion

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wilmer Brinton, M. D.

, 19 (Address) 1232 W. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethel Cemetery Cecil Co. Md

DATE OF BURIAL: Sept 14 1925

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01896 146 VE 01896

CERTIFICATE OF DEATH.

01896

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital. ST., 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Odie Stokes

1a) RESIDENCE NO. 2442 Oak St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced (or) WIFE of Archer Stokes

6 DATE OF BIRTH (month, day, and year) November 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
28 Years				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William J Ann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant W. E. Sisson

(Address) Johns Hopkins Hospital.

15 Filed 2 1925, 19 Robert F. Harrison, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1925, to Sept. 11, 1925, that I last saw h-er alive on Sept. 11, 1925, and that death occurred, on the date stated above, at 8 00 a.m.

The CAUSE OF DEATH* was as follows:

Thrombo-phlebitis

(duration) yrs. 1 mos — da.

CONTRIBUTORY (Secondary) Acute myocardial failure

(duration) — yrs. mos. 5 da.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? ?

What test confirmed diagnosis? —

(Signed) W. E. Sisson M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Bay Va	Sept 12 1925

20 UNDERTAKER Mrs R. G. Elliott ADDRESS 1725 Eastland ave

c.—1-12-23—M&T—500 Bks.

E 01897

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 01897

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md ST., 17-3 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jane Norris

(a) RESIDENCE NO. 678 Pierce Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Francis Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed 2 1925, 19 Robert A. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 19 25

17

I HEREBY CERTIFY, That I attended deceased from July 7, 19 25, to September 10 19 25, that I last saw h... alive on September 10, 19 25, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Multiple Uterine Fibroids Mechanical Intestional Obstruc

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of Sept. 2, 1925

Was there an autopsy? No Clinical findings

What test confirmed diagnosis?

(Signed) Harry Edmunds, M.D.

9/10 1925 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Sept 3 1925

20 UNDERTAKER Samuel Hensley

ADDRESS 578 N Bdle

Spec—12-23-21—E.B.P.S.—400 Bks.

1898 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01898

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ. Hospital 4-1 40 Registered No.....

City of BALTIMORE: (No..... St.,..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marion Hill.

(a) Residence No..... parkton St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, Black

5-(Single, Married, Widowed, or Divorced, (Write the word.)

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 12-8-1909

7-AGE, 15 yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HW.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Hill

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Bridget Walton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Univ. Hospital

(Address).....

15- SEP 13 1925 ROBERT R. KRAUTER, Registrar.
Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 12-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1925 to Sept 12 1925, that I last saw her alive on Sept 12 1925, and that death occurred, on the date stated above, at 10 15 a.m.

The CAUSE OF DEATH* was as follows:

Fibro-ovarian adenoma.

.....(Duration).....yrs. 3 mos. HW ds.

CONTRIBUTORY (Secondary) Pneumonia.

.....(Duration).....yrs.....mos. 10 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy.

(Signed) A. L. McAnally M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Hereford — DATE OF BURIAL, Sept 12 1925

20-UNDERTAKER E. LeRoy Stiffler — ADDRESS Towson Md

Spec.-1-10-21-M&T-1500 Blks.

01899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 E 01899

1-PLACE OF DEATH St. Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver Sts. ST., 9-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm H Crowder

(a) RESIDENCE NO. 2751 Fenwick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 25. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Boiler Hanger

(b) General nature of industry, business, or establishment in which employed (or employer): Rod. 50

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Wm Crowder

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Elizabeth Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant: St. Josephs Hospital (Address)

15 SEP 13 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/17/25, 1925, to 9/10, 1925, that I last saw h. alive on 9/10/25, 1925, and that death occurred, on the date stated above, at 9.45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Prostatitis

Cerrigan Hypertrophy

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute anemia

(duration) yrs. 3 weeks mos. 1 ds.

18 Where was disease contracted if not at place of death? Hand.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. K. M. Cavell M. D.

19 (Address) St. Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Sept 14 1925

20 UNDERTAKER: George L. Schwab — ADDRESS: Northern Ave,

Spec.—1-10-21—M&T—1500 Bks.

E 01900 E 01900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. 6-1 ST., WARD)

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Simpson

(a) RESIDENCE NO. 226 N Conkling ~~1345 Wagstaff Ave~~ ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Pleasant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friends (Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 13 1925 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1925

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1925, to Sept 11, 1925, that I last saw him alive on Sept 11, 1925, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 14± ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. 2½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A Schaffer, M. D.

19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Sept 13 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01901

CERTIFICATE OF DEATH.

6-2 38 E 01901

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1311 Jefferson ST., 6-2 WARD)

2-FULL NAME Mary Smith

(a) RESIDENCE NO. 1311 Jefferson ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Edward Smith

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 60 Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Clara Cooper

(Address): 1417 Jefferson St

Filed SEP 13 1925 ROBERT R. KRAUTH, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 11 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Sept. 11, 1925.

that I last saw h alive on Sept 10, 1925

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Lyceretes Leg (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. D. Gr, M. D.

(Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 5 1925

20 UNDERTAKER: Jos. T. H. Rochester — ADDRESS: 1443 Jefferson St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01902

Registered No. 113

1-PLACE OF DEATH

City of BALTIMORE: (No. 27 Cereal St (6 Bay) St., 25-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Louisa L. Kiessling

(a) Residence No. 27 Cereal St (6 Bay) St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 16/24

7-AGE. 1 yrs. 7 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Walter L. Kiessling

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Beatrice Cooper

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

11- (Informant) Walter Kiessling

(Address) 27 Cereal St.

15- SEP 13 1925 ROBERT R. KRAUTER Registrar.

Central Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 12 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1925 to Sept 12 1925

that I last saw h— alive on Sept 12 1925

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH was as follows:

Gastro Enteritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas H Brack M. D.

1925 (Address) Brooklyn Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Severn Md — DATE OF BURIAL, Sept 14 1925

20-UNDERTAKER, George A Weber — ADDRESS 1205 Bank St

Spec.—1-10-21—M&T—1500 Blks.

Andrew Turek

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01903

E 01903

74-001

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Hollins St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Turek

(a) RESIDENCE NO. 916 N. Castle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Turek

6 DATE OF BIRTH (month, day, and year) June 13-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER James Turek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Josefa Horak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Teresa Turek (Address) 916 N. Castle St.

15 SEP 13 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1925 to Sept 10, 1925,

that I last saw h— alive on Sept 10, 1925,

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Bozarth M. D.

, 19 (Address) 201 N. Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept 14 1925
20 UNDERTAKER	ADDRESS
Hurd & Goodson	1906 Eutaw

01904

HEALTH DEPARTMENT—CITY OF BALTIMORE

01904

CERTIFICATE OF DEATH.

10-199

1-PLACE OF DEATH. City of BALTIMORE: (No. Colonial Hosp. St., Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Schier

(Residence in Baltimore: No. 1227 E. Biddle St. St.; yrs. 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	white	Married

6-DATE OF BIRTH. about (Month) 5 (Day) 99 (Year)

7-AGE. 26 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). England.

PARENTS.

10-NAME OF FATHER. Abraham Lewis

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Sarah Friedman

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Abraham Lewis
(Address) 1227 E. Biddle St.

15-
Filed SEP 13 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 11 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or Inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Criminal abortion

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner)
Sept. 12 1925 (Address) 2502 Eden Street

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Herrn Rm	9-13 1925

20-UNDERTAKER.	ADDRESS
Jack Lewis	1439 E Baltimore St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01905

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2600 Reisterstown Rd St., 15-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Goldstein

(a) Residence No. 2600 Reisterstown Rd St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Hebrew

5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (~~Write the word.~~)

5a-If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Abraham Goldstein

6-DATE OF BIRTH (month, day and year) 1868

7-AGE. 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Mendel Lewis

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Russia

12-MAIDEN NAME OF MOTHER. ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Russia

14- (Informant) Oscar Goedstein

(Address) 2600 Reisterstown Rd

15- Filed SEP 13 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept. 12, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 5th, 1925 to Sept 12, 1925

that I last saw her alive on Sept 12, 1925

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:-

Cholelithiasis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 31, 1925

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) Harris Goldman M. D.

9/10/25 19 (Address) 1816 W North Av.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Mt Carmel DATE OF BURIAL. 9-13, 1925

20-UNDERTAKER, Jack Lewis ADDRESS 1439 Eastern

Spec.—3-1021—M&T—1500 Bks.

18411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01906

E 01906

CERTIFICATE OF DEATH.

145-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST. 16-2 WARD)

2-FULL NAME Bessie Evans

(a) RESIDENCE No. 1715 W. Lanvale St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced (or) WIFE of Charles Evans

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
39 years				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry G. Topping

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Records

(Address) Johns Hopkins Hospital

15 SEP 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug-24-, 1925, to Sept-10-1925.

that I last saw h alive on Sept-10-, 1925

and that death occurred, on the date stated above, at 8 05 a. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug-26

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) ERPeckham, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	9/13/1925
20 UNDERTAKER	ADDRESS 916
Daniel Easton	Be mt

Cor.—1-12-23—M&T—100 Bks.

E 01907 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital ST., 4-1 WARD)

REGISTERED NO. E 01907

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madeleine Brooks.

(a) RESIDENCE No. 664 Sarah ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov 23 1921

8 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
3.	8	16	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

11 NAME OF FATHER Clarence Brooks

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Vernon Brooks

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Clarance Brooks
(Address) 664 Sarah ann

15 Filed SEP 13 1925 JOSEPH H. KRAUTER Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto Accident

Multiple Fractures

(duration) Instk yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 9/13/925

20 UNDERTAKER Daniel Easton

ADDRESS Balto

Cor.—1-12-23—M&T—100 Blks.

E 01908 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01908

CERTIFICATE OF DEATH. 6-3 16001

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 105 N.Rose St ST., WARD)

2-FULL NAME Gilbert J. Sullivan

(a) RESIDENCE NO. 105 N. Rose St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sullivan (nee Smith)

DATE OF BIRTH (month, day, and year) May 20-1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	3	22	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Madison Garage

BIRTHPLACE (city or town) (State or country) Saxon, Wis.

10 NAME OF FATHER Jerry Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wis

12 MAIDEN NAME OF MOTHER Elizabeth Roch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wis

PARENTS

14 Informant Freddie Smith (Bro-in-law)
(Address) 210 N. Rose St

15 SEP 13 1925 ROBERT R. KRAUTH, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Poor health-repeated abd. operations (world war veteran) ds.

(Signed) J. S. Patten, M. D.
(Coroner)

9-12-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 9/15 1925

20 UNDERTAKER Phillips Herwig

ADDRESS 2916 Orleans St.

Spec—12-23-21—S.B.R.S.—400 Bks.

E 01909

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01909

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH University Hospital

Registered No. 18-3

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Martin

(a) Residence No. 1025 W. Lombard St Balto St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Martin

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 95 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Martin

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Bridgett McGennarn

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), Ireland

14- (Informant) T. J. Martin

(Address) 1025 W. Lombard St

15- SEP 13 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 11th 1925

17- I HEREBY CERTIFY, That I attended deceased from July 30th, 1925, to Sept 11th, 1925, that I last saw her alive on Sept 11th, 1925, and that death occurred, on the date stated above, at 6:45 a. m.

The CAUSE OF DEATH* was as follows:

Fractured neck of femur -

(Duration) ..... yrs. 1½ mos. ..... ds.

CONTRIBUTORY (Secondary) 95 yrs of age

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? X-Ray -

(Signed) W. P. Byerly M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Peters Cem — DATE OF BURIAL, Sept 14 1925

20-UNDERTAKER, Wm J Hartwell — ADDRESS 2236 Baltimore St

...ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01910

CERTIFICATE OF DEATH.

111-002

E 01910

1-PLACE OF DEATH
CITY OF BALTIMORE, (No.) St. Agnes Hospital (St.) 17-1 (WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Fahey

(a) RESIDENCE No. 340 Oakenshaw Place (St.) WARD
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Sarah Fahey

6 DATE OF BIRTH (month, day, and year): April - 1865

7 AGE: 60 Years ... Months ... Days ... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS
10 NAME OF FATHER: Martin Fahey
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Sarah Coppinger
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Sarah Fahey
(Address)

15 SEP 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 12 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-8 ..., 1925, to 9-12 ..., 1925, that I last saw h[illegible] alive on 9-12 ..., 1925 and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis with Gall Stones.

(duration) ... yrs. 3 mos ... ds.

CONTRIBUTORY (Secondary): Gastric Hemorrhage from duodenal ulcer.
(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? City
Did an operation precede death? Yes Date of 5-20-25.
Was there an autopsy? No
What test confirmed diagnosis? Clin. Examination
(Signed) Emil Novak, M. D.
19 (Address) 16 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Reistertown
DATE OF BURIAL: 9/15 1925

20 UNDERTAKER: [signature]
ADDRESS: 1318 Eight Ave.

E 01911

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01911

CERTIFICATE OF DEATH.

25-168

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 7th. St. near 3rd. Ave. Fairfield. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Hackley.(C)

54 6 27

(Residence in Baltimore: No. 7th. St. near 3rd. Ave. Fairfield. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	Colored	Married

6-DATE OF BIRTH. February 14, 1871
(Month) (Day) (Year)

7-AGE. 54 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Benjamin Green(C)

11-BIRTHPLACE OF FATHER. (State or Country). W. Va.

12-MAIDEN NAME OF MOTHER. Caroline Turner(C)

13-BIRTHPLACE OF MOTHER. (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Green.(C)mother

(Address) 7th. St. near 3rd. Ave. Fairfield.

15- FILED SEP 13 1925 ROBERT R. KRAUTH, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 10, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

Sep. 12, 1925 (Address) 101 E. Charles st.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Auburn	Sept. 13 1925
20-UNDERTAKER. Mrs. P. A. Elliott	ADDRESS 1775 Ashland Ave.

Spec.—1-10-21—M&T—1500 Blks.

E 01912 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01912

44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 W. West St. ST., 23-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Egan

(a) RESIDENCE No. 23 W. West St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Egan

6 DATE OF BIRTH (month, day, and year) Aug. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	54	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Michael Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Francis Egan (Address) 23 W. West St

15 SEP 13 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 ..... 1924, to Sept 10, 1925 that I last saw h live on Sept 10, 1925 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Liver

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinically

Signed R. O. Campbell M. D.

1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. | DATE OF BURIAL 9/12/1925

20 UNDERTAKER Margaret G. Flynn | ADDRESS 1212 Light St.

pec.—1-12-23—M&T—500 Bks.

E 01913

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01913

CERTIFICATE OF DEATH.

101-061

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 20-4 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Broglie

(a) RESIDENCE No. 506 Brunswick St ST., ... WARD .....
(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Broglie Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min
	66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant George Broglie
(Address) 506 Brunswick St

15 Date Received SEP 13 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12 — 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-1 —, 1925, to 9-12 —, 1925, that I last saw her alive on 9-12 —, 1925 and that death occurred, on the date stated above, at 9.45 a m

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis
with Gall Stones.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. 2 wks ds.

18 Where was disease contracted if not at place of death? City

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin findings

(Signed) John B. E. Keegan, M. D.

, 19 (Address) 904 N Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Sept. 15 1925
20 UNDERTAKER Margaret A. Flynn	ADDRESS 1422 Light St

E 01914

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01914

CERTIFICATE OF DEATH.

17-19 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1133 Argyle Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kathryn V. Smith

(Residence in Baltimore: No. 1133 Argyle Ave St.; yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	colored	single

6-DATE OF BIRTH. Aug. 6, 1924
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
....yrs. 1 mos. 6 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Douglas Mathews

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Roberta Smith

13-BIRTHPLACE OF MOTHER. (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roberta Smith

(Address) 1133 Argyle Ave

15- SEP 13 1925 ROBERT R. KRAUTER, Burial Permit Registrar.
Filed ..... 19..

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 12, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an emergency (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Whooping cough

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Sept. 13, 1925 (Address) 201 N Eddenden

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
In the place ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Laurel Cem. DATE OF BURIAL. Sept 13 1925

20-UNDERTAKER. Samuel H. Wesley ADDRESS 538 N Eddenden

Spec.—1-10-21—M&T—1500 Blks.

E 01915 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01915

85

CERTIFICATE OF DEATH.

REGISTERED NO. 21-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 9 Ashley Co (Gardenville ST., WARD)

2-FULL NAME Gerard Kleina

(a) RESIDENCE NO. 9 Ashley Ave - Gardenville ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Charles Kleina

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Emma Maddy

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Charles Kleina
(Address) 9 Ashley Ave

15 Filed SEP 14 1925 GHL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1925, to Sept 11, 1925

that I last saw him alive on Sept 11, 1925

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Glioma - Retina.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis A. W. Krause, M. D.

, 19 (Address) 1500 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept 14 1925

20 UNDERTAKER Fred Evans Son ADDRESS 1906 Eutaw

Spec–12-23-21–E.B.R.S.–400 Eks.

E 01916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01916

CERTIFICATE OF DEATH.

100-0 01

1-PLACE OF DEATH

City of BALTIMORE: (No. 402 W. Barre St. 22-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Harry Spencer White

(a) Residence No. 402 W. Barre St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col.	Single.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug. 6. 1925

7-AGE.	If LESS than 1 day,
....yrs. 1 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer)..... Son

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country)..... Maryland

PARENTS.

10-NAME OF FATHER. Spencer White

11-BIRTHPLACE OF FATHER (city or town)..... Newport News.
(State or Country)..... Virginia

12-MAIDEN NAME OF MOTHER. Esther Dorsey

13-BIRTHPLACE OF MOTHER (city or town)..... Baltimore
(State or Country)..... Maryland

14-
(Informant)..... Spencer White
(Address)..... 402 W Barre St.

15-
FILED SEP 14 1925 G.H.G. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept-12-25

17- I HEREBY CERTIFY, That I attended deceased from Sept. 8, 19 25 to Sept 12 19 25

that I last saw him alive on Sept. 11 19 25

and that death occurred, on the date stated above, at 2 15 a. m.

The CAUSE OF DEATH* was as follows:

(Primary) acute
Broncho Pneumonia

(Duration) — yrs. — mos. 11 ds

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Dan Francheni, M. D

9/12. 19 25 (Address) 122 W Lee

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Zion	Sept-14 1925
20-UNDERTAKER	ADDRESS
C. W. Brown & Son	1 W. Mt. Royal Av

Spec.—1-10-21—M&T—1500 Bks.

E 01917

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01917

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH West Balto. Gen. Hospital

CITY OF BALTIMORE: (No. ..... ST., 70-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Lowry

(a) RESIDENCE NO. 337 Stinson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel Lowry

6 DATE OF BIRTH (month, day, and year) Sept 23, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 166

(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Germany

PARENTS

10 NAME OF FATHER Charles Lowry

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Henry Lowry (Address) 337 Stinson St.

15 Filed ..... Registrar

SEP 14 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1925, to Sept 12, 1925, that I last saw him alive on Sept 12, 1925, and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertension.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia. Acute Dilatation of Heart (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory. Physical Exam.

(Signed) Jos. Chas Wilkinson M. D.

, 19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem DATE OF BURIAL Sept 15, 1925

20 UNDERTAKER Mr. Mrs. John W. Penfold Son ADDRESS 501 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

E 01918 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01918

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Windsor ave ST.; 15-6 WARD)

REGISTERED No. C 46

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E. M. Backman

(Residence in Baltimore: No. 2903 Windsor ave St.; all her life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 24 (Day), 1866 (Year)

7-AGE, 58 yrs. 10 mos. 17 ds. If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): 137

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Geo H. Hummel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna B Arndt

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victor G. Backman

(Address) 2903 Windsor Ave

15- SEP 14 1925 G K G Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 11 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1925, to Sept 11 1925, that I saw [illegible] alive on 191, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus infiltrating rectum vesica

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Benj. Kadyn M. D.

9-11—, 1925 (Address) 2300 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, Sept 14 1925

20-UNDERTAKER W. J. McKeever Sons — ADDRESS North Pa

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01919

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01919

13

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2022 E Hoffman St., 8-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Wm C Smith

(a) Residence No. 2022 E Hoffman St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 2/10/1923

7-AGE, ... yrs. 2 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ~~child~~

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER Wm C Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER, Margaret A Pitz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto

14- (Informant) Margaret A Smith
(Address) 2022 E Hoffman Ave

15- Filed SEP 14 1925 G A G Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 13/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 25, to Sept 13 25, 19..

that I last saw h[illegible] alive on Sept 12 25, 19..

and that death occurred, on the date stated above, at 7 AM. m.

The CAUSE OF DEATH* was as follows:

Enteritis Colitis

(Duration) ..... yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Opn Findings

(Signed) G Bledel, M. D.

, 19 (Address) 1436 Bmore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL, Sept 17, 1925

20-UNDERTAKER, John Ulrich — ADDRESS 208 S Eutaw

Spec.—8-24-14—M. & T.—2000 Bks. Theodore Edwin Ward. Jr

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01920

1-PLACE OF DEATH 2906 Kate Ave REGISTERED No. C 161002

CITY OF BALTIMORE: (No. 15-3 ST.; WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Edwin Ward Jr.

(Residence in Baltimore: No. 2906 Kate Ave St.; Yrs. 1/2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. (Month) 13 (Day), 1925 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 44 mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — (b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER, Theodore E. Ward

11-BIRTHPLACE OF FATHER (State or Country) Balto. Md

12-MAIDEN NAME OF MOTHER Callahan

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Edw. Callahan

(Address) 2906 Kate Ave

15- G H G

Filed ....., 191.... Registrar.

SEP 14 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 13 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 13 1925, to Sept 13 1925, that I saw h alive on Sept 13 1925, and that death occurred, on the date stated above, at 6.10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral compression

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital Malformation

..... (Duration) ..... yrs. 45 mos. .....

(Signed) Theodore Edwin Ward Jr. M. D.

Sept. 13 1925 (Address) 1093 Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Sept 14, 1925
20-UNDERTAKER	ADDRESS
Harry H. Witzig	1531 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

18496 01921 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 01921

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 4-1 123 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Levanovich LEVANAVICENE

(a) RESIDENCE No. 643 W Lombard St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., If of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
48	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) LITHVANIA
(State or country)

PARENTS

10 NAME OF FATHER C. M. KURLENSKAS

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country) Lithxania

12 MAIDEN NAME OF MOTHER S. YUZATIS

13 BIRTHPLACE OF MOTHER (city or town) LITHANIA
(State or country)

14 Informant Stanis LEVANAVCUS
(Address) 643 W Lombard Street.

15 Filed SEP 14 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1925, to Sept 11, 1925, that I last saw her alive on Sept 11, 1925, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Cholecystitis; tobacula
Gallstones
(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) none
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date Sept 11-1925

Was there an autopsy? no

What test confirmed diagnosis? Path Exam

(Signed) Warfield Myron M. D.

(Address) Sept 14 11

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
HOLY REDEEMER	SEPT. 15, 1925
20 UNDERTAKER	ADDRESS
JOHN GREBLIAUCKAS f.D.	425 S. Paca St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01922

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01922

CERTIFICATE OF DEATH.

Registered No. 14-001

1-PLACE OF DEATH
City of BALTIMORE: (No. 1708 N Pratt St., 19-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A Hewitt

(a) Residence No. 1708 N Pratt St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE. Wh

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Robert C. Hewitt

6-DATE OF BIRTH (month, day and year) May 5 - 1868

7-AGE. 57 yrs. 4 mos. 6 ds.
LESS than 1 day. ...hrs. or ...min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. James Rice

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Co Md

12-MAIDEN NAME OF MOTHER. Mary Diviney

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Co Md

14- (Informant) Robert P. Hewitt (Address) 1708 N Pratt St Husband

15- Sept 14 1925 T H G Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept. 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 2, 1925, to Sept 11, 1925, that I last saw h alive on Sept 10, 1925, and that death occurred, on the date stated above, at 11.55 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cirrhosis Liver (Duration) yrs. mos. 9 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) [illegible] M. D.

9/12, 1925 (Address) 1724 N Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park DATE OF BURIAL. Sept 15, 1925

20-UNDERTAKER. George J Smith ADDRESS 1532 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

602 Columbia
Dr Boyd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01923

CERTIFICATE OF DEATH.

90E 01923

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 30 West 25th. ST., 17-3 WARD

2-FULL NAME Elmer A. Jenkins

(a) RESIDENCE NO. 30 West 25th. ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Louise Horner

6 DATE OF BIRTH (month, day, and year): April 8-1888

7 AGE: Years 47 Months 5 Days 17 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Garage 086

(b) General nature of Industry, business, or establishment in which employed (or employer): Keeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME: Joseph M. Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Marion Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Elizabeth Jenkins

(Address): 30 West 25th

SEP 14 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 13, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1925, to Sept. 13, 1925, that I last saw h[illegible] alive on Sept. 13, 1925, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation.

(duration) yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary): Bronchial Asthma

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Boyd, M. D.

Sept 14 1925 (Address) 602 Park Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 9/16 1925

20 UNDERTAKER: William Cook

ADDRESS: 502 E Mad

E 01924

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01924

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter McRae

(Residence in ~~Baltimore~~ No. 509 Main St. Laurel Md St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH Unknown (Month) (Day) (Year)

7-AGE	If LESS than 1 day,
about 49 yrs. — mos. — ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 015

9-BIRTHPLACE, (State or Country) Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George E. Frenah

(Address) Laurel, Md

15-

Filed SEP 14 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 13 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck as a result of Hemorrhage - Compound fractured left leg below Knee - amputated 18 hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ran over by Auto (Duration) yrs. mos. ds.

(Signed) Thos B. Horton M. D.

Sept 14 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Md

DATE OF BURIAL: Sept 18 1925

20-UNDERTAKER: Geo E French

ADDRESS Laurel

Spec.—1-10-21—M&T—1500 Bks.

E 01925

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 01925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 N. Gay ST., 8 - 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl K. Klein

(a) RESIDENCE NO. 1801 N. Gay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	White	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 26-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Single (Child)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Fred W. Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alverta Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fredrick Klein

(Address) 1801 N. Gay St.

15 SEP 14 1925 GK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 10, 1925, to Sept. 12, 1925, that I last saw h[illegible] alive on Sept 10, 1925 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition - Premature Birth (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) Herman J. Dorf, M. D.

, 19 (Address) 3730 Park Heights Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Park Woodlawn	Sept 14th 1926
20 UNDERTAKER	ADDRESS
Leo G. Cook	1731 Bath Pk Ave

Spec.—1-10-21—M&T 1500 Bks.

E 01926 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01926

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 The Alameda (Street) (WARD)

2-FULL NAME Catharine E. Ritter

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 2727 The Alameda Blvd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Ritter

6 DATE OF BIRTH (month, day, and year) Feb 12, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Schenze

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kohler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Harry L Billinger

(Address) 2727 Alameda Blvd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1925

17 I HEREBY CERTIFY, That I attended deceased from July, 1924, to Sept 11, 1925, that I last saw her alive on Sept 10, 1925, and that death occurred, on the date stated above, at 12:15 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) F. J. Kinzey M. D.

9/12, 1925 (Address) 2700 Hoffman Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Sept 14 1925

20 UNDERTAKER H. M. Routson

ADDRESS 2288 N Monta

Spec—12-23-21—E.B.R.S.—400 Eks.

E 01927 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 113 E 01927

1-PLACE OF DEATH

City of BALTIMORE: (No. 514 S. Wolfe St., V-3 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Adamski

(a) Residence No. 514 S. Wolfe St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, ~~Widowed~~, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 12 '24

7-AGE. 1 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Leon Adamski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Mary Lewandowska

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14- (Informant) Leon Adamski

(Address) 514 S. Wolfe

15- Filed ..... 192.... Registrar.

SEP 14 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 13 25

17- I HEREBY CERTIFY, That I attended deceased from Sept 12 19 25 to Sept 13 19 25

that I last saw h alive on Sept 13 19 25

and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur J. Cypard M. D.

(Address) 80, E. Lenox

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary DATE OF BURIAL, 9/14 1925

20-UNDERTAKER, Jacob Fiedler & Co. ADDRESS 1648 Eastern Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01928

100-00 D 01928

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1612 E Lanvale ST., 8-2 WARD)

2-FULL NAME Elizabeth Rosenberger

(a) RESIDENCE NO. 1612 E Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? 55 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of late Joseph L Rosenberger

6 DATE OF BIRTH (month, day, and year) March 31st 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	70	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Mr. Stittereder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr. Rev. A. Rosenberger
(Address) 1612 E Lanvale St

15 Registrar

SEP 14 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 5. 1925, to Sept. 13. 1925, that I last saw h~~e~~r alive on Sept. 13. 1925 and that death occurred, on the date stated above, at 11.25 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ... yrs. ... mos 9 ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) F. H. Sebald, M. D.

, 19 (Address) 1001 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Sept. 16 1925
20 UNDERTAKER	ADDRESS
Henry Hoerdt, Son	1201 E Eutaw

TION is very important. See instructions on back

Spec.—1-10-21—M&T—1500 Blks.

E 01929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 01929

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (NO. ..... ST., 14-1 WARD)

2-FULL NAME Thomas A. Mitchell

(a) RESIDENCE NO. 513 Bloom ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Mitchell

6 DATE OF BIRTH (month, day, and year) October, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Petersburg Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Roscoe Mitchell

(Address) 511 Mosher St.

15 SEP 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12-25 19

17

I HEREBY CERTIFY, That I attended deceased from 7-29-25, 19 ..., to 9-12-25, 19 ...,

that I last saw h— alive on 9-11-25, 19 ...,

and that death occurred, on the date stated above, at 4 22 m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

myocarditis - Mitral

Insufficiency

(duration) yrs. mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 925 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Sept 17 1925
20 UNDERTAKER	ADDRESS
Jerome D. Beasley	1778 Bradley

Spec—12-23-21—E.B.R.S.—400 Bks. Linwood Stepney)

E 01930 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01930

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital Ward) Registered No. 2299

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Linwood Stepney

(a) Residence No..... 9 W. York St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, color

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 6-1925

7-AGE. ....yrs. 2 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Fred Stepney

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Luberta Pritchett

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Laura Stepney (Address) 9 W. York St.

15- Filed SEP 14 1925 G. H. G. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-12-25

17- I HEREBY CERTIFY, That I attended deceased from 9/11/25, 19..... to 9/12, 19 25, that I last saw h[illegible] alive on 9/12, 19 25 and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Marasmus
(improper feeding)
(Duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis
(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? No. Date of.....

Was there an autopsy?.....

What test confirmed diagnosis? Clinical findings

(Signed) John L. Winstead M. D.
, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Md Auburn — DATE OF BURIAL, Sept 14 1925

20-UNDERTAKER, Sims Gobelhoffer — ADDRESS 406 N Carey St

Spec.–1-10-21–M&T–1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01931 — CERTIFICATE OF DEATH. — 124 E 01931

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS — REGISTERED NO. 6-2

CITY OF BALTIMORE: (NO. ——— ST., ——— WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Grace

(a) RESIDENCE NO. 526 N. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William Cooper

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lydia Goldsbury

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant City Hospitals Records (Address)

15 SEP 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 11 1925

17 I HEREBY CERTIFY, That I attended deceased from September 3, 1925 to September 11, 1925

that I last saw her alive on September 11, 1925

and that death occurred, on the date stated above, at 8-45 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis generalis cerebral chronic Interstitial Nephritis

(duration) not known ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

myocardial failure (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & Laboratory exams

(Signed) R Hooper Smith M. D.

Sept 12 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Sept 14 1925

20 UNDERTAKER Thos R.G. Elliott — ADDRESS 1726 Ashland ave

IT IS VERY important: See instructions

Spec.—1-10-21—M&T—1500 Bks.

E 01932

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01932

CERTIFICATE OF DEATH.

26-2 129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 Cole Ave., Raspeburg, Md ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Bell

(a) RESIDENCE NO. 14 Cole Ave., Raspeburg, Md. ST., 26 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel W. Bell

6 DATE OF BIRTH (month, day, and year) May 7th, 1863.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

PARENTS

10 NAME OF FATHER John Baier

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Augusta Kruse

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant George Baier
(Address) 1816 Dukeland Ave., City.

15 Filed SEP 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13th 19 25

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1924, 19, to Sept. 13th, 19 25, that I last saw h alive on Sept. 13th, 19 25, and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

, 19 (Address) 13 N. Belair Rd., Raspeburg, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Sept 16 1925
20 UNDERTAKER	ADDRESS
George J. Smith	1532 Harlem St

TION IS VERY important. See instructions on back

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01933 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01933

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., [illegible] Ward)

Registered No. 1-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Wilson

(a) Residence No. Harwood St., Maryland Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-~~Single,~~ Married, ~~Widowed,~~ or Divorced, (write word) Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas Wilson

6-DATE OF BIRTH (month, day and year) 1885

7-AGE. 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) Housework.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Harwood Maryland

PARENTS.

10-NAME OF FATHER Stephen Cazar

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Lucie Young.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland.

14- (Informant) Hospital Records.

(Address)

SEP 14 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 14/26

17- I HEREBY CERTIFY, That I attended deceased from September 10 1925 to Sept 14th 1925

that I last saw her alive on Sept 14th 1925,

and that death occurred, on the date stated above, at 4 am m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Terminal Bronchio Pneumonia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Harwood Md.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Data

(Signed) J. McHall, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Daniel Star & Co. DATE OF BURIAL, Sept 16 1925

20-UNDERTAKER: B L Hopping ADDRESS Annapolis Md

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01934

CERTIFICATE OF DEATH.

Registered No. 31

1-PLACE OF DEATH

City of BALTIMORE: (No. 527 W Baltimore St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Councilman King

(a) Residence No. 527 W Baltimore St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX, Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Araminta King

6-DATE OF BIRTH (month, day and year) 1897

7-AGE, 28 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Saltworks

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). England

PARENTS.

10-NAME OF FATHER John King

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va

12-MAIDEN NAME OF MOTHER Emma Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va

14- (Informant) Martha King

(Address) 527 Baltimore St

15-

Filed ..... 192.... Registrar.

SEP 14 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-12-25

17- I HEREBY CERTIFY, That I attended deceased from 9-1, 1925, to 9-12, 1925, that I last saw h... alive on Sept 14, 1925, and that death occurred, on the date stated above, at 3:30 P.m.

The CAUSE OF DEATH* was as follows:

Cardiac nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. A. Poole, M. D.

, 19 (Address) 655 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Wilson, Sta. DATE OF BURIAL, Sept 15, 1925

20-UNDERTAKER, Dunniddie, Co Va ADDRESS 1027 Hanover

John H. Toadvine

Spec.—1-10-21—MAT—1500 Blks.

E 01935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01935

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 E. Chase ST., 8-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bennett

(a) RESIDENCE No. 2318 E. Chase ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie A.

6 DATE OF BIRTH (month, day, and year): Oct 20, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Jos. Keller Bldg. Co.

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: William D. Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Catherine Mellon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mamie Bennett 2318 E. Chase St.

15 Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 8, 1925, to Sept 11, 1925, that I last saw h... alive on Sept 11, 1925, and that death occurred, on the date stated above, at 9 55 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis & Peritonitis

(duration) yrs. mos 2 da.

CONTRIBUTORY (Secondary) Nephritis, & Convulsions

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. S. Carman, M. D.

9-12-1925 (Address) 170 1 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: Sept 14 1925

20 UNDERTAKER: William Cook — ADDRESS: 502 N. ...

IMPORTANT: See instructions on back of certificate.

Spec. 1-20-21 M&T 1500 Bks.

Dr Brunbach
1531 E

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01936

CERTIFICATE OF DEATH.

90 E 01936

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 2013 N. Eaton ST., 12 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elijah S. Snyder

(a) RESIDENCE NO. 2013 N Eaton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5 If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian B Snyder

6 DATE OF BIRTH (month, day, and year) 2-26 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery 166

(c) Name of employer Harry B Cook

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles H Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary A. Herold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Lillian B Snyder

(Address) 2013 N. Eaton St

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1925 to Sept 11 1925

that I last saw h alive on Sept 11 1925

and that death occurred, on the date stated above, at 1.20 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 1 da.

CONTRIBUTORY (Secondary) Chronic Cardiac Dilatation

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. Brunbach M.D.

(Address) 1531 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 9/14 1925

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

Spec. 1-10-21 M&T 1500 Blks.

E 01937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01937

CERTIFICATE OF DEATH.

24-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3243 E Balto ST., No 3 WARD .....

2-FULL NAME Emily M Golden

(a) RESIDENCE NO. 3243 E Balto ST., ... WARD .....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James F Golden

6 DATE OF BIRTH (month, day, and year): July 4. 1867

7 AGE: Years 66 | Months 2 | Days 6 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Albert Suberan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Ellen Wise

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: George E Golden (Address) 3243 E Balto St

15 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 1925 to Sept 13 1925.

that I last saw her alive on Sept 13 1925.

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 7 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr D Leander ..... M. D.

(Address) 330 E Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Hanover Co | DATE OF BURIAL: Sept 16 1925

20 UNDERTAKER: William Jackson E Balto | ADDRESS

SEP 14 1925

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

E 01938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01938

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST., WARD)

REGISTERED NO. 1220-1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William S. Wilson

(a) RESIDENCE No. Harford Balto Co. Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lydia Wilson

6 DATE OF BIRTH (month, day, and year): Dec 9 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	9	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: News Paper Man
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Saml A Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sophia Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Joseph C. Wilson
(Address): Parney Maryland

15 SEP 14 1925 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 11 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Alcoholism

(Duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (Duration) ... yrs. ... mos. ... ds.

(Signed) John H Morrissey M. D. (Coroner.)

Sept 12 1925 (Address) 363 Robert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: 9/15 1925

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01939

CERTIFICATE OF DEATH.

13-17 E 01939

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 13-6 WARD)

2-FULL NAME Meyer Schuman

(a) RESIDENCE NO. 2401 Lakeview Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Jan 2-1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	8	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) London England

PARENTS

10 NAME OF FATHER Samuel Schuman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Jennie Imoweiz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Samuel Schuman
(Address) 2401 Lakeview Ave

15 Filed ....., 192 ..... Registrar
SEP 14 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to hds death on the day stated above.

The CAUSE OF DEATH* was as follows:
2nd & 3rg degree burns over entire body-Accidental due to alcohol taking fire while he was operating a still at 901 Aisquith St (duration) hrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Pacini, M. D.
(Coroner.)

9-14-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

18 LENGTH OF RESIDENCE (For Hospitals, institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew Cemetery

DATE OF BURIAL 9/14 1925

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto St

Spec.—1-12-23—M&T—500 Bks.

184569 Pet E 01940

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01940

CERTIFICATE OF DEATH

1-PLACE OF DEATH Johns Hopkins Hosp + 113

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Williams

(a) RESIDENCE No. 401 S. Sp. Point ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Child

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10 Months	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Maryland.
(State or country)

PARENTS

10 NAME OF FATHER Frederick William

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Esther Holcomb

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Records
(Address) J. H. H.

15 Filed SEP 14 1925 19 ..... Registrar G F G

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1925. to Sept. 13 1925.
that I last saw her alive on Sept. 13 1925.
and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Indigestion, acute gastro-intestinal

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Pneumonia, bronchi

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Alan Jacobson, M. D.

Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Sept 14 1925

20 UNDERTAKER Sam'l F. Casselberry Sr

ADDRESS 1400 Madison

Spec.—1924-23—M&T—500 Bks.

E 01941 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01941

1842 203

CERTIFICATE OF DEATH Johns Hopkins Hospital 3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., ... WARD) 3-2

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME adam Taylor.

(a) RESIDENCE No. 1634 E. Pratt ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	child.

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	2 mos	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Peter Taylor

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Hattie Kaminska

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Records
(Address)

15 Filed SEP 14 1925 H. Lam. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-13 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1925, to Sept. 13, 1925, that I last saw him alive on Sept 13th, 1925, and that death occurred, on the date stated above, at 9 45 a.m.

The CAUSE OF DEATH* was as follows:

Indigestion, acute gastro-intestinal

(duration) yrs. 1 mos ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Geo Jacobson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 14 1925

20 UNDERTAKER John M. Weber

ADDRESS 1803 Bank

Spec.—1-12-23—M&T—500 Bks.

E 01942 E 01942

1835 82

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. (St.) V-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Ray

(a) RESIDENCE No. 320 S Ralph St. (ST.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory worker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

886

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Ferdy Ray

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Mary Z

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14

Informant Rosenda Ray

(Address) 320 S Ralph St

Filed SEP 14 1925

H. A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 5 - 1925 to Sept 12 - 1925

that I last saw her alive on Sept 12 - 1925

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Benzol Poisoning

(duration) yrs. 1 mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood examination

(Signed) Louis E. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Sep 15 1925
20 UNDERTAKER	ADDRESS
John McWeber	1803 Bank

Spec.—1-12-23—M&T—500 Blks.

18446 E 01943
Ped.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01943

1-PLACE OF DEATH Johns Hopkins Hosp. 7-1 REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

2-FULL NAME Edward J. Carroll

(a) RESIDENCE No. Garrison, Md. St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug 1914

7 AGE — Years: ..... Months: 11 mo. Days: ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Frank Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Beatrice Harmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Reynolds
(Address) J.H.H.

SEP 14 1925 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1925, to Sept 13, 1925, that I last saw him alive on Sept 13, 1925, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Dysentery, Amb. Bacillary, Shiga

(duration) ..... yrs. ..... mos 11 ds.

CONTRIBUTORY (Secondary) Pneumonia, Amb. Secondary

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A.W. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elkridge Cem. Howard Co.

DATE OF BURIAL: Sept 15 1925

20 UNDERTAKER: Wilbur W. Shriver

ADDRESS: 1018 Edmondson Ave

TION IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01944 E 01944

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A. Kelly Hospital ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James S. Kennedy

(a) RESIDENCE NO. 209 Maple Ave ST., WARD Grafton W. Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Young Kennedy

6 DATE OF BIRTH (month, day, and year) July 28 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	15	

8 OCCUPATION OF DECEASED Manager and Part Owner

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Barr China Co. manufacturing

(c) Name of employer

9 BIRTHPLACE (city or town) Scotland
(State or country)

PARENTS

10 NAME OF FATHER James Kennedy

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Walker

13 BIRTHPLACE OF MOTHER (city or town) Scotland
(State or country)

14 Informant Emma Young Kennedy
(Address) Grafton W. Va.

15 SEP 14 1925 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1925, to Sept. 13, 1925, that I last saw him alive on Sept. 13, 1925, and that death occurred, on the date stated above, at 6 30 p. m.

The CAUSE OF DEATH* was as follows:

General lymphosarcomatosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) Robert E. Fricke M. D.

. 19 (Address) 1418 Eutaw Place, City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wheeling W. Va	Sept 14 1925

20 UNDERTAKER Chas. G. Black ADDRESS 742 W. North ave.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 01945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01945

CERTIFICATE OF DEATH.

REGISTERED NO. 21-2

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hospital ST.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. KATHERINE F. Leutbecher

(a) RESIDENCE NO. 1175 Carroll ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE HENRY G. Leutbecher

6 DATE OF BIRTH (month, day, and year) March 27, 1865

7 AGE: Years 60 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Mr. Froeb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Lidia Leutbecher
(Address) 5025 Bellville Avenue

15 Filed SEP 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-22, 1925, to 9-12, 1925, that I last saw her alive on 9-12-25, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(duration) yrs. 6 mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 9-2-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gerard Hoard M. D.

9-12 1925 (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Sept 15 1925

20 UNDERTAKER Joseph Cook — ADDRESS 1003 N Dallas St

FRONT BACK OF CERTIFICATE

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01946

CERTIFICATE OF DEATH.

Registered No. 49

1-PLACE OF DEATH City of BALTIMORE: (No. 2091 E Baltimore St., Venerable Home Ward) 15-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Shapiro

(a) Residence No. 2009 N. Eutaw St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Louis Shapiro

6-DATE OF BIRTH (month, day and year)

7-AGE. 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Russia

PARENTS.
10-NAME OF FATHER, Joseph Goldberg
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia
12-MAIDEN NAME OF MOTHER, Rebecka Lubetsky
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant)
(Address)

15- Filed Sept 14 1925 192 Registrar. Robert F. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept. 13. 1925

17- I HEREBY CERTIFY, That I attended deceased from August 10 1925 to September 13 1925 that I last saw h. alive on September 13 1925 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of lung

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of breast

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Hebbeler M. D.
, 19 (Address) 1810 Eutaw Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Hebrew Hebrew Cem DATE OF BURIAL, 9/14 19 25

20-UNDERTAKER, Jack Levin ADDRESS 1439 E Balt

instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 01947 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01947

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Hanover ST., 23-2 WARD)

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline L. Bosley.

(a) RESIDENCE NO. 1520 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 11 mos. 13. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Bosley.

6 DATE OF BIRTH (month, day, and year) Sept. 30, 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51,	11,	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Herman Zimmerman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Butz.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant John W. Bosley.

(Address) 10 E. Randall St.

15 Filed SEP 14 1925, 19 Burial Permit Cl'd Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 17th 1925, to Sept 12th 1925.

that I last saw her alive on Sept 12th 1925

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? Yes Date of May 23, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation & Specimen

(Signed) Harry Reiber M.D.

9/13, 1925 (Address) 1224 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Sept 16 1925

20 UNDERTAKER A. Lloyd Evans ADDRESS 386 Fulton Ave

TION is very important—See instructions on back of Certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01948 E 01948

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 21 Glenwood ave ST., 27-9 WARD

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William b. Stephenson

(a) RESIDENCE No. 621 Glenwood Ave ST., ...WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? 1925 yrs. 13 mos. 11 30 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura M Stephenson

6 DATE OF BIRTH (month, day, and year) Aug 5/1873.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	52	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Home Friendly

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Nicholas Stephenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Priscilla Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Laura M Stephenson (Address) 621 Glenwood ave

15 Filed ..... 19 ..... Registrar

SEP 14 1925 Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13th 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1924, to Sept 13, 1925, that I last saw him alive on Sept 13, 1925 and that death occurred, on the date stated above, at 11 30 p m

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan, M. D.

Sept 14, 1925 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	Sept 17, 1925
20 UNDERTAKER	ADDRESS
A. Evans & Evans	38 E. Fayette

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01949

E 01949

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Willow ST. 10-2 WARD)

2-FULL NAME Eva Kidwell

(a) RESIDENCE No. 830 Willow ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas T. Kidwell

6 DATE OF BIRTH (month, day, and year): Aug 15 1886

7 AGE: Years 39; Months; Days 28; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

637

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Chas Montgomery

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Smith Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Chas T. Kidwell

(Address): 830 Willow St

15 Filed 19 Registrar

SIGNED E. Morrison, Official Health Clerk.

SEP 14 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-13- 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1925, to Sept 12, 1925, that I last saw her alive on Sept 12, 1925, and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. H. Thomasson M. D.

9/14 1925 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL 19

20 UNDERTAKER: John J. Fillebrown — ADDRESS W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIAN'S ... should ... TION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

01950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01950

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Avenue 19-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Neal M. L. Kennon

(a) RESIDENCE NO. 1d Prudential ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) N. C.
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Dead
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant
(Address)

Filed ..... 192.. Burial Permit Clerk.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Hemorrhage due to Gun Shot wound

(duration) Instantaneous

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) W. Spicer M. D.

Sept 10, 1925 (Address) (Coroner) 1424 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death 2 years and yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY.

DATE OF BURIAL: Sept 9 1925

20 UNDERTAKER

ADDRESS

Commissioner of Health

SEP 14 1925

THE MORGUE.

Spec.—1-10-21—M&T—1500 Blks.

E 01951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01951

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (T. B.) ST., 5-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Jones

(a) RESIDENCE NO. 302 Colvin st. ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stavedore

(b) General nature of industry, business, or establishment in which employed (or employer) 614

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Charlotte Monroe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address) Robert B. Harrison, Burial Permit Clerk

15 Filed SEP 14 1925, 19 ..... Registrar

THE MORGUE (In City Morgue)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1925, to Sept. 10, 1925, that I last saw him alive on Sept. 10, 1925, and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical findings

(Signed) W O McLane Jr M. D.

9-10-25, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion	Sept 16 1925
20 UNDERTAKER	ADDRESS
Mrs - Mrs N S Stewart	1737 N Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01952

E 01952

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Johnson ST., 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel C. Miller

(a) RESIDENCE NO. 1714 Johnson ST., 24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katarine Miller

6 DATE OF BIRTH (month, day, and year) Oct 23/1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Conrad Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Sarah Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Samuel C. Miller

(Address) 1714 Johnson

15 SEP 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1924 to Sept 14 1925 that I last saw h... alive on Sept 13, 1925 and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Chest Wall

(Duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination

(Signed) R. P. Campbell, M. D.

Sept 15 19 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	Sept 16 1925
20 UNDERTAKER	ADDRESS 1739
C. Schloman & Son	Monument

CAUSE OF DEATH must be stated plainly, so that a correct classification may be made. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01953

E 01953

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 East Eager St., 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charlotte Selman Stophins

(a) RESIDENCE NO. 19 East Eager ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? 79 yrs. 7 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Seth Stophins

6 DATE OF BIRTH (month, day, and year): Jany 30 1846

7 AGE — Years: 79 — Months: 7 — Days: 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Augustus C. Lowlow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Augusta Crook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Maryland

14 Informant: Mrs Charlotte Stophins (Sept 14) (Address) 19 E Eager St

15 Filed Sept 14 1925 . 19 Registrar

Notify Mr Harrison

Burial Permit Given

Charles Lunch

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 3 1925 to Sept 13 1925 that I last saw h. alive on Sept 14 1925 and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis —

(duration Many yrs. — mos — ds.

CONTRIBUTORY (Secondary) Carcinoma —

(duration — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? None

(Signed) Chas Carnack M. D.

Sept 13 1925 (Address) 1327 Park Ave Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Sep. 16, 25.

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS: 108 W. NORTH AVE.

CAUSE OF DEATH to be plainly written. See instructions on back of certificates.

IMPORTANT: Every question must be answered if possible. Write plainly. Do not use abbreviations. Use ditto marks (") only when they apply. Be sure that the information given is correct. Read carefully the instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01954 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01954

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1347 Ward ST. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Webster Ward

(a) RESIDENCE NO. 1347 Ward - ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Martha Ward.

6 DATE OF BIRTH (month, day, and year) ——— 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Maryland Glass Corp. Croxton.

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Daniel Ward

11 BIRTHPLACE OF FATHER (city or town) Croxton (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Catherine ———

13 BIRTHPLACE OF MOTHER (city or town) Federal (State or country) N. Carolina

14 Informant Daniel Ward

(Address) 1347 Ward St

15 Filed ..... 19 Robert E. Harrison

Registrar

SEP 14 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13 1925

17

I HEREBY CERTIFY, That I attended deceased from 9/8 ....., 19 25 ..., to 9/13 ....., 19 25 .

that I last saw h— alive on 9/13 ....., 19 25 .

and that death occurred, on the date stated above, at 8:12 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dan Trawick M. D.

9/14 1925 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL 9/15 1925

20 UNDERTAKER Dan Eaton

ADDRESS 9/16 Do

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Page 82 yrs. 8 mo.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 01955

94-002 E. 01955

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3210 E Fairmount Ave (St.) 46-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha J. Emge

(a) RESIDENCE No. 3210 E. Fairmount Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late John Emge

6 DATE OF BIRTH (month, day, and year): Jan. 12-1843

7 AGE: Years 82 Months 8 Days 27 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balt. Md

PARENTS

10 NAME OF FATHER: Edward Buchner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Martha J. Burgman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt. Md

14 Informant: Rosa Behr

(Address): 326 Fairmount Ave

15 Filed SEP 14 1925 E. H. G. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sep 12 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1922, to Sep. 11—, 1925.

that I last saw her alive on Sep. 11—, 1925

and that death occurred, on the date stated above, at 9. 10 a. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Louis Vogt M. D.

9/14 1925 (Address) 1 York Monument Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Many Towson

DATE OF BURIAL: 9/15/25

20 UNDERTAKER: Geo J. Ruth

ADDRESS: 1705 Hanford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

E 01956 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01956

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Sullivan

(Residence in Baltimore: No. 731 N. Fulton Ave. St.; yrs., Lifetime. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married.

6-DATE OF BIRTH. October 4th. 1853.
(Month) (Day) (Year)

7-AGE. 71 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Rudolph Sullivan

11-BIRTHPLACE OF FATHER, (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Ann Donnelly

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Sullivan

(Address) 731 N. Fulton Ave,

15- FILED 1925 1925 Robert B. Harrison, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 12th. 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable fractured Skull & Shock

2 hrs & 40 mins

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by Auto

(Duration) yrs. mos. ds.

(Signed) Thos. B. Norton M. D.
(Coroner.)

Sept. 13 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery.	Sept. 16 1925.

20-UNDERTAKER. Chas T. Evans & Son ADDRESS 118 W. Mt. Royal Ave.

Check of certificate. See instructions on back of is very important.

Cor.—1-12-23—M&T—100 Bks.

E 01957 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01957

CERTIFICATE OF DEATH. + 84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Coleman

(a) RESIDENCE NO. Armistead Ct. Norfolk Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER William Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Helen ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Johns Hopkins Hospital (Address)

15 Filed SEP 14 1925 192 Robert B. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Glioma of Brain

(Operation at Hospital)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. Sol Wallace, M. D. (Coroner.)

9-14-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va DATE OF BURIAL Sept 16 1925

20 UNDERTAKER John O. Mitchell ADDRESS 201 W Fayette

IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 01958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01958

CERTIFICATE OF DEATH.

9-3 24-001

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 E 29th St ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Bonepart Lutz

(a) RESIDENCE NO. 637 E 29th St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Keziah W. Lutz

6 DATE OF BIRTH (month, day, and year) Aug 15th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	71	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Wilmington Del.

PARENTS

10 NAME OF FATHER John J. Simmons

11 BIRTHPLACE OF FATHER (city or town) Newcastle (State or country) Del

12 MAIDEN NAME OF MOTHER Catherine Simmons

13 BIRTHPLACE OF MOTHER (city or town) Christiana (State or country) Del

14 Informant (Address) John T. S Lutz 637 E. 29th Street

Filed SEP 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 11th, 1925, to Aug 13th, 1925, that I last saw him alive on Aug 12th, 1925, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 4

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo Pinkett M.D. M. D.

, 19 (Address) 401 E 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Sept 15 1925

20 UNDERTAKER H. H. Cook

ADDRESS 3022 North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EARLY ATTENDANCE IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01959 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01959

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4417 Harford ST., Kate L. Zeller WARD 90) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate L. Zeller

(a) RESIDENCE NO. 4417 Harford ST., Kate L. Zeller WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f	w	widow

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ John F. Zeller

6 DATE OF BIRTH (month, day, and year) July 28, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Ulen Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Louisiana Yeakle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lillie D. Zeller (Address) 4419 Harford

15 Filed SEP 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1925

17 I HEREBY CERTIFY, That I attended deceased from June 15th 1925 to Sept 14th 1925.

that I last saw h[er] alive on Sept 13th 1925,

and that death occurred, on the date stated above, at 7 1/2 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Endocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis Clinical

(Signed) L. L. Grady M. D.

(Address) 4218 Harford Road 9-14-1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL 9/15/1925

20 UNDERTAKER Ulen Lee Davis ADDRESS 1121 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 01960 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01960

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1330 N. Carey ST. 15-13 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Seaton

(a) RESIDENCE NO. 1330 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of James E. Seaton

6 DATE OF BIRTH (month, day, and year) Jan 12-76

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hair dresser

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 886

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Jerry Polson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah E. Winder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James E Seaton

(Address) 1330 N. Carey St

SEP 15 1925

Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/12/1925

17

I HEREBY CERTIFY, That I attended deceased from 9/2/, 1925, to 9/12/, 1925,

that I last saw her alive on 9/2/, 1925,

and that death occurred, on the date stated above, at 4:45 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis followed

by Cardiac

Dilatation

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Endocarditis, Mitral

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. M. Davis M. D. M. D.

(Address) 709 Sharp St. 9/14/1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Sept 16 1925
20 UNDERTAKER	ADDRESS
Sam W Chaney Co	140 Mulberry

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 01961 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01961

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 10-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Herman Green

(a) RESIDENCE NO. 725 N. Eden St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Nov 16-1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Clarence Fossett

11 BIRTHPLACE OF FATHER (city or town) (State or country) MD

12 MAIDEN NAME OF MOTHER Bertha Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bertha Green (Address) 725 N. Eden St

15 Filed SEP 15 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Colitis

(Autopsy at Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobular Pneumonia

(duration) yrs. mos. ds.

(Signed) J S H Price, M. D.

9-14-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodberry cemetery

DATE OF BURIAL Sept 15 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01962 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01962

CERTIFICATE OF DEATH.

24-51

1-PLACE OF DEATH

City of BALTIMORE: (No. 1445 Covington Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbur E. Biden

(a) Residence No. 1445 Covington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 29-1913

7-AGE. 11 yrs. 10 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Edward Biden

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Eva Rogers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14-(Informant) Mrs. Biden

(Address) 1445 Covington

Filed SEP 15 1925 19 H. A. M. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 13-25

17- I HEREBY CERTIFY, That I attended deceased from Aug 31 1925 to Sept 13 1925

that I last saw him alive on Sept 13 1925

and that death occurred, on the date stated above, at 5-0 m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) yrs. 10 mos. ds

CONTRIBUTORY (Secondary) Acute Rheumatism

(Duration) yrs. 2 mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. M. Nuckols M. D.

9/15 1925 (Address) 1229 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Bapt. Odwest. Cem. DATE OF BURIAL. 9/16 1925

20-UNDERTAKER. J. Few McCully ADDRESS 1306 E. Fay

In part terms, so that it may be properly examined. Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01963 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01963

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 123 Glenwood Ave ST., WARD) 27-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F Lewis

(a) RESIDENCE NO. 123 Glenwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie H-6. Lewis

6 DATE OF BIRTH (month, day, and year) Sept. 6 - 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Alcohol plant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Strigel (Address) 923 Glenwood.

Filed SEP 15 1925 H. A. W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/13, 1925, to 9/13, 19..., that I last saw him alive on 9/13/25, 19..., and that death occurred, on the date stated above, at 6:30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Myocardial insufficiency

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jos. H. Welcomm M. D.

, 19 (Address) West. Balto. Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL 9/16 1925

20 UNDERTAKER J. Fred McCully ADDRESS 130 E. Fort

Spec.—1-12-23—M&T—500 Blks.

E 01964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01964

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Baltimore City Hospitals 12-3 REGISTERED NO.

CITY OF BALTIMORE: (No. Balto., Md ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Winters

(a) RESIDENCE NO. 11 E Ware Street. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 070

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Benedict Lansing.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals.

(Address) Baltimore, Md.

Filed SEP 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13 1925

17

I HEREBY CERTIFY, That I attended deceased from June 23, 1925 to Sept 13 1925, that I last saw her alive on Sept 12 1925, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings.

(Signed) Harry S. Lowell M. D.

9/14/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 9-15-25

20 UNDERTAKER Joseph A Farrell

ADDRESS 2317 Druid Hill Ave

CAUSE OF DEATH must be stated plainly, so that a correct classification may be made. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01965

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Riffs Ave ST., 16-129 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie Fortson

(a) RESIDENCE NO. 1206 Riffs Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson Fortson

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	1908 Aug	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elberton Ga

PARENTS

10 NAME OF FATHER Wm. Richard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elberton Ga

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Elberton Ga

14 Informant Husband

(Address) 1206 Riffs Ave

SEP 15 1925 Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-20, 1925, to 9-13, 1925, that I last saw her alive on 9-13, 1925, and that death occurred, on the date stated above, at 9:48 P m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examinations

(Signed) Frank B Lawson M. D.

, 19 (Address) 1129 Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Sept 15 25
20 UNDERTAKER	ADDRESS
Joseph A Sively	157 Mint

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E-01966 HEALTH DEPARTMENT—CITY OF BALTIMORE E-01966

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md Gen Hosp X.11 -2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Charlotte Pierce

(a) RESIDENCE NO. Wheatsell Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Millard Pierce

6 DATE OF BIRTH (month, day, and year) May 28 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HW 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. Md (State or country)

PARENTS

10 NAME OF FATHER Charles Pyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Gertrude Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs Charlotte Pierce (Address) Wheatsell

15 Filed SEP 15 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1925

17 I HEREBY CERTIFY, That I attended deceased from 8.13.25 to Sept 15 1925, that I last saw h- alive on Sept 15 1925 and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Progressive
(Antecedent Cause) (Give Disease)
Pneumothorax

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bilateral Emphysema
(Cause) (duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Sept 10 25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-Ray

(Signed) W A Tompkins M.D.

19 (Address) 1417 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Vernon Cemetery White Hall Md	Sept 18 1925
20 UNDERTAKER P. Mahaleus Sons	ADDRESS White Hall Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01967 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01967

CERTIFICATE OF DEATH. 74-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Laurens ST.: 14-1 WARD)

2-FULL NAME Birdie Amby

(a) RESIDENCE. No. 509 Laurens ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Geo~~ Mary Amby

6 DATE OF BIRTH (month, day, and year) April 1st 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..
(State or country) Va

PARENTS

10 NAME OF FATHER Irvis Jackson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Phoeby Taidley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Mary Jackson
(Address) 509 W Laurens St.

15 Filed SEP 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1925, to Sept 13, 1925, that I last saw her alive on Sept 13, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Robert F. Green, M. D.

9-14. 1925 (Address) 120 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodstock Va	9-16 1925
20 UNDERTAKER George T. A. Gibson	ADDRESS 1735 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 01968 HEALTH DEPARTMENT—CITY OF BALTIMORE E-01968

CERTIFICATE OF DEATH. 32

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2453 Druid Hill St., 13-5 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis H. Fowins

(a) RESIDENCE NO. 2453 Druid Hill St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis H. Fowins

6 DATE OF BIRTH (month, day, and year) Feb. 14-1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Berens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Louis Lowings (Address)

15 Filed SEP 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/5, 19 25, to 9/13, 19 25,

that I last saw h alive on 9/13, 19 25

and that death occurred, on the date stated above, at 6 10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis +

General Epilepsy.

(Operated Feb 27-25 Appendectomy at Franklin Hosp. Never healed.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Possibly tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/27-25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm Robertson, M. D.

9/14 1925 (Address) 1139 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL SEP 16 1925

20 UNDERTAKER MRS. GEORGE H. HOLLAND ADDRESS 1631 DRUID HILL AVENUE

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.P.S.—400 Bks.

E 01969 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01969

CERTIFICATE OF DEATH.

Registered No. 31

1-PLACE OF DEATH

City of BALTIMORE: (No. 4129 Park Heights Ave St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elijah Jane Boston

(a) Residence No. 4129 Park Heights Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Robert H Boston

6-DATE OF BIRTH (month, day and year)

7-AGE. 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Towson City Md.

PARENTS.

10-NAME OF FATHER. Charles L. Henderson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Mary Pilliter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14-

(Informant). Mrs Sydney E. Sherwood

(Address). 4129 Park Heights Ave

15-

Filed SEP 15 1925 192 H. A. W.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) September 14th 25

17- I HEREBY CERTIFY, That I attended deceased from June 28th 19 25 to Sept 14th 19 25

that I last saw h.. alive on Sept 13th 19 25

and that death occurred, on the date stated above, at 12.05 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Exam

(Signed) Geo W Stipe Gorsuch M. D.

9/14, 19 25 (Address) 408 E 25th St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~. London Park

DATE OF BURIAL. 16 SEP 1925, 19

20-UNDERTAKER. Geo W Little

ADDRESS 1709 EDMONDSON AVE

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01970

E 01970

CERTIFICATE OF DEATH.

1925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Birdella Gill

(a) RESIDENCE NO. 1120 Rutland Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas B Gill

6 DATE OF BIRTH (month, day, and year): Nov 21 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: Jacob Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Annie Packer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Thomas B Gill
(Address) 1120 Rutland ave

15 Filed ....., 19 .....
Registrar

SEP 15 1925

Robert P. Harrison
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1925, to Sept 13, 1925, that I last saw h. ~~or~~ alive on Sept 13, 1925, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Thrombosis of Mesenteric Vein
& Intestines

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Gangrene of Intestines

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Thomas M. D.

19 24 (Address) 1226 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Sept 16 1925

20 UNDERTAKER: Robt J Turner Inc — ADDRESS: 1949 N Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01971 E 01971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

62

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Foster Ave ST., 76 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Eleanor Saunders.

(a) RESIDENCE NO. 3601 Foster Ave ST., 76 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 20-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Saunders.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Ada Westerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) George Saunders. 3601 Foster Ave.

15 SEP 15 1925 Registrar

Robert F. Harrison
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) Sept. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/5, 1925, to 9/12, 1925, that I last saw h[illegible] alive on 9/12, 1925 and that death occurred, on the date stated above, at 9.00 P. m.

The CAUSE OF DEATH* was as follows:

Status Lymphaticus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Status Lymphaticus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. H. Lovell, M. D.

9/14, 1925 (Address) 633-S-3rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. Sept. DATE OF BURIAL 15th 1925

20 UNDERTAKER Lilly & Zirkin ADDRESS 403 S. Wolfe St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21-'25—7—1500 Bks.

E 01972

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01972

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 N. Castle ST., 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Grill

(a) RESIDENCE No. 601 N. Castle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gottfried Grill

6 DATE OF BIRTH (month, day, and year): June 3/52

7 AGE: Years 73 Months 3 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Peter Milled

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Gottfried Grill

(Address): 601 N. Castle

15 Filed SEP 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 19 25, to Sept 14, 19 25.

that I last saw her alive on Sept 14, 19 25.

and that death occurred, on the date stated above, at 8:50 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Cardio-Vascular Disease)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis A. W. Krause, M. D.

, 19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 9/17 1925

20 UNDERTAKER: Philip Henrig — ADDRESS: 2016 Aliceanna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01973

E 01973

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Ashland Ave ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Gehrmann

(a) RESIDENCE NO. 1632 Ashland Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Gehrmann

6 DATE OF BIRTH (month, day, and year) Feb. 23-1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Not known

14 Informant Katherine G. Davids
(Address) 1632 Ashland Ave

15 [illegible] 19 Robert B. Harrison, Registrar
Burial Permit Clerk.

P 15 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1925, to Sept. 13, 1925, that I last saw h[illegible] alive on Sept. 13, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
(duration) 5 yrs. - mos - ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) 10 yrs. - mos. - ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Edgar P. Sandrock, M. D.

, 19 (Address) 15 W. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Sept. 16 1925

20 UNDERTAKER Zirkler & Zirkler ADDRESS 1739 E. Eager St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 01974

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01974

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Orleans ST., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Pinkney Maguder

(a) RESIDENCE NO. 1722 Orleans ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Jeremiah Maguder

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Lizzie Driscol

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Modena Maguder

(Address) 1722 Orleans

15 Filed , 19 Registrar

SEP 15 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1925

17

I HEREBY CERTIFY, That I attended deceased from May, 1925, to Sept 12, 1925, that I last saw him alive on Sept 10, 1925 and that death occurred, on the date stated above, at 3 40 A. m.

The CAUSE OF DEATH* was as follows:

Carcinomed Gland, and Cheek

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Bad teeth.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. [illegible] M. D.

1925 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury Cemetery	Sept 15 1925
20 UNDERTAKER	ADDRESS
Mrs R.A. Ellery	1725 Ashland Co

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 01975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01975

CERTIFICATE OF DEATH

1-PLACE OF DEATH 1415 W Lexington St 113

CITY OF BALTIMORE: (No. 1415 ST.: 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marjaie Alberta James

(a) RESIDENCE. NO. 1415 W Lexington ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/22/25

7 AGE — Years: — Months: 5 Days: 23 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Louis James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant

(Address) 1415 W Lexington St

Robert E. Harrison

Burial Permit Clerk

P 15 1925 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1925, to Sept 14, 1925, that I last saw her alive on Sept. 13, 1925, and that death occurred, on the date stated above, at 6:45 A m.

The CAUSE OF DEATH* was as follows:

acute gastro enteric intoxication

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Course

(Signed) W. W. Triplett, M. D.

. 19 (Address) 132 N Longwood St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Sept 16 1925

20 UNDERTAKER: McInnis Cortbell — ADDRESS: 420 Ridgewood Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

E 01976 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01976

CERTIFICATE OF DEATH. 129

REGISTERED NO. 14-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Genl Hospital ST.... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Baumiller.

(a) RESIDENCE NO. 1443 William St ST., 14 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline Baumiller.

6 DATE OF BIRTH (month, day, and year) — — 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster packer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Baumiller.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Caroline Pape.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Va.

14 Informant Bernard Baumiller
(Address) Indian Rock

15 Filed ....., 19 ..... Registrar

SEP 15 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13. 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 12. 1925 to Sept 13. 1925.

that I last saw him alive on Sept 13. 1925.

and that death occurred, on the date stated above, at 8 20 P m.

The CAUSE OF DEATH* was as follows:

Uremia Coma followed by Myocardial degeneration

(duration) yrs. mns 2 da.

CONTRIBUTORY (Secondary) Nephritis - Chronic.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) James Wilson M. D.

. 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	9/15 1925
20 UNDERTAKER	ADDRESS
J. E. Tilley & Sons	1318 Light St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should use
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01977

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 606 N. Potomac St. St.: 7-3 Ward. REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Ambrose Maloney

(a) RESIDENCE. No. 606 N. Potomac St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married.

5a If married, widowed, or divorced, HUSBAND of (or WIFE of): Mary Elizabeth Maloney

6 DATE OF BIRTH (month, day, and year): June 2-1862

7 AGE: Years 63 | Months 3 | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Policeman

(b) General nature of industry, business, or establishment in which employed (or employer): 061

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Michael Maloney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary E. Maloney
(Address): 606 N. Potomac St

15 Filed ....., 19..... Robert L. Harris, Registrar

P 15 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1925, to September 17, 1925, that I last saw him alive on September 12, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Chronic Arterial Hypertension (duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocardial Insufficiency
General Anasarca (duration) yrs. 6 m. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. S. Leyer M. D.

, 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 9/16 1925

20 UNDERTAKER: Jno G. Moran

ADDRESS 3000 E Baltk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01978

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Green St., 18-3 38 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Girl Barnes

(a) Residence No. 889 Boyd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 9/13/25

7-AGE. ....yrs....mos....ds. If LESS than 1 day, 17 hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer). -

(c) Name of employer.

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, Arthur Chase

11-BIRTHPLACE OF FATHER (city or town) Unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Alberta Barnes

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14- (Informant) Alberta Barnes

(Address) 889 Boyd St

15- Filed ....19.... Robert F. Harrison, Registrar.

Burial Permit [illegible]

SEP 15 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9/13/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 13, 1925, to Sept 13, 1925, that I last saw h.e alive on Sept 13, 1925, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Pre-maturity

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Syphilis (maternal)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Wassermann on Mother. Physical examination

(Signed) Frederick A. Snyder, M. D.

Sept 13, 1925 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ...19....

20-UNDERTAKER. ADDRESS

JOHNS HOPKINS HOSPITAL

SEP 14 1925

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01979

CERTIFICATE OF DEATH.

90

16-3

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2829 Harlem Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Hester a Williamson

(a) Residence No. 2829 Harlem Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	Widow

9a-If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of James H. Williamson

6-DATE OF BIRTH (month, day and year) May 3/56

7-AGE, 69 yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Barton

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Mary Stukes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) John A. Williamson

(Address) 2829 Harlem Ave

15- Robert F. Harrison,

Filed ..... 192.....

P 15 1925 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 14/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 6, 1925, to Sept 13, 1925 that I last saw h.. alive on Sept 13, 1925 and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Anemia underacute

Final para.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) ..... yrs. ..... mos. 7 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Nasal Culture

(Signed) H. E. Krug M. D.

Sept, 19 (Address) 1002 W. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Church Hill Cemetery	Sept. 16, 1925
20-UNDERTAKER,	ADDRESS
Wm. C. Black	922 N. Broadway

IMPORTANT: PHYSICIANS should state CAUSE OF DEATH exactly. Exact statement of OCCUPATION is very important. See that AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 01980

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01980

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST., 15-13 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William S. J. Harris

(a) RESIDENCE No. 1614 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76.	5	12.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None Ret'd

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) York.
(State or country) Penna.

PARENTS

10 NAME OF FATHER William Harris

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) England

12 MAIDEN NAME OF MOTHER Mary Jane Jackson

13 BIRTHPLACE OF MOTHER (city or town) York
(State or country) Pa

14 Informant Mt. Hope Retreat
(Address)

15 Filed ..... 19 ..... Registrar

P 15 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1925, to Sept 14, 1925, that I last saw him alive on Sept. 13, 1925, and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis & Arterio-Sclerosis (Pulmonary Edema)

Unknown (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senile Dementia.

Unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical - Chemical

(Signed) Upton B. Hall, M. D.

, 19 (Address) Mt. Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Sept 16 1925
20 UNDERTAKER	ADDRESS
Lauterbach Lakeyboy	927 W. Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(John F. Zimmerman)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01981

E 01981

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 Hanover ST., 23 - 1 WARD)

REGISTERED NO. 157

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jno. F. Zimmerman

(a) RESIDENCE NO. 938 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Zimmerman

6 DATE OF BIRTH (month, day, and year) April 15th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Martin Zimmerman (Address) 938 Hanover St

15 [illegible], 19 Robert R. Harrison, Registrar

P 15 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/14 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 5 1925, to Sept 14 1925, that I last saw h[illegible] alive on 9/14 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene

of foot

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) A. Hellenbrand M. D.

, 19 (Address) 1240 S Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Sept 17 1925
20 UNDERTAKER D. Schlosman & Son	ADDRESS 1039 Hanover

B. WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01982

E 01982

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 3-2 WARD)

2-FULL NAME Carrie Newton

(a) RESIDENCE NO. 123 S. Dallas ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence ie city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Newton

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) D 10
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS
10 NAME OF FATHER Granton Parks
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia
12 MAIDEN NAME OF MOTHER Susie Collar
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed Sept 15 1925, 19 Robert P. Harris, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1925

17
I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1925, to Sept 13, 1925,
that I last saw her alive on Sept 13, 1925,
and that death occurred, on the date stated above, at 2:00 A m.
The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical Findings
(Signed) M. D. McTague Jr., M. D.
, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodbury Cem
DATE OF BURIAL 9/17 1925
20 UNDERTAKER Jas. M. Timmons ADDRESS 1625 E. Mad st

P 15 1925

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 01983

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01983

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 25 WARD) REGISTERED NO. 187

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. Davis

(a) RESIDENCE NO. 413 Annapolis Road St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura H. Davis

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
32	9	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist Helper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bartlett Hayward Co

9 BIRTHPLACE (city or town) Connecticut
(State or country)

PARENTS

10 NAME OF FATHER Chas B Davis

11 BIRTHPLACE OF FATHER (city or town) Conn.
(State or country)

12 MAIDEN NAME OF MOTHER Emma Palmer

13 BIRTHPLACE OF MOTHER (city or town) R. I.
(State or country)

14 Informant Laura H. Davis
(Address) 413 Annapolis

15 Filed SEP 15 1925, 192 Robert B. Harrison Registrar
Burial Permit Clerk.

P 15 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Rupt. Intestine + Fract. Pelvis
Caused by accidentally coming in contact with some machinery at Bartlett & Hayward's
(duration) 1 month about yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis
(duration) yrs. mos. ds.

(Signed) W S Riley, M. D.
(Coroner.)
Sept 15, 1925 (Address) 1039 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ...yrs., ...mos., ...ds. State 25 yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Fun Dal
DATE OF BURIAL 9/16 1925
UNDERTAKER Geo A Starkey Fulton + Fayette
ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 01984 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01984

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 S. Bond ST., 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Generieva Michalowska

(a) RESIDENCE NO. 808 S. Bond ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 8-24

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Stanislaw Michalski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Wojtkowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Stanley Michalski

(Address) 808 S Bond St.

15 Filed SEP 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1925, to Sept 15, 1925, that I last saw h[illegible] alive on Sept 15, 1925 and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Bridgeville Del.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) John H. Kelbinger, M. D.

, 19 (Address) 1709 Aliceanna St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Sept 16 25

20 UNDERTAKER F. W. Ozazelurski

ADDRESS 1930 Eastern Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01985 E 01985

CERTIFICATE OF DEATH.

15-3 T 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 3623 Cottage Ave St., ... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Ray Sundergill

(a) Residence No. Union Ville, Md St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Nellie Sundergill

6-DATE OF BIRTH (month, day and year) July 10, 1873

7-AGE, 52 yrs. 2 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joshua Sundergill

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Cornelia Dashiell

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), Md.

14- (Informant) Mrs. Nellie Sundergill

(Address) Unionville, Md.

15- SEP 16 1925 Stamp Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 15, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 10, 1925 to Sept 15, 1925

that I last saw ~~him~~ alive on Sept. 15, 1925

and that death occurred, on the date stated above, at 11 35 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Geo. E. Shannon M. D

, 19 (Address) 700 N. Fulton Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Co., Md Linganore Cemetery — DATE OF BURIAL. Sept. 18, 1925

20-UNDERTAKER, C. M. Nantz — ADDRESS Ijamsville, Md.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01985

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 01986

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH
City of BALTIMORE (No. 216 Monastery Ave St., 20-1 Ward) Registered No.....

2-FULL NAME Stephen T. Kirby

(a) Residence No. 216 Monastery Ave St., Ward
(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Mary Kirby

6-DATE OF BIRTH (month, day and year) Dec 11 - 846

7-AGE, 78 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mill Hand
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) Frederick Co. (State or Country), Md

PARENTS.

10-NAME OF FATHER Mordika Kirby

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Murphy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mary Kirby
(Address) 216 Mondsbery Ave

15- Filed SEP 16 1925, 192.. Registrar. G.H.L.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 14-25

17- I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924 to Sept 14, 1925 that I last saw h. ~~alive~~ on Sept 14, 1925 and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion Due to Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) R. B. Norwood M. D.

9,16, 1925 (Address) 3543 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cheltenham Md DATE OF BURIAL, Sept 17, 1925

20-UNDERTAKER, A. J. Marshall ADDRESS 3539 Fall Rd

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 01987

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01987

CERTIFICATE OF DEATH.

REGISTERED NO. 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2834 Pennington Ave. (Ward) 12-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Robinson

(a) RESIDENCE. (No.) 2839 Pennington East. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Rosa Robinson

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Culpeper Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Rosa Robinson (Address) 2839 Pennington Ave.

SEP 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16th, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 16th, 1925, to Sept 15th, 1925, that I last saw h[illegible] alive on Sept 14th, 1925, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Acute Yellow Atrophy

(duration) yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? General symptoms

(Signed) D. Paul Ross, M. D.

, 19 (Address) 1354 N. Bilbert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem.	Sept 17
20 UNDERTAKER Samuel T. Hensley	ADDRESS 578 N. Bond

I.—WRITE PLAINLY, WITH LEAD PENCIL. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 01988

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01988

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Brevard ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza J. Coates

(a) RESIDENCE NO. 1511 Brevard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James E. Coates

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE — Years: 57 — Months — Days — If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER: James Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Frances Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: James Coates (Address) 15a Brevard St

15 Filed SEP 16 1925, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 5 —, 1925, to Sept 14, 1925, that I last saw h[illegible] alive on Sept 14 —, 1925, and that death occurred, on the date stated above, at 11.15 A m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. W. Kennard M. D.

Sept 14 1925 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. — DATE OF BURIAL: Sept 16 1925

20 UNDERTAKER: Samuel N. Hemsley — ADDRESS: Biddle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 01989

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01989

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 318 W 28th St., 12-2 Ward) 13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy L. Clark.

(a) Residence No. 318 W. 28th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 2-192-

7-AGE. 8 yrs. 8 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Palo Ala

PARENTS.

10-NAME OF FATHER Moses Clark

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Wetumpka Ala

12-MAIDEN NAME OF MOTHER Bessie Hatchett

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ga

14- (Informant) Moses Clark

(Address) 318 W. 28th St

15- Filed 192 Registrar

SEP 16 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 17-1925

17- I HEREBY CERTIFY, That I attended deceased from August 1925 to Sept 17 1925

that I last saw h 4 alive on Sept 17 1925

and that death occurred, on the date stated above, at 6.30 P M.

The CAUSE OF DEATH* was as follows:

Enterocolitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frances M Frye M.D.

9/16 1925 (Address) 2430 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Cem DATE OF BURIAL, 9/16 1925

20-UNDERTAKER. Samuel H Huntley & Bro ADDRESS 5 E

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 01990

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01990

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Ellsworth ST., 8 WARD)

REGISTERED NO. 8-3 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irma E Young

(a) RESIDENCE No. 2015 Ellsworth ST., 8 WARD

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 14-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Walter S. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Viola E. Litton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Mrs. J. Decker

(Address) 2143 Woodbury ave

15 Filed SEP 16 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1925, to Sept 15, 1925, that I last saw h[e] alive on Sept 15, 1925, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation (Cardiac) Fatal 7 mos

(duration) ____ yrs ____ mos ____ ds.

CONTRIBUTORY (Secondary) —

(duration) ____ yrs ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) D. Herzog M.D. M. D.

(Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Sept 16 1925

20 UNDERTAKER Zitkin + Zitkin

ADDRESS 1731 E. Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Blks.

E 01991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01991

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST., 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Brayden

(a) RESIDENCE NO. 2607 Bruce Terrace ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Brayden

6 DATE OF BIRTH (month, day, and year) Nov. 4 1886 Query

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	10	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Frank M. Guethlein

11 BIRTHPLACE OF FATHER (city or town) Ger.
(State or country)

12 MAIDEN NAME OF MOTHER Louisa M. Voight

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Frank M. Guethlein
(Address) 1209 Laurens St.

15 Filed SEP 16 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cancerous ulceration (duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

Sept. 16, 1925 (Address) 210 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cem

DATE OF BURIAL Sept 16 1925

20 UNDERTAKER Harry W. Ebbert

ADDRESS 1214 W. Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

B 01992

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01992

CERTIFICATE OF DEATH.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., 3-2 WARD)

REGISTERED NO. 31 E 01992

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Mack

(a) RESIDENCE NO. 28 S Spring St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ? Mack

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Nisk Robinson

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Sarah Robinson

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Hospital records (Address)

15 Filed ....., 19 ..... Registrar

SEP 16 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 10, 1925, to Sept 13, 1925, that I last saw her alive on Sept 13, 1925, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. C. McFandish M. D.

, 19 (Address) Baltimore City Hosp Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bury cemetery — DATE OF BURIAL: Sept 17 1925

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 Orleans

Spec.—1-10-21 M&T 1500 Blks.

E 01993 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01993

CERTIFICATE OF DEATH.

5-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theo Scott

(a) RESIDENCE NO. 521 Orleans St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0-40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Albert Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah Fowke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed SEP 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1925

17

I HEREBY CERTIFY, That I attended deceased from July 30, 1925, to Sept 13, 1925, that I last saw him alive on Sept 13, 1925, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Enteritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W. McCane Jr., M. D.

, 19 (Address) Baltimore City Hosp Baltimore, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery — DATE OF BURIAL Sept 17 1925

20 UNDERTAKER Edward Bryan — ADDRESS 1631 Orleans St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01994 *

E 01994

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2539 E Monument ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kunigunda Raum

(a) RESIDENCE NO. 2539 E Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late John Raum

6 DATE OF BIRTH (month, day, and year) Aug 27 1848

7 AGE: 77 Years | Months | 18 Days | If LESS than 1 day, ...hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER John Bleistein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Mary Leopold

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: anna Lefthandt

(Address) 2539 E Monument St

15 Filed ....., 19.... Registrar

EP 16 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 14 25, that I last saw h[illegible] alive on Sept 13 25, and that death occurred, on the date stated above, at 3 K m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Reppert M.D.

19 (Address) 801 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Conn — DATE OF BURIAL: Sept 16 1925

20 UNDERTAKER: Wm E Miller & Son — ADDRESS 2334 Eutaw

Robert P. Harrison
Burial Permit Clerk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 01995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01995

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mantua Ave & Lanvale Sts. (Ward) 18 — 198

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Shockley (Sharpless)

(a) RESIDENCE No. 222 Gilbert St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 8 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, ~~widowed, or divorced~~
~~HUSBAND of~~
(or) WIFE of Walter Sharpless

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Laber
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) North Carolina

PARENTS

10 NAME OF FATHER W. D. Sharpless

11 BIRTHPLACE OF FATHER (city or town)
(State or country) NC

12 MAIDEN NAME OF MOTHER ~~Hannah~~ Honer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Haner Honer

14 Informant ~~Son in law~~
(Address) W. D. Sharpless 222 Gilbert St

15 Filed SEP 10 1925 [signature] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stabbed
Stab Wound Chest
(duration) Instt yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) [signature] (Coroner.), M. D.
Sept 12, 192 (Address) 423 Kirby

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Sept 15 1925

20 UNDERTAKER Leonard Whidden — ADDRESS Mantua

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 01996

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01996

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 12 WARD) REGISTERED NO. 1614

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Main

(a) RESIDENCE NO. 300 E. 31st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-15-25

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
5 hours			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER Walter Main

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Father - Walter Main
(Address) 300 E 31st St

15 Filed SEP 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-15 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-15, 1925, to 9-15, 1925, that I last saw h[illegible] alive on 9-15, 1925 and that death occurred, on the date stated above, at noon

The CAUSE OF DEATH* was as follows:

Hemorrhage Bowels

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Bostalli, M. D.

, 19 (Address) 335 E 31st St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wesley Chapel Cem Rockhall Md	Sept 17 1925
20 UNDERTAKER Harry Mininach 1/2021	ADDRESS Redgewood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

U.S. DEATH

Spec.—1-10-21—M&T—1500 Bks.

E 01997

E 01997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N. Laurale ST., 11-1 WARD)

2-FULL NAME Phillie Nicodemus

(a) RESIDENCE NO. 310 N Laurale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 22 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) ddo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jeremiah Nicodemus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary E. Eahard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Laura Nicodemus

(Address) 310 N Laurale

Filed SEP 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1925

17 I HEREBY CERTIFY, That I attended deceased from January 1925 to September 15 1925, that I last saw her alive on September 15 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(duration) 2 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) A. H. A. Meyer, M. D.

12/16 1925 (Address) 2438 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Sept.	18 1925
20 UNDERTAKER Wm Cook Sr & Son	ADDRESS Linn.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

E 01998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 01998

74-002

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 76-7 WARD ..... REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Ross

(a) RESIDENCE No. City Hospitals ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred not known mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Ross

6 DATE OF BIRTH (month, day, and year) 1856 Feb 24

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Oswego (State or country) New York

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) [illegible] (State or country) New York

12 MAIDEN NAME OF [illegible]

13 BIRTHPLACE OF MOTHER (city or town) [illegible] (State or country) New York

14 Informant City Hospitals Records (Address)

15 Filed SEP 16 1925 H. A. Hall Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 15 1925

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to Sept. 16, 1925, that I last saw him alive on September 14, 1925, and that death occurred, on the date stated above, at 9:15 Am.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis general & cerebral

Hypertension

(duration) [illegible] yrs. [illegible] mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory Exam.

(Signed) R. Harper Smith M. D.

1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Sept 17 1925

20 UNDERTAKER J. M. Cook — ADDRESS 2032 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T 1500 Blks.

E 01999 HEALTH DEPARTMENT—CITY OF BALTIMORE E 01999

CERTIFICATE OF DEATH.

14-27

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Paul J Galloway

(a) RESIDENCE NO. 60 Gilmor Green Cook ST. ..... WARD .....
(Usual place of abode) Wilmington (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced (~~HUSBAND of~~ (or) WIFE of): Luther Galloway

6 DATE OF BIRTH (month, day, and year): 3/14/1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James L Langley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ellen Lenton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: St Josephs Hospital Fenton

(Address)

SEP 16 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/15 1925

17

I HEREBY CERTIFY, That I attended deceased from 9/9/ 1925 to 9/15 1925

that I last saw her alive on 9/15 1925

and that death occurred, on the date stated above, at 5:45 P m.

The CAUSE OF DEATH* was as follows:

Erysipelas of face, Nephritis

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of 9/9/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) Thomas L Jensen M. D.

9/15, 1925 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 18 1925
20 UNDERTAKER	ADDRESS
Wm Cook	202 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02000

CERTIFICATE OF DEATH.

Registered No. 23

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Horace Slingluff

(a) Residence No. 1312 Eutaw Place St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Montgomery Johns

6-DATE OF BIRTH (month, day and year)

7-AGE 76 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Contractor

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER. Jesse Slingluff

11-BIRTHPLACE OF FATHER (city or town). Baltimore (State or Country),

12-MAIDEN NAME OF MOTHER. Frances Cross

13-BIRTHPLACE OF MOTHER (city or town). Baltimore (State or Country),

14- (Informant) University Hosp.

(Address) Baltimore

15- Robert E. Harris

16 Filed SEP 16 1925 192 Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-16-25

17- I HEREBY CERTIFY, That I attended deceased from 9-14 19 25 to 9-16 19 25

that I last saw h. alive on 9-16 19 25

and that death occurred, on the date stated above, at 5 1/2 A m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis & Cholecystitis

(Duration) 3. yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficency (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-15-25

Was there an autopsy? No

What test confirmed diagnosis? Pathological Laboratory Findings

(Signed) Lee Wm. Calgon, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cemetery DATE OF BURIAL, 9/17 19 25

20-UNDERTAKER, Henry W. Spears & Son ADDRESS 505 N. Calvert St.

E.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02001 E 02001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A Kelly Hospital ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Millard Fillmore Anderson

(a) RESIDENCE No. 42 N.W. 14th Ave ST., WARD Miami, Florida

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred -- yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of — (or) WIFE of Jennie Morrison

6 DATE OF BIRTH (month, day, and year) Jan. 18, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Oil C. Mfg.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Columbia City Indiana

PARENTS

10 NAME OF FATHER John Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER ---- Witt

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Fred S. Anderson

(Address) 126 S. 10th. St. Richmond, Ind.

15 Filed ..... 19 ..... Registrar

9 16 1925

Via Penn. Railroad Fred S. Anderson - Escort

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1925, to Sept 15, 1925, that I last saw him alive on Sept. 15, 1925, and that death occurred, on the date stated above, at 7.15 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lip

(duration) 2 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Infection of lip & toxemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Miami, Fla.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? General examination

(Signed) Robert E. Fricke, M. D.

, 19 (Address) 1418 Eutaw Place, City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond, Indiana	9/16 1925

20 UNDERTAKER Henry U. Dears & Son ADDRESS 805 N. Calvert St

N. B.—PRINT PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 02002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02002

CERTIFICATE OF DEATH.

X 196

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Camden Yards B.& O.R.R.Co. St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... James C.Dickey.

(Residence in Baltimore: No. 439 Massachusetts Ave N.W.Washington D.C. Yrs., En rute. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. October 13, 1908
(Month) (Day) (Year)

7-AGE, 16 yrs. 11 mos. 0 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter helper.
(b) General nature of industry, business, or establishment in which employed (or employer)..... A15

9-BIRTHPLACE, (State or Country). W.Va.

PARENTS.

10-NAME OF FATHER, John B.Dickey.

11-BIRTHPLACE OF FATHER, (State or Country). Miss.

12-MAIDEN NAME OF MOTHER, Minnie Short.

13-BIRTHPLACE OF MOTHER, (State or Country). W.Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John B.Dickey.(father)

(Address) 1007 Maryland Ave. S.W. Washington.D.C.

15- Filed SEP 16 1925, 192. Robert B. Harrison, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 13, 1925. 192...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Electrocution.
Accidentally stepped on 3rd. rail of B.& O.R.R.Co. in Camden Yards.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Fernhardt M. D. (Coroner)

Sep. 17, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	Sept 16 1925
20-UNDERTAKER.	ADDRESS
John F. Denny	715 Light St.

E 02003 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. Bd. Gen. Hosps. 14-1 Ward) Registered No. C 185

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. E. Messersmith

(Residence in Baltimore: No. 505 Cumberland St. St.; yrs. 75 mos. ds.)

—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EP 16 1925

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word): Sing

6-DATE OF BIRTH: Aug 20. (Month) (Day) 1850 (Year)

7-AGE: 75 yrs. mos. 24 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Butcher (b) General nature of Industry, business, or establishment in which employed (or employer): 013

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Chas. Messersmith

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Louise Saur

13-BIRTHPLACE OF MOTHER, (State or Country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Louis Messersmith

(Address) 505 Cumberland St

15- (Date) SEP 16 1925, 192

Robert B. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 15, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of brain (accidental)

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Fell down stairs in his own home

(Duration) yrs. mos. ds.

(Signed) J. F. Hennessy M.D. (Coroner.)

Sept 16 1925 (Address) 2802 Edmondson

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Sept 17 1925

20-UNDERTAKER: W. J. Tickner & Son — ADDRESS: N. & Pa.

Spec.—1-12-23—M&T—500 Blks.

E 02004 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 02004

CERTIFICATE OF DEATH.

117

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

● 1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes' Hospital ST., 19-2 WARD)

2-FULL NAME William St. Quinn.

(a) RESIDENCE No. 100 S. Mount St. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ivey Eliz. Quinn

Married.

6 DATE OF BIRTH (month, day, and year) Dec. 14, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman, b'r

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Engineers Dept. Balt City

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Matthew Quinn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs Quinn
(Address) 100 S. Mount St

15 Filed SEP 16 1925, 19 Robert F. Harris, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1925, to Sept 15, 1925, that I last saw h... alive on Sept 13, 1925, and that death occurred, on the date stated above, at 1.0 m

The CAUSE OF DEATH* was as follows:

(Cause) Hemiplegia paralysis.

Epileptic convulsions

Fracture of skull - accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Physician for Death, M. D.

, 19 (Address) 900 N. Grand Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem. — DATE OF BURIAL: Sept 9 1925

20 UNDERTAKER: Margaret S. Flynn — ADDRESS: 1722 Light St

SEP 16 1925

6.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02005

CERTIFICATE OF DEATH

E 02005

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1408 Towson ST. 24-3 WARD

REGISTERED NO. 124

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J. Ellis

(a) RESIDENCE NO. 1408 Towson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	54	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Patrick Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anne Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Patrick Ellis

(Address) 1421 Towson St

15 [illegible] 19 Robert E. Harrison, Registrar

SEP 16 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1925

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to Sept 14, 1925,

that I last saw him alive on Sept 14, 1925

and that death occurred, on the date stated above, at m

The CAUSE OF DEATH was as follows:

Chr. Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia Organization

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Olive Murray, M. D.

Sept 16 1925 (Address) 1917 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Sept 17 1925

20 UNDERTAKER Margaret T. Flynn ADDRESS 1424 Eutaw Pl

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02006 + 44 E 02006

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospt ST., 4-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Jos H Lewis

(a) RESIDENCE NO. Chestertown Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jont Knox

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co. Md.

PARENTS

10 NAME OF FATHER Jont Knox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co Md

12 MAIDEN NAME OF MOTHER Jont Knox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Co Md

14 Informant Chas L Todd
(Address) Chestertown Kent Co Md

15 Filed ..., 19... Robert B. Harrison, Registrar

SEP 16 1925
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1925, to Sept 16, 1925, that I last saw him alive on Sept. 16, 1925, and that death occurred, on the date stated above, at 4.15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 9/4/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Op.

(Signed) W. E. Byrnes M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chestertown Kent Co Md — DATE OF BURIAL: 9/18 1925

20 UNDERTAKER: Edward Toulson — ADDRESS: 900 Woodbourne Ave

WARNING—THIS CERTIFICATE IS RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02007

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 601 Archer ST. 21-3 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Washington

(a) RESIDENCE NO. 601 Archer ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Blk

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) June 4 25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Edward Washington

11 BIRTHPLACE OF FATHER (city or town) Huntington

(State or country) West Va.

12 MAIDEN NAME OF MOTHER Eva Holland

13 BIRTHPLACE OF MOTHER (city or town) Wash D.C.

(State or country)

14 Informant Eva Washington

(Address) 601 Archer St

15 ..... 19 ..... Robert B. Harrison Registrar

Burial Permit Clerk.

SEP 16 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 14 25 to Sept 16 25.

that I last saw h alive on Sept 16 25

and that death occurred, on the date stated above, at 9.04 m.

The CAUSE OF DEATH* was as follows:

Uremic Colitis 4d

..... (duration) ..... yrs. ..... mos 4d ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) John G. Schwemsberg M. D.

, 19 (Address) 1126 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 9/17/1925

20 UNDERTAKER David Easton

ADDRESS 916 Paca

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should turn to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02008

E 02008

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 W. Lafayette ST., 12-6 WARD)

2-FULL NAME Caroline Dawson

(a) RESIDENCE NO. 13 W. Lafayette ST., WARD
(Usual place of abode) now 1916 Division St.
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 22/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	18		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jno. Kyles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Alabama

12 MAIDEN NAME OF MOTHER: L. Shamblin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Caroline Dawson
(Address): 13 W. Lafayette

15 Filed ..... 192 Robert P. Harrison, Registrar

Burial Permit Clerk.

SEP 16 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Pertussis (Whooping Cough)

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

Duration ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Riley, M. D.
(Coroner)

Sept. 16, 1925 (Address) 1055 Cary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	9/16/25
20 UNDERTAKER: Dennis Easton	ADDRESS 94 Bacon

PY.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1564 N. Fremont av (St.) | 5-13 (Ward)

REGISTERED No. 129 E 02009

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. Toogood

(a) RESIDENCE. No. 1564 N. Fremont av St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	col.	Married

5a If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Martha Toogood

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Common Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Sandy Springs Md.

PARENTS

10 NAME OF FATHER: David Toogood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lizzie Wallis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Martha Toogood

15 Filed SEP 1925, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/16/1925

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to Sept. 16, 1925.

that I last saw him alive on Sept. 13, 1925,

and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Uremia (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) about 4 yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Humpine M. D.

19 (Address) 1019 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chapel Hill Cem. Montgomery Co. Md.	Sept 18 '25

20 UNDERTAKER: Emmert F. Bressler

ADDRESS: Biddle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001

E 02010

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 26-34 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Smothers

(a) RESIDENCE NO. City Hospitals ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. not known mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant City Hospitals Records (Address)

15 Filed SEP 17 1925 G P G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 15 1925

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to September 15, 1925, that I last saw him alive on September 15, 1925, and that death occurred, on the date stated above, at 3-20 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis general & cerebral Hypertension

(duration) not known ds.

CONTRIBUTORY (Secondary) cerebral Hemorrhage

(duration) yrs. mos. / ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General Laboratory

(Signed) R. Hooper Smith M. D.

Sept 16 1925 (Address) City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Sept 1925
20 UNDERTAKER Samuel H. Woodley	ADDRESS [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

(Henry Brown)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02011

CERTIFICATE OF DEATH.

74-001

E 02011

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 787 George ST.: 17-3 WARD) REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Brown

(a) RESIDENCE. NO. 787 George ST., ..WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Brown

6 DATE OF BIRTH (month, day, and year) Jan 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Perry Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Martha Brown 787 George St

15 Filed SEP 4 1925, 19 GPG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Sept 4, 1925, that I last saw h alive on July 13, 1925, and that death occurred, on the date stated above, at 4:50 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 2 mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis Autopsy & Symptoms

(Signed) Charles H. Hoffa, M. D.

(Address) 712 S Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Sept 17 1925
20 UNDERTAKER John H. Toadvine	ADDRESS 1037 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 02012 HEALTH DEPARTMENT—CITY OF BALTIMORE E ✓02012

CERTIFICATE OF DEATH. 22-1 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 649 W. Lee St. St., ... Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie King.(C)

(Residence in Baltimore: No. 649 W. Lee St. St.; yrs. 3 mos. ---- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female.

4-COLOR OR RACE: Colored

5-Single, Married, Widowed or Divorced, (Write the word.): Single.

6-DATE OF BIRTH: April 1, 1912 (Month) (Day) 1..... (Year)

7-AGE: 13 yrs. 5 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia.

PARENTS:

10-NAME OF FATHER: Thomas King.(C)

11-BIRTHPLACE OF FATHER, (State or Country): Virginia.

12-MAIDEN NAME OF MOTHER: Lillie Freeman.(C)

13-BIRTHPLACE OF MOTHER, (State or Country): North Carolina.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie King.(C)mother.

(Address) 649 W. Lee St.

15- SEP 13 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 15, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Acute dilatation of the Heart.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

Sep. 16, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion — DATE OF BURIAL: Sept 18 19 25

20-UNDERTAKER: John H. Toadvine — ADDRESS 1027 Druid Hill Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02013

CERTIFICATE OF DEATH.

E 02013

1-PLACE OF DEATH John Hopkins Hospital 12-16-00

CITY OF BALTIMORE: (No. ..... ST., 12-6 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Jessup

(a) RESIDENCE No. 407 E. Lanvale ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) May 23, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	1	3.	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Stewart-Jessup

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annabelle Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Records (Address) J. H. H.

15 Filed SEP 17 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1925

17

I HEREBY CERTIFY, That I attended deceased from May 12, 1925 to Sept 16, 1925

that I last saw her alive on Sept 16, 1925

and that death occurred, on the date stated above, at 2-25 a m.

The CAUSE OF DEATH* was as follows:

Indigestion, acute gastro-intestinal (Post-dysentery-Flexner)

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Pneumonia, broncho-

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) ..... M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Prospect Hill, Towson Md	Sept 19 1925
20 UNDERTAKER	ADDRESS
Wm. Cook	502 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02014

159-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1806 E Lombard ST., V-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Cohen

(a) RESIDENCE NO. 1806 E Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? — yrs. 6 mos. 7 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) March 9/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Jacob Cohen

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Annie Jacobs

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Jacob Cohen
(Address) 1806 E Lombard st

15 Filed SEP 17 1925 H. Alle. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16, 1925

17

I HEREBY CERTIFY, That I attended deceased from March, 1925, to Sept. 16, 1925,

that I last saw h alive on Sept. 16, 1925

and that death occurred, on the date stated above, at 5 01, m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis and Regurgitation (Congenital)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute Pericarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R.G. Nicholson, M. D.

9/17, 1925 (Address) 2230 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 9/17 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 02015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02015

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Vine St ST., 70-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorathy R. Linnbaum

(a) RESIDENCE No. 2113 Vine St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
		4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Edward Linnbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna E Herby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Anna Linnbaum
(Address)

15 Filed ... 19 ... Registrar

SEP 17 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16, 19 25

17

I HEREBY CERTIFY, That I attended deceased from Sept 13, 19 25, to Sept 16, 19 25,

that I last saw her alive on Sept 15, 1925, 19 ...

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Acute gastro Enteritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) ... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward J. Coolahan, M. D.

, 19 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Sept 18 1925

20 UNDERTAKER Jos A Farley

ADDRESS 1810 E Fayette St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

(Schimunek)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 0 2016 — C 0 2016

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 N Broadway ST., WARD) — REGISTERED NO. 7-357

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katerina Schmunek

(a) RESIDENCE NO. 821 N Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Schmunek

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Josef Novaris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Joseph Schmunek

(Address) 821 N Broadway

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925 to Sept 15, 1925 that I last saw h[illegible] alive on Sept 15, 1925 and that death occurred, on the date stated above, at 5:20 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes acute

Acute Pulmonary Edema

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) acute Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL 9/19 1925

20 UNDERTAKER Frank Ecker & Son — ADDRESS [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 02017

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02017

CERTIFICATE OF DEATH.

REGISTERED NO. 185

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST., 8-4 WARD)

2-FULL NAME Carl Schmidt

(a) RESIDENCE NO. 1042 N. Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Amelia Gailhor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Annie Schmidt
(Address) 1042 N. Collington Ave

Filed SEP 17 1925

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia- Fractured Skull, Jaw &other injuries. Accidently fell from window on Sept 7-25 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) John H Cullen, M. D. (Coroner.)

9-17-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery DATE OF BURIAL Sept 11 1925

20 UNDERTAKER Robt J Turner ADDRESS 1632 Broadway

IMPORTANT—This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02018 E 02018

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 E. Hamburg ST., 24-1 WARD)

2-FULL NAME Alverta Matthews

(a) RESIDENCE NO. 105 E. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas O. Matthews

6 DATE OF BIRTH (month, day, and year) Oct. 24 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	22	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John Reckline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Lilly M. Justice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Thomas O. Matthews

(Address) 105 E. Hamburg St.

15 Filed SEP 17 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1925, to Sept 10 1925

that I last saw h alive on Sept 15, 1925

and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. B. Campbell M.D.

Sept 16 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Sept 18 1925

20 UNDERTAKER John T. Denny — ADDRESS 715 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02019

E 02019

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 Warren Ave ST., 24-1 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mark A. G. Clift

(a) RESIDENCE NO. 123 Warren ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V Clift

6 DATE OF BIRTH (month, day, and year) 10-26-1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	19.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Book Keeper

(c) Name of employer —

9 BIRTHPLACE (city or town) Dorchester Co (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas H Clift

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Sarah E Vinton

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Martha V. Crawford (Address) 123 Warren Ave

15 Filed SEP 17 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1922 to Sept 15, 1925, that I last saw h~~im~~ alive on Sept 14, 1925, and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

several (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) G. E. Buxton, M. D.

9/15, 1925 (Address) 301 East Cross

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cem	Sept 18 1925
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

N.B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02020 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02020

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1237 S. Clinton ST., (WARD) 26-8

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Drambauer

(a) RESIDENCE NO. 1237 S. Clinton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 16-1875 Baltimore

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	49	9	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work 037

(b) General nature of industry, business, or establishment in which employed (or employer) " "

(c) Name of employer " "

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Kiefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Henlein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant F. L. Meades

(Address) 1237 S Clinton St

15 Filed , 19 Registrar

SEP 17 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1925, to Sept. 15, 1925; that I last saw her alive on Sept. 15, 1925, and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronushas, M. D.

9-15 1925 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	9/18 1925
20 UNDERTAKER Wm. Gallagher	ADDRESS 1618 Eastern Ave

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02021

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-00 E 02021

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2628 Fait Ave ST., 1-2 WARD)

2-FULL NAME Jerome S. Finerty

(a) RESIDENCE No. 2628 Fait Ave ST., 1 WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar-28-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Thomas Finerty

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Veronica Novak

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Veronica Finerty
(Address) 2628 Fait Ave

15 FILED SEP 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1925, to Sept 16, 1925, that I last saw him alive on Sept 16, 1925, and that death occurred, on the date stated above, at 2 05 p m.

The CAUSE OF DEATH* was as follows:

Acute Dysentery

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas. C. Conser, M. D.

9/16, 1925 (Address) 1101 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Sep 17 1925

20 UNDERTAKER Stephen J. Fialkowski ADDRESS 1001 Kenwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

02022

HEALTH DEPARTMENT—CITY OF BALTIMORE

02022

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 252 N. Biddle St. St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Katcherofsky

(Residence in Baltimore: No. 252 N. Biddle Street St.; yrs. 22 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed or Divorced, (Write the word.)
M	White	Married

6-DATE OF BIRTH. Unknown ....., 1.....
(Month) (Day) (Year)

7-AGE. 50 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Second Hand
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Clothing Dealer

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER. Borel Katcherofsky

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Katcherofsky

(Address) 252 N. Biddle St.

15- SEP 17 1925 192.....

L H G Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 16, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessey M. D.
(Coroner.)

Sept. 17 1925 (Address) 2102 E. Lanvale St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale DATE OF BURIAL, 9/17 1925

20-UNDERTAKER. Jack Lewis ADDRESS 1439 E. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02023

CERTIFICATE OF DEATH.

74-001

E 02023

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1823 Aisquith ST. 9-6 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Biffin Bechtel Sr

(a) RESIDENCE NO. 1823 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Annie M Bechtel

6 DATE OF BIRTH (month, day, and year) Oct 10th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Silversmith

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa

PARENTS

10 NAME OF FATHER Jacob H Bechtel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia Pa

12 MAIDEN NAME OF MOTHER Sarah Bechtel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia Pa

14 Informant Annie M Bechtel

(Address) 1823 Aisquith st

15 Filed SEP 17 1925, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1925, to Sept 16, 1925, that I last saw him alive on Sept 15, 1925, and that death occurred, on the date stated above, at 12.45 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) E B Britton, M. D.

, 19 (Address) 3316 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns Lutheran Cemetery	Sept 18th 1925
20 UNDERTAKER	ADDRESS
Geo Schilling & Sons	1126 E Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02024 HEALTH DEPARTMENT—CITY OF BALTIMORE 100 E 02024

CERTIFICATE OF DEATH.

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 E. Pratt ST.: 2-1 WARD)

2-FULL NAME Theodore Levadowske

(a) RESIDENCE. No. 1119 E. Pratt ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred —yrs. 8 mos. — ds. How long in U. S., if of foreign birth? —yrs. —mos. —ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 10-25

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	8	—	

8 OCCUPATION OF DEECASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Margaret Rappe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mother Margaret Lewandowski
(Address) 1119 E Pratt St

15 SEP 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1925 to Sept. 6, 1925. that I last saw him alive on September 6, 1925. and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D

9/17. 1925 (Address) 321 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	Sept 17 25

20 UNDERTAKER Jacob Dalkowski ADDRESS 428 S. Bond

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02025

CERTIFICATE OF DEATH.

38

E 02025

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Jefferson St ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Lhotsky

(a) RESIDENCE NO. 2511 Jefferson St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Lhotsky

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER John Hak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Michael Lhotsky

(Address) 2511 Jefferson St

15 Filed FEB 17 1925 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Aortic Aneurism (Rupture

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. H. Cullen, M. D.
(Coroner.)

9-16-25, 192 (Address) 508 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Sept 18 192 5

20 UNDERTAKER Frank Cockson — ADDRESS 1916 Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 02026

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02026

CERTIFICATE OF DEATH.

24-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 S. Bouldin St. ST., 76-S WARD

2-FULL NAME Mary Woytowitz

(a) RESIDENCE NO. 711 S. Bouldin St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Woytowitz

6 DATE OF BIRTH (month, day, and year) Oct 14th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework HHD

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Cecilia M. Woytowitz. (Address) 711 S. Bouldin St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925 to Sept 15, 1925 that I last saw h[e] alive on Sept 15, 1925 and that death occurred, on the date stated above, at 9. a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Reavey M. D.

Sept 15 1925 (Address) 201 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Sept. 19 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

IMPORTANT—THIS DEPARTMENT REQUIRES EVERY ITEM OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02027

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 Fernwood Ave. ST., 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth O'Connor.

(a) RESIDENCE NO. 3908 Fernwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh O'Connor.

6 DATE OF BIRTH (month, day, and year) May 27-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Texas Bells. Co. Mid.

PARENTS

10 NAME OF FATHER Thomas Costello.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catharine Slater.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant John Leo O'Connor. (Address) 879 S. Bouldin St.

15 Filed SEP 17 1925, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1925, to Sept 15, 1925, that I last saw her alive on Sept 15, 1925, and that death occurred, on the date stated above, at 12.00 M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Fitton M. D.

9/16, 1925 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem. Hanford Rd.	Sept 18 1925
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St

mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it TION is very important See instructions on

Cor.—1-12-23—M&T—100 Bks.

E 02028 HEALTH DEPARTMENT—CITY OF BALTIMORE 001 E 02028

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at 1-2 REGISTERED NO.....

CITY OF BALTIMORE: (No. Bald City Hospital St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Jones

(a) RESIDENCE No. 609 S. Patterson Park Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Wht	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Jones

6 DATE OF BIRTH (month, day, and year) May 27, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer Gdo
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Fertilizer Factory Bald City

9 BIRTHPLACE (city or town) (State or country) Bald City

PARENTS

10 NAME OF FATHER Benjamin Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md ?

14 Informant Margaret Jones
(Address) 609 S. Patterson Park

15 Filed SEP 17 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to City death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY Heat Stroke
Secondary Prostration (duration) yrs. mos. ds.

(Signed) James M Jones, M. D.
(Coroner.)

Sept 16, 1925 (Address) Fork Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL Sept 18 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 103 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 02029

HEALTH DEPARTMENT—CITY OF BALTIMORE E 02029

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 S. Patterson Pk Ave. St.: 1-1 WARD)

• REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Zopf.

(a) RESIDENCE NO. 426 S. Patterson Pk Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Zopf.

6 DATE OF BIRTH (month, day, and year) July 1- 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	41	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work President of the Co

(b) General nature of industry, business, or establishment in which employed (or employer) National Sporting

(c) Name of employer Goods

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Peter Zopf.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Lena Hesselberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Emma V. Zopf.

(Address) 426 S. Patterson Pk Ave.

Filed SEP 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1925, to Sept. 14 1925, that I last saw h[illegible] alive on Sept 14 1925 and that death occurred, on the date stated above, at 8.00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

+ Metastases

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of July 8/25

Was there an autopsy? No

What test confirmed diagnosis Microscopic

(Signed) Chas. L. Reed, M. D.

9/16/25 (Address) 408 S. Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Pk Cem.	Sept. 17 1925

20 UNDERTAKER Lilly & Zeile ADDRESS 403 E Wolfe St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02030

CERTIFICATE OF DEATH.

90 E 02030

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 E Balto ST., 6-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Wolff

(a) RESIDENCE NO. 1734 E Balto ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Wolff

6 DATE OF BIRTH (month, day, and year) Oct 13-1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
62	11	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Supt 086
(b) General nature of industry, business, or establishment in which employed (or employer) Hebrew Orphan Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Mark Wolff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Babette Stern

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant (Address) Leon Wolff 622 Edmondson Ave

15 Filed SEP 17 1925, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Partial Myocardial

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

(Signed) J S H Voller, M. D. (Coroner.)

9-16, 192 5 (Address) 508 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship — DATE OF BURIAL 9/18/25 192

20 UNDERTAKER J. Ahrens & Co — ADDRESS 3314 Penna Ave

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA- ...ck of property classified.

Spec.—1-10-21—M&T—1500 Blks.

E 02031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02031

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2534 Boyd. ST., 20-4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. E. Behringer

(a) RESIDENCE NO. 2534 Boyd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21st 25

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Geo E Behringer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Teresa Trelmet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Carl E Behringer
Address 2534 Boyd.

15 Filed SEP 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/16 1925

17

I HEREBY CERTIFY, That I attended deceased from 9/16, 1925, to 9/16, 1925

that I last saw him alive on 9/16, 1925

and that death occurred, on the date stated above, at 6 10 A.M.

The CAUSE OF DEATH* was as follows:

Diphtheria
Laryngeal

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Carter, M. D.

9/17 1925 (Address) 2105 N Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Sept 17 1925

20 UNDERTAKER F B Shuff Inc. ADDRESS 1850 N Balto St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 02032

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 02032

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 William ST., 14-2 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L. Forester

(a) RESIDENCE No. 1506 William ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 20yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced (write the word)~~
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Patrick Forester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ella O. Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14

Informant Edwin Forester

(Address) 1506 William st

15

Filed SEP 17 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1925

17

I HEREBY CERTIFY, That I attended deceased from July 5 , 1925 , to Sept 15 , 1925 ,

that I last saw him alive on 9/15 , 1925 ,

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Liver

from History (duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) L D Darlington , M. D.

9/16 1925 (Address) 1028 York ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Sept 18 1925
20 UNDERTAKER	ADDRESS
Fred. A. Hamerson	703 S. Ha...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 02033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02033

CERTIFICATE OF DEATH.

X 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Clifton Ave ST., 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Elizabeth McCann

(a) RESIDENCE NO. Joppa Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Feb 23, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Edward McCann

11 BIRTHPLACE OF FATHER (city or town) Harford (State or country) Md

12 MAIDEN NAME OF MOTHER Frances Bruce

13 BIRTHPLACE OF MOTHER (city or town) North East (State or country) Md

14 Informant Mellie C Bacon (Address) 1002 Bond St

15 Filed 9/17/1925, 19 Robert E. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 7, 1925, to Sept 17, 1925, that I last saw h alive on Sept 16, 1925, and that death occurred, on the date stated above, at 9.50 a m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Joppa Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Those of Ileo Colitis

(Signed) Mellie C Bacon M. D.

9/17, 1925 (Address) 1002 Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
North East Burial Co	Sept 19, 1925
20 UNDERTAKER	ADDRESS
Chenoweth & Son	3617 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02034

HEALTH DEPARTMENT CITY OF BALTIMORE

E 02034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 841 E. Chase ST. 10-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Kenny

(a) RESIDENCE NO. 841 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 3, 1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Kenny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine L. Nolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant N. C. Wiedefeld (Address)

15 Filed Sept 17 1925, 19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1925

17

I HEREBY CERTIFY, That I attended deceased from 1902, 1902, to Sept 16, 1925, that I last saw her alive on Sept 10, 1925, and that death occurred, on the date stated above, at 5.00 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms.

(Signed) Mary F. Bregum M. D.

9-17-1925 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Sept 17 1925

20 UNDERTAKER N. C. Wiedefeld — ADDRESS 91 E. Lemmon St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

P 17 1925

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02035

CERTIFICATE OF DEATH.

185

E 02035

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 10-2 WARD)

2-FULL NAME Mary Fleischman

(a) RESIDENCE NO. Preston & Valley Sts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Fleischman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cunegunda Fischer

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Sister Anastasia

(Address) Preston & Valley Sts

15 Filed Sept 17, 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

SEP 17 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1925

17

I HEREBY CERTIFY, That I attended deceased from No record, 19.. to .. 19..,

that I last saw h.r alive on Sept 13, 1925,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Fracture of neck of Thigh

2 weeks (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Debility of age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Sept 17, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Sept 19 1925
20 UNDERTAKER	ADDRESS
J. C. Caddell & Co	Franklin Sq

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should indicate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02036 E 02036

CERTIFICATE OF DEATH.

8-155

1-PLACE OF DEATH St Josephs Hospital.

CITY OF BALTIMORE: (No. Oliver & N. Caroline ST., 8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Florence Ellender

(a) RESIDENCE NO. 1823 Rutland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

5a If married, widowed, or divorced (or) WIFE of HUSBAND of Jacob M. Ellender

6 DATE OF BIRTH (month, day, and year) Jan. 21, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph. Bond.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore. Md.

12 MAIDEN NAME OF MOTHER Caroline Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Balto Md.

14 Informant Jacob M. Ellender

(Address) 1823 Rutland Ave.

15 Filed ....., 19 ..... Registrar

Robert F. Harrison Burial Permit Clerk

P 17 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1925

17 I HEREBY CERTIFY, That I attended deceased from 11 A.M. Sept. 16, 1925, to 10 55 PM Sept 16, 1925.

that I last saw her alive on Sept 16, 1925.

and that death occurred, on the date stated above, at 10 55 P m.

The CAUSE OF DEATH* was as follows:

Abscess of right Lower Molar Tooth - Osteomyelitis of Right Lower Mandible (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Septicaemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T. Joseph Tenbey, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 9/19 1925

20 UNDERTAKER Henry W. Dears & Son & O. N. Calvert

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02037

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02037

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST., 28-2 WARD)

REGISTERED NO. 1147

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret McGlynn (Sister Angelica)

(a) RESIDENCE NO. Mt. Hope Retreat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 27. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	2	11	

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work Sister of Charity

(b) General nature of industry, business, or establishment in which employed (or employer) — 063

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Washington D. C

PARENTS

10 NAME OF FATHER Owen McGlynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Feaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mt. Hope Records

15 Filed SEP 17 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17. 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1925, to Sept 17, 1925,

that I last saw her alive on Sept. 17. 1925,

and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis.
(Non Specific)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arthritis Deformans (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mt. Hope Retreat

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt. Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hope Cemetery — DATE OF BURIAL Sept 19 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02038 CERTIFICATE OF DEATH. × 100-801 E 02038

1-PLACE OF DEATH Provident Hospital 11-2 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert June

(a) RESIDENCE NO. Spalon Point ST. Md. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary June

6 DATE OF BIRTH (month, day, and year) Aug 1 1900

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Robert June

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sutton S.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Frank Snyder
(Address) Jamestown S.C.

15 9 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-16-25 19

17 I HEREBY CERTIFY, That I attended deceased from 9-15-25, 19 to 9-16-25, 19.

that I last saw h— alive on 9-16-25, 19,

and that death occurred, on the date stated above, at 7 20 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
Pulmonary Edema.
(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 417 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jamestown S.C

DATE OF BURIAL Sept 17 1925

UNDERTAKER John F Deavy

ADDRESS 415 Lombard

Robert E. Harrison
Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02039

E 02039

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 S. Fulton Ave ST. 19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Luhr

(a) RESIDENCE NO. 600 S. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUTION—Use only Blue or Black Ink. PHYSICIANS should be very careful that every question is properly answered. Any unknown fact should be stated EXACTLY. PHYSICIANS should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION may be very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ludwig Luhr

6 DATE OF BIRTH (month, day, and year): Dec 2 - 1861

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At. Home

(b) General nature of industry, business, or establishment in which employed (or employer): 600

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia Pa

PARENTS

10 NAME OF FATHER: Harry Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Harriet Beschoo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Effie Kelly

(Address) 675 S. Fulton ave

15 7 1925 19

Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1925, to Sept 15, 1925, that I last saw him alive on Sept 15, 1925, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 35 ds.

CONTRIBUTORY (Secondary): Generalized Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Hobart Williams M. D.

19 (Address) 1 East Eutaw St. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Sept 18 1925

20 UNDERTAKER: William G Schaeffer — ADDRESS: 1816 Monument

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02040

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women's Home ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Malissa V. Price

(a) RESIDENCE. No. 1402 W. Lexington ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	W'd	Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7 '23"

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Daid Evans

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Waller

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Ella L. Jones
(Address) Matron

15 Filed SEP 17 1925 Robert F. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1925, to Sept 17, 1925, that I last saw h alive on Sept 16, 1925, and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T Norwood, M. D.

19 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Sept 19 1925
20 UNDERTAKER George J. Smith	ADDRESS 153 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 02041

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02041

CERTIFICATE OF DEATH.

23-182-002

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Evelyn M.Lindeman.

(Residence in Baltimore: No. 2106 S.Charles St. St.; 8 yrs. 1 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female.	White.	Single.

6-DATE OF BIRTH. July 16, 1917. (Month) (Day) (Year)

7-AGE. 8 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None.
(b) General nature of Industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Harry W.Lindeman.

11-BIRTHPLACE OF FATHER. (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Marie McCormick.

13-BIRTHPLACE OF MOTHER. (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Lindeman.(mother)

(Address) 2106 S.Charles St.

15- Filed SEP 17 1925 192.....

Robert F. Harrison, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 14,1925 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Right leg and left foot mangled
internal injuries, shock
Struck and knocked down by car of
United Railway and Electric Co.
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Accidental Death
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Einhardt M. D. (Coroner)

Sept. 17, 1925 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?
Charles & McComas Sts. Sept. 14, 1925.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cem. DATE OF BURIAL. Sept 18 1925

20-UNDERTAKER. C. Hound Exam. ADDRESS 35 E. Fort Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 02042 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 02042

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals WARD)

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gross (Foote)

(a) RESIDENCE NO. 937 W Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown How long in U. S., If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Ont

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant ..... (Address) Hosp Records

Filed ..... 19 Robert P. Harrison, Registrar

P T 7 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to Sept 16, 1925, that I last saw h[illegible] alive on Sept 16, 1925, and that death occurred, on the date stated above, at 3.45 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Tuberculous Lymph-adenitis (duration) Unknown

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes Clin Findings

(Signed) W. O. McFarland M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooks Culvert Co DATE OF BURIAL 9/18/25

20 UNDERTAKER R C Gross ADDRESS 1405 W Eldorado

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02043

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3441 E Lombard ST., 26-5 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaretta Echsteins

(a) RESIDENCE No. 3441 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Late Geo. Echsteins

6 DATE OF BIRTH (month, day, and year) July 11 - 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER — Deceased

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. G. Echsteins

(Address) 3441 E Lombard St.

15 [illegible] 19

Registrar

17 1825 Robert F. Harrison,

Deputy Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 19 26

17

I HEREBY CERTIFY, That I attended deceased from Sept 10, 19 26, to Sept 16, 19 26,

that I last saw h[illegible] alive on Sept 14, 19 26,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

Pneumonia (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Wm T Bowman M. D.

9/17 19 26 (Address) 718 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stemmers Run Cemetery

DATE OF BURIAL Sept 18 1926

20 UNDERTAKER Harry H. Voitz & Co

ADDRESS 1521 W. Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02044

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02044

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH West Balto. Gen'l Hospital

CITY OF BALTIMORE: (No. Report Deleted ST., W 1 - 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Catterton

(a) RESIDENCE No. 1336 Sargent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Catterton

6 DATE OF BIRTH (month, day, and year) June 29. 1860

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Man

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

PARENTS

10 NAME OF FATHER Thomas Catterton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co. Md

12 MAIDEN NAME OF MOTHER Priscilla Monell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co. Md

14 Informant Mrs Mary C. Catterton

(Address) 1336 Sargent St

15 Filed ....., 19..... Registrar Robert E. Harrison Burial Permit Clerk

P 17 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/15 19 25

17

I HEREBY CERTIFY, That I attended deceased from 8/31 .19 25. to 9/15 .19 25.

that I last saw him alive on 9/15/25 .19 ....,

and that death occurred, on the date stated above, at 7:30 p m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Hypertension

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. H. Watterson M. D.

, 19 (Address) West Balto. Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept 18 1925
20 UNDERTAKER Harry H Witzke	ADDRESS 1531 N Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-23—M&T—500 Bks. Certificate corrected by Dr Gardner on May 5th 1926 per letter Dr Jones here.

1846 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02045

E 02045

CERTIFICATE OF DEATH.

X 33

1-PLACE OF DEATH Johns Hopkins Hospital 7-1

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac James Sr. Col

(a) RESIDENCE NO. ..... Jessup Md ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Nov 1st 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy (dd)

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Jessup, Md (State or country)

PARENTS

10 NAME OF FATHER Isaac Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mabel Sterling

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Father of deceased (Address) .....

15 Filed 7 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-16 25 19

17

I HEREBY CERTIFY, That I attended deceased from 8-10 25, 19 , to 7-16 , 1925, that I last saw him alive on 7-16 , 1925, and that death occurred, on the date stated above, at 7.05 P m.

The CAUSE OF DEATH* was as follows:

Myocardial failure, chr. nephritis, adherent pericardium,

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) George H Gardner Hodgkins Disease over

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical findings Autopsy

(Signed) George H Gardner M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Sept. 19 1925
20 UNDERTAKER Harry W. Ehlen	ADDRESS 941 W North Ave

CAUSE OF DEATH to be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02046

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02046

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mun Hospital ST., 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Hyders.

(a) RESIDENCE No. 400 N. Camden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balt.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant George Nelson
(Address) 3723 Lombard St.

15 Filed ..... 192 Robert P. Harrison, Registrar

17 1925

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental fall from Window

Fracture of Skull

(duration) ..... yrs. ..... mns. 1 ds.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) Chas E Reads, M. D.
(Coroner.)
, 192 (Address) Fidelity Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Sept 18 DATE OF BURIAL 1925

20 UNDERTAKER Wm Cook ADDRESS 502 North Ave

IMPORTANT. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 02047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02047

CERTIFICATE OF DEATH.

REGISTERED NO. 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 W Hamburg ST., 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rafael B. Taylor

(a) RESIDENCE NO. 148 W Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 5, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	—	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER Samuel Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sadie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cuba

14 Informant Isabella Williams (Address) 1224 W Hamburg

15 Filed SEP 16 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/17 19 25

17 I HEREBY CERTIFY, That I attended deceased from 8/22, 1925, to 9/17, 19 25, that I last saw him alive on 9/17, 19 25, and that death occurred, on the date stated above, at 5:20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) — yrs. — mos. 26 ds.

CONTRIBUTORY (Secondary) Whooping cough

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dan Francelm, M. D.

9/17 19 25 (Address) 1224 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Sept. 19, 25

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

(Mihailovitch)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02048

18429

E 02048

CERTIFICATE OF DEATH.

86-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 18-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Thompson Machailovitch

(a) RESIDENCE NO. Florence Critlen Ste Home ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? yrs. 3 mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of — may 24 1925

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Thompson Machailovitch

11 BIRTHPLACE OF FATHER (city or town) Bond St
(State or country) Cumberland

12 MAIDEN NAME OF MOTHER Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Thomas Mihailovich
(Address) Cumberland Md

15 Filed SEP 18 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept. 16, 1925, that I last saw him alive on Sept 16, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

(1) Furunculosis
(2) Otitis media
(3) General Septicemia

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Sykesville, Md.

Did an operation precede death? ..... Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) A. J. Schaffer, M. D.

, 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept-18 1925
20 UNDERTAKER Chas. E. Franck	ADDRESS 802 Madison Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02049

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 S. Clinton ST., 26-8 WARD)

REGISTERED NO. 1132

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Storch

(a) RESIDENCE NO. 1527 S. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 5 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 17, 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore county (State or country)

PARENTS

10 NAME OF FATHER Henry Storch

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Ida E. Milke

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Henry Storch (Address) 1527 S. Clinton St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-2-25, 19..., to 9-16-25, 19..., that I last saw him alive on 9-16-25, 19..., and that death occurred, on the date stated above, at 4:35 PM.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia, following entero-colitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J. B. Bronuskas, M. D.

9-17-25 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz's Cem.	Sept 18 1925
20 UNDERTAKER Firkin + Firkin	ADDRESS 1739 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02050 — CERTIFICATE OF DEATH. — 13 E 02050

1-PLACE OF DEATH Maryland General Hospital — REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Robert Wandby

(a) RESIDENCE NO. 1119 S. Robinson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~September 5, 1905~~

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pressing

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Wandby

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Conway

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Robert Wandby (Address) 1119 S. Robinson

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/16/25 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 3/25, 19 ..... to Sept 16/25, 19 .....

that I last saw him alive on Sept 16/25, 19 .....

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis bi-lateral

Broncho-pneumonia

(duration) 19 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? None Date of .....

Was there an autopsy? None

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.

, 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz's Conn	Sept 20 1925
20 UNDERTAKER Zirkin + Zirkin	ADDRESS 1729 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02051

CERTIFICATE OF DEATH.

88 E 02051

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Cole ave ST., 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mella N. Ochm

(a) RESIDENCE NO. 210 Cole ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 31-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md

PARENTS

10 NAME OF FATHER Fred. H. Ochm

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Louise Cardwell

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Frederick H. Ochm (Address) 210 Cole ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 5, 1925, to Sept, 17, 1925, that I last saw h[illegible] alive on Sept 17, 1925, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows:

Acute valvular disease of heart

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) [illegible], M. D.

Sept 17 1925 (Address) Mapleville, Del.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cem — DATE OF BURIAL Sept. 19 1925

20 UNDERTAKER Zinkler & Zinkler — ADDRESS 1737 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 02052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02052

CERTIFICATE OF DEATH.

91-002

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 S. 13 ST., No-4 WARD)

2-FULL NAME James L. Blue

(a) RESIDENCE NO. 334 S. 13 ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Marion Blue

6 DATE OF BIRTH (month, day, and year) Nov. 23. 1843

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Machinist 031

(b) General nature of industry, business, or establishment in which employed (or employer) Mining Industry

(c) Name of employer Calumet & Hecla Mining Co.

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Robert Blue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant James Blue Jr. (Address) 334 S 13 St

15 Filed SEP 16 1925 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1925, to Sept. 16, 1925, that I last saw him alive on Sept. 12, 1925, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. S. Marr M. D.

9-16, 1925 (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden Md	Sept 18 1925
20 UNDERTAKER Wm Cook	ADDRESS 502 E Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02053

CERTIFICATE OF DEATH.

8-1 74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1973 N. Collington Ave ST., 8 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa J. Aldrich

(a) RESIDENCE NO. 1973 N. Collington Ave., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Aldtich

6 DATE OF BIRTH (month, day, and year) March 13-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ---- Eckhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknwn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elmer E. Aldrich
(Address) 2432 E. Lafayette Ave

15 Filed SEP 18 1925 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Cullen, M. D.
(Corner)

9-17-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1973 N. Collington

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimor Cemetery	Sept 18 1925
20 UNDERTAKER William Cook	ADDRESS 532 E Mad

See instructions on back of certificate. Information important.

BUREAU OF VITAL STATISTICS

Spec.—1-10-21—M&T—1500 Bks.

E 02054

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02054

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 N Pulaski St. | 5-11 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Philip & Rebecca Smith

(a) RESIDENCE NO. 2117 N. Pulaski ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/17/25

7 AGE — Years — Months — Days — If LESS than 1 day, / hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Philip Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER Rebecca Levitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Philip Smith (Address) 2117 N Pulaski St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 17 1925

17 I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

that I last saw him alive on Sept 17 1925

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Premature birth

5 mos pregnant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Placenta Praevia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Mueck, M. D.

9/17/25 (Address) 4702 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Rest — DATE OF BURIAL 9/15 1925

20 UNDERTAKER: Sol Levinson & Bro — ADDRESS 1121 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02055

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02055

CERTIFICATE OF DEATH.

5-289

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 200 Asquith St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Isaac Katzen

(a) Residence No. 200 Asquith St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 28 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Katzen

6-DATE OF BIRTH (month, day and year)

7-AGE. 57 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Russia

14- (Informant)..... Dr. I. J. Katzen

(Address)..... 200 Asquith St.

15- Filed..... 192.....

SEP 16 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-18-25

17- I HEREBY CERTIFY, That I attended deceased from Sep. 16, 1925 to Sep 18 1925 that I last saw h.. alive on Sep 18 1925 and that death occurred, on the date stated above, at 12 P.M. The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 1 yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. J. Baylus M. D.

9/18, 1925 (Address) 210 Asquith

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Herman Hebrew	9/18, 19 25
20-UNDERTAKER.	ADDRESS
Jack Lewis	1103 E. Baltimore St

Instructions on back of certificates.

E 02056 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02056

CERTIFICATE OF DEATH.

Registered No. C. 168

1-PLACE OF DEATH

City of BALTIMORE: (No. 3600 Reisterstown Rd. St., 5-3 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Levin

(Residence in Baltimore: No. 3600 Reisterstown Rd. St.; 36 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): single

6-DATE OF BIRTH: Jan. (Month) 11 (Day) 1873 (Year)

7-AGE: 52 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Milliner
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Jacob Levin

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Nelson

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Dorothy Levin

(Address) 3600 Reisterstown Rd.

15-

Filed ..... 192.....

SEP 16 1925

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 17, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging (Rope).

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

Sept. 17, 1925 (Address) 2802 Eutaw Place

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Friendship Cem. DATE OF BURIAL: 9/18 1925

20-UNDERTAKER: Jack Levin ADDRESS 1129 E. Balto

If very important. See instructions on back of certificate. Exact statement of OCCUPATION is property classified.

Cor.—1-12-23—M&T—100 Bks.

E 02057 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02057

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 136 Eutaw St., W-2 WARD 90 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas A. Baggott

(a) RESIDENCE No. 136 Eutaw St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20 58

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Wire weaver
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer do

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Thomas Baggott

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England.

12 MAIDEN NAME OF MOTHER Waldron

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14 Informant Charles W Baggott
(Address) 403 N Paca St.

Filed SEP 18 1925 A. Lee Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) J G E Staden, M. D.
(Coroner.)

Sept 17 1925 (Address) 143 E Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetery	Sept 18 1925
20 UNDERTAKER	ADDRESS
W M Rountree	233 E Fleet

(Reverse side of certificate. INSTRUCTIONS ON FILLING OUT CERTIFICATE OF OCCUPA-

Spec.—8-24-14—M. & T.—2000 Blks.

E 02058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02058

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Mosher ST.: 16-2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles T Miller

(Residence in Baltimore: No. 2906 Mosher St.: 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) M

6-DATE OF BIRTH, May (Month) 5 (Day), 1879 (Year)

7-AGE, 46 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Ind

PARENTS.

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Gustav A Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eck

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin E Miller

(Address) 2906 Mosher

15- Filed SEP 18 1925, 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 16th (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1st 1925, to Sept 16th 1925, that I saw him alive on Sept 15th 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(Duration) yrs. mos. one ds.

(Signed) Herman F Steenmann M. D.

Sept 18, 1925 (Address) 4E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem

DATE OF BURIAL, Sept 19, 1925

20-UNDERTAKER W M Rontson

ADDRESS 2238 W North

Spec.—1-12-23—M&T—500 Bks.

E 02059 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02059

CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2837 Harlem Ave. ST., 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Pauline Duerr

(a) RESIDENCE No. 2837 Harlem Avenue. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or 1 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Anthony F. Duerr

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Teresa Weigmann

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland.

14 Informant Anthony F. Duerr
(Address) 2837 Harlem Avenue

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1925, to Sept. 17, 1925, that I last saw h[illegible] alive on Sept. 17, 1925, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth.

(duration) 0 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) Chas. S. Kerstetter, M. D.

9-15-, 19 25 (Address) 1730 Linden Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Sept 19 1925
20 UNDERTAKER	ADDRESS
Chas B Cook	1003 N. Balto St

back of certificates. See instructions on

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02060 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02060

CERTIFICATE OF DEATH.

Registered No. 9-238

1-PLACE OF DEATH

City of BALTIMORE: (No. 2952 Harford ave., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Rupprecht.

(a) Residence No. 2952 Harford Ave. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? 61 yrs. 10 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 10 1863.

7-AGE, 61 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Gardener.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, C. A. Rupprecht

11-BIRTHPLACE OF FATHER (city or town) Germany
(State or Country),

12-MAIDEN NAME OF MOTHER, Barbara Fiala

13-BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country),

14-Informant Miss Emma Rupprecht

(Address) 2952 Harford Ave.

Filed SEP 18 1925 H. Lee Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 17 1925

17- I HEREBY CERTIFY, That I attended deceased from July, 1925 to Sept 17, 1925

that I last saw him alive on Sept. 14, 1925

and that death occurred, on the date stated above, at 12.50 p.m.

The CAUSE OF DEATH* was as follows:

Aneurism (Pulmonary) Hemorrhage?

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. L. Zimmerman, M. D.

9/17, 1925 (Address) 2850 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Emmanuel Cem.	Sept. 19, 1925
20-UNDERTAKER,	ADDRESS
K. Heemann.	321 Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 02061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02061

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 McElderry ST., 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Morris Wattland

(a) RESIDENCE NO. 1410 McElderry ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	17	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Packing House

(c) Name of employer Gilbert Co.

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER J. W. Wattland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Mary L. Bouldy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mary L. Wattland (Address) 1410 McElderry

15 Filed SEP 18 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1925

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1925, to Sept 16, 1925, that I last saw him alive on Sept 14, 1925 and that death occurred, on the date stated above, at 2 20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Hartung, M. D.

9/17 1925 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 9/19 1925

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry St

TION is very important. See instructions on back of certificates.

...ll may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02062

CERTIFICATE OF DEATH.

101-001

E 02062

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Josephs. Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 11 WARD)

2-FULL NAME Henry Rembeck

(a) RESIDENCE NO. 2126 Bank ST., 1 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ amelia Rembeck.

6 DATE OF BIRTH (month, day, and year) Oct. 8th 1852

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Home~~ House 15

(b) General nature of Industry, business, or establishment in which employed (or employer) Carpenter.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant amelia Rembeck. (Address) 2126 Bank St

15 Filed SEP 18 1925 H.A.M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17th 1925

17

I HEREBY CERTIFY, That I attended deceased from September 14, 1925, to September 17, 1925.

that I last saw him alive on September 17, 1925

and that death occurred, on the date stated above, at 2:40 a.m. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)

(Myocarditis - Nephritis (chronic (diffuse)

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H.M. Rhodes, M. D.

, 19 (Address) St. Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Sept 21 1925
20 UNDERTAKER Lilly - Zerbe	ADDRESS 403 S. Mount St

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. Certificate may be properly classified.

Spec.—1-10-21 M&T 1500 Bks.

E 02063

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02063

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Eutaw St., 8-157 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ellis Younger

(a) RESIDENCE No. 3226 Ebony Line St., Ward St. Mary's Po. R. 25

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Younger

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George T. Shubbard

11 BIRTHPLACE OF FATHER (city or town) A. A. Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan C. Spicer

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mrs. Ellis (Address) 1503 Druid

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-17-1925

17 I HEREBY CERTIFY, That I attended deceased from 9/13, 1925, to 9/17, 1925, that I last saw h[illegible] alive on 9/17, 1925, and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1/2 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? None Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Clement R. Moore, M. D.

19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: 9/21 19 J

20 UNDERTAKER: J. Frank McCully — ADDRESS: 130 E Fort

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 02064 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 02064

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 110 W.Henrietta St. ST. 12 2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Betz.

(a) RESIDENCE NO. 110 W.Henrietta St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ---- ms. ---- ds. How long in U. S., if of foreign birth? 50 yrs. ---- ms. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widow.

5a If ~~single, married, widowed, or divorced~~ (or) WIFE of Herman Betz.

6 DATE OF BIRTH (month, day, and year) June 7th. 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	80	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ackerman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Lena Smith, (daughter)

(Address) 110 W. Henrietta St.

15 Filed ..... 19 .....

Robert P. Harrison, Registrar

Burial Permit Cl...

18 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 16th. 1925

17

I HEREBY CERTIFY, That I attended deceased from Sep. 10 1925, to Sept. 16th 1925.

that I last saw her alive on Sept. 15th 1925,

and that death occurred, on the date stated above, at 2.10 a.m.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ----------

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt, M. D.

9/16 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westport Cem — DATE OF BURIAL 9/18 1925

20 UNDERTAKER J. Fenw McCully — ADDRESS 130 E. Fort

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- may be properly classified.

Spec.—1-10-21—M&T—1500 Blks.

E 02065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02065

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals ST. 123 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosalie Kelly

(a) RESIDENCE NO. 783 George ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 21

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER John Laud

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Grace Lawrence

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Carolina

14 Informant (Address) Hosp. Records.

15 Filed SEP 18 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1925, to Sept 16, 1925, that I last saw her alive on Sept 15, 1925, and that death occurred, on the date stated above, at 3:50 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous Enteritis (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clin Findings

(Signed) W. D. McFaul Jr. M. D.

, 19 (Address) Balto. City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn	Sept 18 1925
20 UNDERTAKER Mrs Ida Snowden	ADDRESS 1732 E. Baltimore St.

TION IS very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

E 02066

HEALTH DEPARTMENT—CITY OF BALTIMORE

44

E 02066

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 St Paul ST., 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Louise Heath

(a) RESIDENCE No. 1212 St Paul St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Late Wm K. Heath

6 DATE OF BIRTH (month, day, and year) Nov 8 1853.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N.Y.

PARENTS

10 NAME OF FATHER: B. F. French

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.Y.

12 MAIDEN NAME OF MOTHER: Martha A Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant: Mr Wilson

(Address): 210 Orange St

Filed SEP 18 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/18 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/14, 1925, to 9/17, 1925,

that I last saw h[illegible] alive on 9/17, 1925,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hypertrophy from mitral insufficiency (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Stebbins Hurst, M. D.

9/18, 1925 (Address) 1403 Park av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Utica New York

DATE OF BURIAL: Sept 19 1925

20 UNDERTAKER: Henry H Jenkins & Son Co

ADDRESS: Orchard & Collins St

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec. 26-9-19-3M. C.S. 1000 Blks.

E 02067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02067

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 S. Binney ST.: 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene Gaydos

(a) RESIDENCE. No. 1009 S Binney ST., 1 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 4 - 25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Joseph Gaydos

11 BIRTHPLACE OF FATHER (city or town) Pa
(State or country)

12 MAIDEN NAME OF MOTHER Marie Pocygnicki

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Marie Gaydos
(Address) 1009 S Binney St

Filed SEP 18 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1925

17 I HEREBY CERTIFY, That I attended deceased from September 17, 1925, to September 18, 1925, that I last saw her alive on September 17, 1925, and that death occurred, on the date stated above, at 6.45 p.m.

The CAUSE OF DEATH* was as follows:

Entero-colitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronushas, M. D.

9-18-1925 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	Sept 19 1925

20 UNDERTAKER Stephen L. Fialkowski ADDRESS 1000 Fleet Ave

P 18 1925

Robert E. Harrison

Registrar

Use black ink. Be careful. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 02068

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02068

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-1 WARD)

2-FULL NAME George Griggs

(a) RESIDENCE NO. Granite , Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) ..
(State or country) Md

PARENTS

10 NAME OF FATHER Ernst Griggs

11 BIRTHPLACE OF FATHER (city or town) Md?
(State or country)

12 MAIDEN NAME OF MOTHER Edna Griggs

13 BIRTHPLACE OF MOTHER (city or town) Md?
(State or country)

14 Informant Hopkins Hospital
(Address)

15 Filed ..... 192 ..... Registrar
8 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobular Pneumonia

(Autopsy at Hospital)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Wallis, M. D.
(Coroner)

9-16-25, 192 (Address) 508 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	SEP 17 1925, 192
20 UNDERTAKER Commissioner Bell	ADDRESS
Per. Wm. K. Woodall	

E 02069

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02069

CERTIFICATE OF DEATH.

+ 128

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Charles J. Parratt

(Residence in Baltimore: No. ??? Lake Placid, N. Y. St.; yrs.. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): married

6-DATE OF BIRTH. January ?, 18?? (Month) (Day) (Year)

7-AGE. 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Mason
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): N. Y.

PARENTS.

10-NAME OF FATHER, Gustie Parratt

11-BIRTHPLACE OF FATHER, (State or Country). N. Y.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. N. Fisher

(Address) Laurel, Md

15- Filed SEP 18 1925 Robert B. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 17, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous nephritis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. J. Neumann M. D. (Coroner)

Sept. 17, 1925 (Address) 280 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents). At place Md. Gen. Hosp. the of death yrs. mos. 1 ds. State yrs. mos. 1 ds.

Where was disease contracted, if not at place of death? New York

Former or usual residence Lake Placid, N. Y.

19-PLACE OF BURIAL OR REMOVAL: Laurel Md — DATE OF BURIAL: Sept 20, 1925

20-UNDERTAKER: Elwood N. Fisher — ADDRESS: Laurel Md

See instructions on back of certificate.

Spec. 12-23-21—E.B.R.S.—400 Bks.

E 02070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02070

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (a) No. 618 Wyeth St., 21-3 Ward) 45

Registered No.

2-FULL NAME Sophia H. Kruse

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 618 Wyeth St., 21 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-CONDITION, Married, Widowed or Divorced (Write the word.)

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Herman G. Kruse

6-DATE OF BIRTH (month, day and year) Sept 25 1865

7-AGE 59 yrs. 11 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER F. Habans

11-BIRTHPLACE OF FATHER (City or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Mary Bubort

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Baltimore Md

14- (Informant) Herman G. Kruse (Address) 618 N. Wyeth St

15- Filed 1925 Robert B. Barrison Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 1, 25

17- I HEREBY CERTIFY, that I attended deceased from Aug 13 25 to Sept 1 25

that I last saw her alive on Sept 1 25

and that death occurred, on the date stated above, at 4 p m

The CAUSE OF DEATH* was as follows:

Carcinoma, Cachexia

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John C. Schwennesen M. D.

(Address) 11 Newburn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Pt Olivet | DATE OF BURIAL Sept 4 1925

20-UNDERTAKER Wm Cook | ADDRESS 502 E Wash

Spec.—1-10-21—M&T—1500 Blks.

E 02071 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02071

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S. Bouldin St. ST., 26 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Hosak.

(a) RESIDENCE NO. 605 S. Bouldin St. ST., 26 WARD.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Hosak

6 DATE OF BIRTH (month, day, and year): Feb. 7 - 1866

7 AGE: Years 59 | Months 7 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpet Weaver.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: John Hosak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Bertha Hosak

(Address): 605 S. Bouldin St

15 SEP 8 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15, 19 25, to Sept 16, 19 25.

that I last saw H alive on Sept 16, 19 25

and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Uraemic Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. J. Krauss M. D.

Sept 16, 19 25 (Address) 806 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem.

DATE OF BURIAL: Sept 19 1925

20 UNDERTAKER: Lilly & Zeiler

ADDRESS: 403 S. Wolfe St

Burial Permit Clerk.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 02072

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02072

CERTIFICATE OF DEATH.

16-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore A. Black.

(a) RESIDENCE NO. 1137 W Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored.	Single.

5a If married, widowed, or divorced (or) ~~WIFE~~ of Clara L Gutrie

6 DATE OF BIRTH (month, day, and year) April 17th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Black.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Orangeburg S. Carolina

12 MAIDEN NAME OF MOTHER Isabella Taylor.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia, Louisa Co.

14 Informant (Address) Hospital Records.

15 Filed SEP 18 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 11th, 1925, to Sept 15th, 1925, that I last saw h alive on Sept 15th, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Acute Bacillary Dysentery

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) Lee Huy Lan, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	9/19/1925
20 UNDERTAKER	ADDRESS
Dennis Early	Pe ar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Robert B. Harris
Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

E 02073 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02073

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 17-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Madison

(a) RESIDENCE NO. 730 W. Franklin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE Col. 5 Single, Married, Widowed, or Divorced, (write the word) M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 21/24

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
		11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work M

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Madison

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca McDonald

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Rebecca Madison
(Address) 730 W Franklin St

15 Filed 1 8 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/18/1926

17 I HEREBY CERTIFY, That I attended deceased from 9-17- , 1925, to 9-18- , 1925.
that I last saw him alive on 9-18- , 1925
and that death occurred, on the date stated above, at 12.40 a. m.
The CAUSE OF DEATH* was as follows:

Pneumonia (Primary)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) W F Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion cem	9/19/1926
20 UNDERTAKER Paul Easton	ADDRESS 916 N

Spec.—1-12-23—M&T—500 Bks.

E 02074 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02074

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S Castel ST., 7-1 WARD)

REGISTERED NO. 114

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilber L White

(a) RESIDENCE NO. 210 S Castel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 6 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wilbur L White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hallie Walther

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Wilbur L White

(Address) 210 S Castel

15 Filed Sept 18 1925 Robert P. Harris Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 11 25 19 to Sept 16 1925, that I last saw him alive on Sept 15 1925 and that death occurred, on the date stated above, at 6/15 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Autointoxication

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Geo. Fetter, M. D.

9-18 1925 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Sept 19 1925

20 UNDERTAKER Wendel Duffel & Son

ADDRESS 378 N

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-117 E 02075

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Genl Hosp ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kathryn Spicer.

(a) RESIDENCE NO. 603 E. Clement st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 20. 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgetown Del.

PARENTS

10 NAME OF FATHER Joseph Spicer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware.

12 MAIDEN NAME OF MOTHER Sydie Henrickson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware.

14 Informant Hospital Record

(Address)

15 Filed SEP 18 1925, 19 ... Registrar

Robert P. Harrison,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1925.

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1925, to Sept 17, 1925, that I last saw her alive on Sept 17, 1925, and that death occurred, on the date stated above, at 7.08 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism with Myocardial Insufficiency.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis (duration) Two days yrs. mos. before death ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 12-25

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) James E. Nelson, M. D.

9/17, 1925 (Address) 1215 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Georgetown Del. DATE OF BURIAL Sept 19 1925

20 UNDERTAKER Margaret J. Flynn ADDRESS 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02076

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harvey Simms

(a) RESIDENCE NO. St. John Lane ST., Elkcott (County) Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland -
(State or country)

PARENTS

10 NAME OF FATHER William Simms

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Roberta Williams

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Harvey Simms
(Address)

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1925, to Sept 18, 1925, that I last saw him alive on Sept 18, 19, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Perforated Duodenal Ulcer
General Peritonitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 17'25

Was there an autopsy? No

What test confirmed diagnosis? At Operation

(Signed) [illegible], M. D.

, 19 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 [illegible] OF BURIAL, CREMATION OR RE-[illegible]AL E. Mays Cem DATE OF BURIAL Sept 21 1925

20 [illegible]DERTAKER Sack M. Starr ADDRESS Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02077 CERTIFICATE OF DEATH. X 46 E 02077

1-PLACE OF DEATH Howard A. Kelly Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1418 Eutaw Pl. ST., 17 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Lawrence (col.)

(a) RESIDENCE No. 709 W. Franklin ST., WARD Yanceville N.C.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: col.
5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Lawrence

6 DATE OF BIRTH (month, day, and year) Nov. 18-1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	10		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Yanceville N.C.
(c) Name of employer: Louis Williamson

9 BIRTHPLACE (city or town) (State or country): N.C.

PARENTS
10 NAME OF FATHER: Sallie Lee
11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.
12 MAIDEN NAME OF MOTHER:
13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant Willie Lee (Address) 709 W. Franklin

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18 1920

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1925 to Sept. 18 1920
that I last saw her alive on Sept. 16, 1925
and that death occurred, on the date stated above, at 1-20 P m.
The CAUSE OF DEATH* was as follows:
Carcinoma of vagina.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam
(Signed) Grant Ward M. D.
(Address) 1418 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lynchburg Va — DATE OF BURIAL: Sept 19 1925

20 UNDERTAKER: Samuel P. Hensley — ADDRESS: 578 N. Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 02078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 02078

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Brentwood Rd WARD 40-1)

2-FULL NAME William Miner

(a) RESIDENCE NO. 1014 Brentwood ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Miner

6 DATE OF BIRTH (month, day, and year) Sept. 28 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~47~~	47	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paver

(b) General nature of Industry, business, or establishment in which employed (or employer) City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Patrick Miner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine Snee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Annie Miner

(Address) 1014 Brentwood ave

15 Filed . 19 Registrar

OCT 1925

Robert B. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 8th, 1925, to Sept 16, 1925, that I last saw him alive on Sept 16, 1925, and that death occurred, on the date stated above, at 4. P. M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) L. McCahan, M. D.

Sept. 19 25 (Address) 1114 Harford ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Sept 20 1925
20 UNDERTAKER	ADDRESS
Geo. J. Roath	1735 Harford ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02079

E 02079

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2340 Eager Place ST., 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Goetzke

(a) RESIDENCE NO. 2340 Eager Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of anna goetzke

6 DATE OF BIRTH (month, day, and year) 31 December 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work cabinet maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Reliable Furniture Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Goetzke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rothrock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Goetzke

(Address) 2340 Eager Place

15 Filed ....., 19.... Registrar

FEB 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-17 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 18, 1925

that I last saw him alive on 9-17, 1925

and that death occurred, on the date stated above, at 6.00 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Asthma

Arterial Hypertension

Hay Fever.

(duration) yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Fred Gundry M. D.

(Address) 2004 Nat Bk Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Sept 21 1925

20 UNDERTAKER Thos C. Mullen & Son ADDRESS 2334 Jeffn St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02080

CERTIFICATE OF DEATH. 112 nd

E 02080

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2405 E. Lafayette Ave (St.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Sommerman

(a) RESIDENCE NO. 2405 E Lafayette Ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. 9 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15 - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Louis Sommerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Anna Tuchler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Louis Sommerman

(Address) 2405 E Lafayette Ave

15 Filed ....19.... Registrar

SEP 19 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1925, to Sept 17, 1925, that I last saw h alive on " " 1925 and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Duodenitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Chronic Gastritis

(duration) yrs. 7- mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas B Lemmon M. D.

9/18, 1925 (Address) 718 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Sept. 19 1925

20 UNDERTAKER: Chas C Miller & Son — ADDRESS: 2334 Jeffer St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02081

CERTIFICATE OF DEATH.

13 ✓

E 02081

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Dooling

(a) RESIDENCE NO. 1008 E. Chase St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	none

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Sept 6-25

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Frank Dooling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Texas Md

12 MAIDEN NAME OF MOTHER Ellen Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas Md

14 Informant Ellen Dooling
(Address) 1008 E. chase St

15 Filed SEP 19 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastro- Intestinal Indigestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Cole M. D.
(Coroner.)

9-19-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Texas Md — DATE OF BURIAL Sept 18, 1925

20 UNDERTAKER Elmer W. Conklin ADDRESS 834 E Eager

Write very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02082 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02082

CERTIFICATE OF DEATH.

159-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1823 N Castle ST.: 8-2 (Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Will

(a) RESIDENCE. NO. 1823 N Castle ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year) April 3, 1925

7 AGE: Years | Months: 5 | Days: 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George A Will

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Victoria Chute

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada

14 Informant: Mr George A Will

(Address) 1823 N Castle St

15 Filed SEP 19 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-18 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-16 1925, to 9-18 1925,

that I last saw him alive on 9-18 1925

and that death occurred, on the date stated above, at 7 PM m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller, M. D.

9-18 1925 (Address) 150 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Sept 19 1925

20 UNDERTAKER: Albert L. Hiltz, Jr

ADDRESS: 1606 Chester St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

02083

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02083

CERTIFICATE OF DEATH.

12-129

1-PLACE OF DEATH Hopkins Apartments Registered No.

City of BALTIMORE: (No. N.W. Cor. St. Paul & 31st St. Sts. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Kaufman

(a) Residence No. N.W.Cor. St. Paul & 31st. Sts Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Louisa Nicholson

6-DATE OF BIRTH (month, day and year) June 7, 1864

7-AGE.	If LESS than 1 day,
61 yrs. 3 mos. 10 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work President

(b) General nature of industry, business, or establishment in which employed (or employer) Kaufman Fireproof Storage Corporation

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Eugene A. Kaufman

11-BIRTHPLACE OF FATHER (city or town) Frederick
(State or Country), Md.

12-MAIDEN NAME OF MOTHER, Elizabeth Donaldson

13-BIRTHPLACE OF MOTHER (city or town) St. Louis
(State or Country), Mo.

14- (Informant) Mrs. Louisa N. Kaufman
(Address) St. Paul & 31st. Sts.

15- Filed SEP 19 1925 Registrar.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-17-25

17- I HEREBY CERTIFY, That I attended deceased from May-1- 1925 to Sept. 17 1925

That I last saw him alive on Sept. 17 1925

and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Martin W Strok M. D.

9.18. 1925 (Address) 806 N Fulton ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Druid Ridge Cemetery	9/21 1925

20-UNDERTAKER.	ADDRESS
Henry W. Myers & Son	805 N. Calvert

Spec.—1-10-21 M&T 1500 Blks.

E 02084

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02084

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City (St.) Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Hertel

(a) RESIDENCE NO. 506 N Belnord St Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 6 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	26	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Peter Hertel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Heil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hosp. Records

(Address)

Filed SEP 19 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Sept 18, 1925,

that I last saw him alive on Sept 18, 1925,

and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) W. O. McFane Jr. M. D.

9/19 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Sept. 21 1925

20 UNDERTAKER: Henry Hoech Son — ADDRESS: 1301 E Eager St

TION is very important. See instructions on back of certificates. ... may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&J—1500 Blks.

E 02085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02085

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Mc Henry ST., V 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent Youskaskas

(a) RESIDENCE NO. 711 Mc Henry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2-1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	19	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Machine Oper.

(c) Name of employer Eskogon Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Martin Youskaskas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Anna Rockentup

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Martin Youskaskas

(Address) 711 Mc Henry Ave

15 Filed SEP 19 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1925

17 I HEREBY CERTIFY, That I attended deceased from August 23, 1925, to Sept 17, 1925, that I last saw him alive on Sept 17, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Eastern Shore of Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J M Dellevett M. D.

Sept 18, 1925 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 9/21 1925

20 UNDERTAKER Chas B. Kuchawska

ADDRESS 637 Pacast

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02086 02086

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 649 Portland St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto Chas Weishaar

(a) Residence No. 649 Portland St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced, (Write the word.) —

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 9/17/25

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 2 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER Chas Weishaar

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elz Zierer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mother

(Address) 649 Portland

15- Filed SEP 19 1925 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9/17/25

17- I HEREBY CERTIFY, That I attended deceased from 9/17/25, 19.., to 9/17/25, 19 25., that I last saw h.. alive on 9/17, 19 25., and that death occurred, on the date stated above, at 8 0 m.

The CAUSE OF DEATH* was as follows:

Termination birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Richard Dorsey, M. D.

, 19 (Address) 1727 Portland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Cathedral Cemetery	Sept 19 1925

20-UNDERTAKER,	ADDRESS
O. A Hannon	3757 Keswick Av

Instructions on back of certificates.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 02087 — 129 — E 02087

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 909 W 34th St. — 13-4-13 — ST. — WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Beggarly

(Residence in Baltimore: No. 909 W 34th St — St.: 12 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Unknown 1 ..... (Month) (Day) (Year)

7-AGE 71 yrs. ..... mos. ..... ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Virginia

PARENTS

10-NAME OF FATHER Simon Baught

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Bagerley

(Address) 909 W 34 St

15 Filed SEP 19 1925 — G.K.G. — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept (Month) 17 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1925, to Sept 17 1925, that I saw her alive on Sept 17, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis 4
Arteria-sclerosis

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Odema Lungs

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Jno A Drueding M. D.

Sept 18, 1925 (Address) 846 W 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Marys Hampden — DATE OF BURIAL Sept 19, 1925

20-UNDERTAKER Thanhouser & Son — ADDRESS 3617 Chestnut

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B R.S.—400 Bks.

E 02088

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02083

CERTIFICATE OF DEATH.

STILL BIRTH No. —

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Green St., 14-1 Ward)

Registered No. 161-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Moore

(a) Residence No. 1718 Druid Hill Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 minutes ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 9/17/25

7-AGE, 10 minutes If LESS than 1 day, ...yrs. ....mos. ....ds. ....hrs. or 10 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER Samuel Moore

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER Inez Bee

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md.

14- (Informant) Inez Moore

(Address) 1718 Druid Hill Ave

15- Filed ....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 17, 1925 to Sept 17, 1925 that I last saw him alive on Sept 17, 1925 and that death occurred, on the date stated above, at 10:40 P m.

The CAUSE OF DEATH* was as follows:

Pre-maturity

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) Frederick M. Snyder, M. D.

Sept 17 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL, ..., 19....

20-UNDERTAKER,

ADDRESS

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02089

CERTIFICATE OF DEATH.

24 001 E 02089

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Druid Hill Ave ST., 11-1 WARD)

2-FULL NAME Rosa L. Richardson

(a) RESIDENCE NO. 1119 Druid Hill Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. Richardson

6 DATE OF BIRTH (month, day, and year) Oct 31 / 71

7 AGE 53 Years	Months 10	Days 16	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Druid Hill md

PARENTS

10 NAME OF FATHER Thos. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Annie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Edward Richardson

(Address) 1119 Druid Hill Ave

Filed SEP 19 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1925, to Sept. 16, 1925, that I last saw h alive on Sept. 15, 1925, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos 21 ds.

CONTRIBUTORY (Secondary) arterio-sclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edw. J. Wheatley, M. D.

Sept 19 1925 (Address) 1200 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL M. C. Cemetery DATE OF BURIAL Sept 19 1925

20 UNDERTAKER Samuel T. Brusley ADDRESS 578 N Eden St

TION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02090

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 Lemmon ST., 15 WARD)

REGISTERED NO. 15-18003 E 02090

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Barnett

(a) RESIDENCE No. 220 Lemmon Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of deceased + unknown

6 DATE OF BIRTH (month, day, and year) about 1853 guess

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Expressman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Solomon Barnett

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mary Pettet
(Address) 220 Lemmon Ave

15 Filed SEP 19 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-16, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and, from the evidence obtained by said inq (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of brain

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Fall out of automobile

(accidental) (duration) yrs. mos. ds.

(Signed) J. J. Kenney, M. D.
(Coroner.)

Sept. 16 1925 (Address) 2907 Auchentoroly Ter.

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Sept 20 1925

20 UNDERTAKER Samuel F. Wesley ADDRESS 1 Bolton

E 02091

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02091

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Colonial Hosp St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harold C. Tyler

(Residence in Baltimore: No. 1922 Madison Ave St.; yrs. 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	Single

6-DATE OF BIRTH. April 17, (Month) (Day) 1920 (Year)

7-AGE.	If LESS than 1 day,
5 yrs. 5 mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Ross Tarkins

11-BIRTHPLACE OF FATHER, (State or Country). Del.

12-MAIDEN NAME OF MOTHER. Courtenay D. Tyler

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Courtenay D. Tyler

(Address) 1922 Madison ave

15-

Filed ..... 192.....

Registrar

SEP 18 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 17, (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

5 minutes (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) automobile accident

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. F. Hennessey M. D. (Coroner.)

Sept. 18 1925 (Address) 2 E 62 Eutaw pl.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Laurel Cem. DATE OF BURIAL. Sept 19 1925

20-UNDERTAKER. Samuel W Bunkley ADDRESS 1 E Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02092

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

90 E 02092

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1543 E. Madison St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William S. Anderson

(a) Residence No. 1543 E. Madison St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Anderson

6-DATE OF BIRTH (month, day and year) March 1-1835

7-AGE. 90 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired School teacher 68

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Centerville Md.

PARENTS.

10-NAME OF FATHER, John Anderson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Centerville Md

12-MAIDEN NAME OF MOTHER, Julia A. Benson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Centerville Md

14- (Informant). Ellen C. Dorsey

(Address). 1543 E. Madison St

15-

Filed SEP 19 1925 19.. Registrar. G H G

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 17-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1925 to Sept 17 1925

that I last saw him alive on Sept 15 1925

and that death occurred, on the date stated above, at 9.30 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Thomas M. D

9-17 1925 (Address) 822 N. Bond

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National Lawn DATE OF BURIAL. Sept 21 25

20-UNDERTAKER. Samuel T. Hensley ADDRESS 518 N Bond St

Spec.—1-12-23—M&T—500 Bks.

E 02093

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02093

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 W. 41st St., 13-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lemuel Randolph Campbell Jr

(a) RESIDENCE No. 1119 W. 41st St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 23 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Lemuel R. Campbell

11 BIRTHPLACE OF FATHER (city or town) Zeigelsburg (State or country) Pa

12 MAIDEN NAME OF MOTHER Viola J Ruchtler

13 BIRTHPLACE OF MOTHER (city or town) Hagerstown (State or country) Md

14 Informant Lemuel R. Campbell (Address) 1119 W. 41st St

15 Filed SEP 19 1925 G K G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1925, to Sept. 18, 1925, that I last saw him alive on Sept. 18, 1925, and that death occurred, on the date stated above, at 8:10 P m.

The CAUSE OF DEATH* was as follows:

acute anidosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Entero Colitis acute Bronchit-14 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J H. Mach M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Thurmont Md	Sept 20 1925
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W North ave

Spec.—1-10-21—M&T—1500 Bks.

E 02094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02094

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A. Kelly ST., 1 Hospital WARD)

REGISTERED NO. 49.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Owen H. Guion

(a) RESIDENCE NO. New Bern N.C. ST., ... WARD New Bern, N. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patsie Rodman Guion

6 DATE OF BIRTH (month, day, and year) June 21 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Judge ret'd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New Bern
(State or country) N. C.

PARENTS

10 NAME OF FATHER John A. Guion

11 BIRTHPLACE OF FATHER (city or town) New Bern
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Susan Roberts

13 BIRTHPLACE OF MOTHER (city or town) New Bern
(State or country) N. C.

14 Informant W. B. R. Guion
(Address) New Bern

15 Filed ..... 20 1925 ....., 19 ..... Robert F. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1925, to Sept. 19, 1925, that I last saw him alive on Sept. 19, 1925, and that death occurred, on the date stated above, at 6 20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left lung.

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? New Bern, N. C.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X-ray plate, general physical

(Signed) Robert E. Fricke, M. D.

, 19 (Address) 1418 Eutaw Place, City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Bern N. C. DATE OF BURIAL Sept 20 1925

20 UNDERTAKER Chas. G. Black ADDRESS 742 Westchester

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 02095

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02095

CERTIFICATE OF DEATH.

X49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A. Kelly Hospital ST., WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bryant.

(a) RESIDENCE NO. 513 Eighth ST., WARD Huntington W. Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. conductor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Huntington W. Va.

PARENTS

10 NAME OF FATHER John Bryant.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Huntington W. Va.

12 MAIDEN NAME OF MOTHER Lowell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Huntington W. Va.

14 Informant C. O. Bryant.
(Address) Huntington W. Va.

Filed 20 1925, 19 Robert B. Harrison, Registrar

Burial Permit Mark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1925

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1925, to Sept 19, 1925, that I last saw him alive on Sept 19, 1925, and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left antrum

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Huntington, W. Va.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Biopsy

(Signed) Robert E. Fricke, M. D.

19 (Address) 1418 Eutaw Place, City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Huntington W. Va.	Sept 19 1925

20 UNDERTAKER Chas. G. Black ADDRESS 74-76 W. North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 02096 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 02096

CERTIFICATE OF DEATH.

106-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 650 N. Mulberry ST., 17-3 WARD)

2-FULL NAME Eva Layton

(a) RESIDENCE NO. 650 N. Mulberry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 22 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 17, 1923

7 AGE — Years: 1 — Months: 10 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Layton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eva Felt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Eva Layton
(Address): 650 N. Mulberry St

15 Filed 20 1925, 19 Robert E. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 16th, 1925, to Sept. 17th, 1925, that I last saw h Sr alive on Sept. 17, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Elliott, M. D.

9/18, 1925 (Address) 92 E Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olive — DATE OF BURIAL: Sept 21 1925

20 UNDERTAKER: Edward Whalen — ADDRESS: 309 Myrtle Ave

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

(Rutter st)

HEALTH DEPARTMENT—CITY OF BALTIMORE

02097 — E 02097

CERTIFICATE OF DEATH.

13

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1202 Rutter ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth E. Whitney

(a) RESIDENCE NO. 1202 Rutter ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. 12 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): August 30th 1924

7 AGE — Years: One — Months: — Days: 30 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Raymond Whitney

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Utah

12 MAIDEN NAME OF MOTHER: Mary Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Stafford

14 Informant (Address): Raymond Whitney 1202 Rutter St

Filed Sept 20 1925, 19

Robert B. Harrison

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 19th 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 18th, 1925, to Sept 19th, 1925.

That I last saw h[e] alive on Sept 18th, 1925;

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Intes. enteritis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) A. Le Ellis, M. D.

(Address) 924 Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Sept 20. 1925

20 UNDERTAKER: Mrs R A Elliott — ADDRESS: 1725 Ashland Ave

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

33

E 02098

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3530 Benson ST. Hampden

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Chrest-

(a) RESIDENCE NO. 3530 Benson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Georges

6 DATE OF BIRTH (month, day, and year) May 30 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	58	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Moses Parish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Fannie Post

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Laurence Chrest (Address) 3530 Benson St.

15 Filed AUG 1925, 19 Robert F. Harrison Registrar

(Special Deputy Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Sept 19, 1925, that I last saw her alive on Sept 18, 1925, and that death occurred, on the date stated above, at 9.20 a.m.

The CAUSE OF DEATH* was as follows:

Intercalar Peritonitis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? Yes Date of July 6th.

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) Chas Dillenhorst M. D.

, 19 (Address) 853 W 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn DATE OF BURIAL 19

20 UNDERTAKER Wm Cook ADDRESS 501 E Fayette

IMPORTANT is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

02099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02099

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 705 E 33rd ST., 9-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Emrich

(a) RESIDENCE NO. 705 E 33rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E Emrich

6 DATE OF BIRTH (month, day, and year) Nov 3. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	68	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Conrad Emrich

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Howard H Emrich
(Address) 705 E 33rd St

15 Filed ....., 19 .....

20125

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1925

17

I HEREBY CERTIFY, That I attended deceased from July ....., 1922, to Sept 18, 1925,
that I last saw him alive on Sept 18, 1925,
and that death occurred, on the date stated above, at 10.30 p m.

The CAUSE OF DEATH* was as follows:

I Organic Heart Disease

(duration) 3 yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. H. Kimpy M. D.

9/19, 1925 (Address) 2700 Hospital Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Sept 21 1925

20 UNDERTAKER Wm Cook ADDRESS 522 E Lafayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks. Liber 3137 Dr Penrose 2314 E Balto St

E02100 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02100

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Poplar Grove ST., 16-3 WARD) REGISTERED NO. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Adams

(a) RESIDENCE No. 1513 Poplar Grove ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth E Adams

6 DATE OF BIRTH (month, day, and year) July 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Balto

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Marie Lippmuit

(Address) 1513 Poplar Grove St

15 SEP 20 1925 ..... 19 ..... Registrar

Robert J. Herring
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 19 25 to Sep. 18, 19 25

that I last saw him alive on Sep. 18, 19 25

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(Interstitial)

..... (duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) E. L. Cranmond M. D.

Sep. 19 19 24 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Sept 21 1925
20 UNDERTAKER W. Cook	ADDRESS 502 E Fayette Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

Zimmerman 201 Hilford Rd.

E 02101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1279 E 02101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 Harview Ave ST., 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Zimmerman

(a) RESIDENCE NO. 11 Harview Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Wm Zimmerman

6 DATE OF BIRTH (month, day, and year) Oct 29,

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Chas Schoenthaler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christinia Kole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank C. Rehberger (Address) 11 Harview Ave

15 SEP 20 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1922, 19 to Sept 20, 1925.

that I last saw h alive on Sept 19, 1925,

and that death occurred, on the date stated above, at 1.50 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Intestinal Disorders (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo L Zimmerman M. D.

(Address) 2858 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Sept 22 19 25
20 UNDERTAKER Meehan Cook	ADDRESS 502 E North Ave

Burial Permit Clerk

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 02102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02102

24-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1521 Ramsey St., 19-2 Ward) Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME.. Hannah E. McSweeney

(a) Residence No. 1521 Ramsey St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-Single, Married, Widow, or Divorced, (Write the word.)

5a-If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Daniel McSweeney

6-DATE OF BIRTH (month, day and year) Aug 13, 1843

7-AGE 82 yrs. 1 mos. 6 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work... None
(b) General nature of industry, business, or establishment in which employed (or employer)...
(c) Name of employer...

9-BIRTHPLACE (city or town)... Baltimore
(State or Country),

PARENTS.

10-NAME OF FATHER, Wm E. Enery

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country),

12-MAIDEN NAME OF MOTHER, Julia A. Betson

13-BIRTHPLACE OF MOTHER (city or town)...
(State or Country),

14- (Informant)... Julia A. McSweeney
(Address)... 1521 Ramsey St

15- Filed SEP 20 1925 Robert P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 18, 1925 to Sept 19, 1925 that I last saw her alive on Sept 18, 1925 and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Apoplexy)

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. Unknown mos. ... ds.

18-Where was disease contracted if not at place of death?...

Did an operation precede death?... Date of...

Was there an autopsy?...

What test confirmed diagnosis?...

(Signed) M. Sweeney M. D.

9/19, 1925 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Wicken | DATE OF BURIAL, Sept 22nd, 1925

20-UNDERTAKER, John Fields | ADDRESS 520 W. Lombard

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

E 02103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 76 (WARD) 29

REGISTERED NO. 137-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Weszka or (Andrew (Henry) Wisniewski)

(a) RESIDENCE NO. 610 South Bouldn ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred not known ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	not known

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Weszka. Katherine Wisniewska.

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Packing House

(c) Name of employer not known

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) not known

14 Informant City Hospitals Records (Address)

15 Filed ..... 19 ..... Registrar

Robert B. Harrison

SEP 20 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 17, 1925, to Sept. 16, 1925, that I last saw him alive on Sept 17, 1925, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma
Chronic Interstitial Nephritis
Cerebral Hemorrhage

(duration) not known ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

Myocardial Failure (duration) not known ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General Laboratory

(Signed) P Hooper Arnett, M. D.

Sept 16 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus, Cem.	Sept. 21. 1925.
20 UNDERTAKER	ADDRESS
M. J. Sadowski.	705 S. Ann

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02104

HEALTH DEPARTMENT—CITY OF BALTIMORE

003 02104

CERTIFICATE OF DEATH.

145-

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 12-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Cecelia Bird

(a) RESIDENCE NO. 422 E Lafayette Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Bird

6 DATE OF BIRTH (month, day, and year) May 19-1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	24	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Patrick Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Catherine Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Richard Bird

(Address) 422 Lafayette Ave

15 Filed SEP 20 1925 Robert E. Harris, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-19 1925

17

I HEREBY CERTIFY, That I attended deceased from 9-16-, 1925, to 9-19, 1925.

that I last saw h[illegible] alive on Sept 19, 1925

and that death occurred, on the date stated above, at 7:57 P.M.

The CAUSE OF DEATH* was as follows:

Ruptured Uterus

Internal Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ruptured Uterus

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Hebrew Hospital

Did an operation precede death? yes Date of 9-17-25

Was there an autopsy? Yes

What test confirmed diagnosis? Clin. & Autopsy

(Signed) Samuel R. Siegel, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Harford Rd — DATE OF BURIAL Sept 21, 1925

20 UNDERTAKER Elmer W. Conklin — ADDRESS 1242 Eager St

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02105

HEALTH DEPARTMENT—CITY OF BALTIMORE

02105

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. 15-11

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbur Houseman

(a) RESIDENCE. NO. 2106 Ridgewood Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 30, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Albert Houseman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Rose Stedding

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs Albert Houseman
(Address) 2106 Ridgewood Ave

15 Filed , 19 Registrar

20 1925

Robert B. Carrington
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1925, to Sept 19, 1925, that I last saw him alive on Sept 19, 1925, and that death occurred, on the date stated above, at 1.58 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Myron G. Tull, M. D.

9/29. 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Sept 21 1925
20 UNDERTAKER	ADDRESS
Margaret J. Flynn	1422 Light St.

Form is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02106

CERTIFICATE OF DEATH. Curtis Bay 13

E 02106

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Morrison Court St. 25 WARD 11)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert C Leedom Jr

(a) RESIDENCE NO. 1505 Morrison Court WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 30 1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Curtis Bay Maryland

PARENTS

10 NAME OF FATHER Robert C Leedom

11 BIRTHPLACE OF FATHER (City or town) (State or country) Lebanon Pa

12 MAIDEN NAME OF MOTHER Stella M Feenecht

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Lebanon Pa

14 Informant Mr Robert C Leedom

(Address) 1505 Morrison Court

15 Filed Sept 20 1925 Robert E. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Sept 20, 1925,

that I last saw him alive on Sept 18, 1925,

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis & enteritis

(duration) yrs 3 mos 2 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm Alex M. D.

Sept 20, 1925 (Address) 816 Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Annville Pa	Sept 21 1925
20 UNDERTAKER John F Denny	ADDRESS 715 Light

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02107 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-901 E 02107

CERTIFICATE OF DEATH. X

1-PLACE OF DEATH Maryland Methodist Hospital

CITY OF BALTIMORE: (No. ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lester Slippen

(a) RESIDENCE NO. Patapsco Hotel Spanows Point Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	38	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Steel mills

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland Co. Va

PARENTS

10 NAME OF FATHER Keith Slippen

11 BIRTHPLACE OF FATHER (city or town) Cumberland Co (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Clarke

13 BIRTHPLACE OF MOTHER (city or town) Cumberland Co (State or country) Va

14 Informant (Address) Lester Slippen Spanows Point Md

15 Filed SEP 21 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1925, to Sept 19, 1925 that I last saw h[illegible] alive on Sept 15, 1925 and that death occurred, on the date stated above, at 10:30 Pm.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Patapsco Hotel Spanows Point

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Jno A Longwell M. D.

, 19 (Address) M D Sea Hoggs

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pemberton Va. via Amer Rwy Ex	Sept 20 1925
20 UNDERTAKER	ADDRESS
John F Denny	715 Light St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02108

CERTIFICATE OF DEATH.

02108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 6-1 WARD)

REGISTERED NO. 178

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Jones

(a) RESIDENCE NO. 1608 ~~Caroline~~ ~~an~~ ST., Orleans WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Colored.

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Virginia Jones

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If L~~ess than~~ 1 day, ~~hrs.~~ or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Virginia Jones (Address) 1608 Orleans St

15 Filed SEP 21 1925 19 G P G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20 1925

17

I HEREBY CERTIFY, That I attended deceased from 9-16- , 1925 , to 9-20- , 1925 , that I last saw him alive on 9-20- , 1925 , and that death occurred, on the date stated above, at 5.55 A. m.

The CAUSE OF DEATH* was as follows:

Acute Laryngitis Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Anemia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W P Bryan M. D.

, 19 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dias Oakland Mo Asbury Cemetery DATE OF BURIAL Sept 23 1925

20 UNDERTAKER Milton Davis ADDRESS 316 N Eden St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02109 E 02109

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 E. Baltimore St. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Cooper

(a) RESIDENCE NO. 3106 E. Baltimore St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: ~~HUSBAND of~~ E. Carroll Cooper

6 DATE OF BIRTH (month, day, and year): Oct. 17-1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Owen A. Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Mary A. Kochner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant: E. Cooper (Address) 3106 E. Baltimore St.

15 Filed SEP 21 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from March 2nd, 1925, to Sept 17th, 1925, that I last saw her alive on Sept 16th, 1925, and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Streptococ. Endocarditis & Mitral insufficiency due to Rheumatic origin (duration) 12 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? In Child ward

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood Test.

(Signed) Amalie Zimmerman, M. D.

Sept 21 1925 (Address) 1805 W North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 9/21st 1925

20 UNDERTAKER: Jno. A. Moran — ADDRESS 3 mm E Balto

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 02110

E 02110

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 ST., WARD)

2-FULL NAME master melvin Furman

(a) RESIDENCE NO. 200 H S Baltimore ST., WARD 20

(Usual place of abode)

Length of residence in city or town where death occurred 1 yr 4 mos 20 ds. How long in U. S., if of foreign birth? 1 yrs. 4 mos. 24 da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male. 4 COLOR OR RACE Jewish 5 Single, Married, Widowed, or Divorced, (write the word) Single.

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) August 26 1924

7 AGE (one) 1 Years 4 Months Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Samuel Furman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sara Schulman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant S. Furman

(Address) 200 E. Balto. St

15 Filed SEP 21 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 20th. 1925. to Sept 20th 1925.

that I last saw him alive on Sept 20th. 1925.

and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Mongolism Idiocy.

(duration) 1 yr. 8 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Louis Antopol M. D.

9/20. 1925 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew Cemtry DATE OF BURIAL 9/21 1925

20 UNDERTAKER Sol Levinson & Bro ADDRESS 1127 E Balto St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 02111 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02111

CERTIFICATE OF DEATH. 32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1351 N. Stockton ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Veney

(a) RESIDENCE NO. 1351 N. Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	—

5a If married, widowed, or divorced (or) WIFE of HUSBAND of —

6 DATE OF BIRTH (month, day, and year) June 1, 1923

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3	18	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work DAD

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Otis Veney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Co., Va.

12 MAIDEN NAME OF MOTHER Lillian Chevous

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster Co. Va

14 Informant Otis Veney

(Address) 1351 N. Stockton St

Filed SEP 21 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9. 19 1925

17

I HEREBY CERTIFY, That I attended deceased from 9. 9, 1925, to 9. 19, 1925, that I last saw her alive on 9. 8, 1925, and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. L. Steughes M. D.

, 19 (Address) 825 N. Fremont Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion	Sept 19 1925
UNDERTAKER	ADDRESS
James E. Wright	1364 Pa Ave

Spec.—1-12-23—M&T—500 Bks.

E 02112 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02112

CERTIFICATE OF DEATH.

REGISTERED NO. 16-6 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Riggs Av ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Powell

(a) RESIDENCE NO. 1704 Riggs Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jackson Powell

6 DATE OF BIRTH (month, day, and year) Nov 12 - 875

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) P.G. Co. Md

PARENTS

10 NAME OF FATHER John Tyler

11 BIRTHPLACE OF FATHER (city or town) P.G. Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Tyler

13 BIRTHPLACE OF MOTHER (city or town) P.G. Co. (State or country) Md.

14 Informant Nancy F. Powell (Address) 1704 Riggs Av

15 Filed ... 19... Registrar

FEB 21 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/19 1925

17

I HEREBY CERTIFY, That I attended deceased from 5/26, 1923, to 9/19, 1925,

that I last saw h alive on 9/19, 1925

and that death occurred, on the date stated above, at 7 Am

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency & Ac. Nephritis

(duration) yrs. 3 mos 27 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) V Bruce Rhett, M. D.

9/19 1925 (Address) 2129 Dix. Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Glenvale Prince George Co Md	Sept 21 1925
20 UNDERTAKER	ADDRESS
Jno W. Chase & Son	400 Mosher

Spec.—1-12-23—M&T—500 Blks.

184347

E 02113 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. 6-254

CITY OF BALTIMORE: (No. ..... St., 6 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Belle Boles Palmer

(a) RESIDENCE NO. 1901 Lamley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col.	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edward Boles

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer) 670

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Talmes

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Cath. Cooper

13 BIRTHPLACE OF MOTHER (city or town) Ind.
(State or country)

14 Informant Records.
(Address)

Filed SEP 21 1925 H. A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1925, to Sept. 17, 1925, that I last saw h[illegible] alive on Sept 17, 1925, and that death occurred, on the date stated above, at 8.55 a.m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) E Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	9/20/1925
20 UNDERTAKER	ADDRESS 916
Daniel Easton	Lamar Ave

TION IS very important. See instructions on back of certificates.

Cor.—1-12-25—M&T.—100 Bks.

E 02114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02114

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bal City Hospital ST., 15-13 WARD) 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Jones

(a) RESIDENCE NO. 1421 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER David Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Jones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ben Jones.
(Address) Same

15 Filed SEP 21 1925 492 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) about 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Hanlon (Coroner.), M. D.

Sept 18 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

1421 Hanover St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Burial Co Laurel Md

DATE OF BURIAL 9/21/1925

20 UNDERTAKER David Earsom

ADDRESS 916 Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 02115 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02115

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 W. 25th St., ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Carter

(a) RESIDENCE NO. 116 W 25th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, Widowed, or ~~Divorced, (write the word)~~ Widow

5a If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of Lorenza Carter

6 DATE OF BIRTH (month, day, and year) Oct 18 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None, did

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Port Deposit Md

PARENTS

10 NAME OF FATHER James S Nickle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Edna Partain

(Address) 116 W 25th St

15 Filed SEP 21 1925 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 29, 1924, to Sept 17, 1925.

that I last saw h alive on Sept 17, 1925

and that death occurred, on the date stated above, at , m.

The CAUSE OF DEATH* was as follows:

Cerebral (Cerasis)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Ed F Summerour M. D.

9/17, 1925 (Address) 1558 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Sept 21 1925

20 UNDERTAKER Robt J Turner Jr — ADDRESS 1992 N. Broadway

ATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 02116 HEALTH DEPARTMENT—CITY OF BALTIMORE 33 E 02116

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) ST., 8-3 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ana Estella Adelsberger.

(a) RESIDENCE NO. 1425-N. Broadway Balto ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Adelsberger

6 DATE OF BIRTH (month, day, and year) Dec 24-1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country) Md.

PARENTS

10 NAME OF FATHER Charles E Clayton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Susie Urich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Edward L Adelsberger

(Address) 1425 N Broadway

15 Filed SEP 21 1925 H. A. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-15, 1925, to 9-20, 1925

that I last saw h[illegible] alive on 9-20, 1925

and that death occurred, on the date stated above, at 2.25 a m

The CAUSE OF DEATH* was as follows:

Tuberculer Peritonitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 9-16-25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) J. Treadstowell, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemty — DATE OF BURIAL Sept 23 1925

20 UNDERTAKER Robt J Turner Jr — ADDRESS 1442 N. Broadway

Cor.—1-12-25—M&T—100 Bks.

E 02117 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02117

CERTIFICATE OF DEATH. 32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1355 Stockton ST., 15-13 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. T. High

(a) RESIDENCE NO. 1355 Stockton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 29 1850 Inquiry

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		5	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland Balto. (Co. T.H.)

PARENTS

10 NAME OF FATHER Jos. R. High

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mabel Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jos. High
(Address) 1355 Stockton St

15 Filed SEP 21 1925, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

Sept. 26, 1925 (Address) 250 Courtland St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lower Malboro Calvert Co Md

DATE OF BURIAL Sept 20 1925

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1703 Pennsylvania Ave

Cor.—1812-25—M&T—100 Blks.

E 02118

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02118

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James G. Williams

(a) RESIDENCE NO. 1538 Leslie St ST., WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) XXXXXX

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER James Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mildred XXXXXX

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hopkins Hospital
(Address)

SEP 21 1925 Filed, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage New Born
(Autopsy at Hospital-Probably a blood disease yet undetermined)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Falkenau, (Coroner) M. D.

9-20-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Sept 21 '25

20 UNDERTAKER Mrs. Jas. H. Dennis. — ADDRESS 1303 Pressman St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02119

CERTIFICATE OF DEATH.

90

E 02119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3143 Strickland ST., 20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Schneider

(a) RESIDENCE No. 3143 Strickland ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. — mos. — ds. How long in U. S., if of foreign birth? 34 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Charles T. Schneider

6 DATE OF BIRTH (month, day, and year) June 13th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	56	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Louis Schlutter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Reihm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edward Schneider (Address) 3143 Strickland St.

15 SEP 21 1925 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19th 1925

17 I HEREBY CERTIFY, That I attended ~~deceased~~ from July 11th 1925 to Sept 19th 1925, that I last saw her alive on Sept. 18th 1925, and that death occurred, on the date stated above, at 10 am m.

The CAUSE OF DEATH* was as follows:

Chronic mortic regurgitation of heart

(duration) 1 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Weibel M.D.

(Address) 1124 Hano St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwarz Cem.	Sept 22 1925
20 UNDERTAKER	ADDRESS
Geo M. Smith & Son	811 N Wolfe

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02120

CERTIFICATE OF DEATH.

74-001 E 02120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 S Payson ST., 70-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lilly A McKanner

(a) RESIDENCE No. 2 S Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles F. Flaenzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ? Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs C. F. Yokel

(Address) 2407 N. Calvert

15 Filed SEP 21 1925 GPK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1925, to Sept 19, 1925, that I last saw h[illegible] alive on Sept 19, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

f

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Second Stroke

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. T. Kemp, M. D.

, 19 (Address) St James Apartments

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 22 1925
20 UNDERTAKER George J. Smith	ADDRESS 1532 Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 02121

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02121

CERTIFICATE OF DEATH.

5-29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N Central Ave ST., 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cuttha Peterson

(a) RESIDENCE NO. 419 N Central Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 19, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Louis Peterson

11 BIRTHPLACE OF FATHER (city or town) St Cruz Brazil
(State or country)

12 MAIDEN NAME OF MOTHER Louisa Frazier

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Louisa Frazier
(Address) 419 Central Ave.

Filed SEP 21 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 18, 1925, to Sept 19, 1925, that I last saw he alive on Sept 18, 1925 and that death occurred, on the date stated above, at 3P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

accordy Whooping Cough

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R J Young M. D.

(Address) 1429 E Monument 9/24, 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel cemetery	Sept 21 1925
20 UNDERTAKER	ADDRESS 631
Edward Regan	Orleans St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02122

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02122

CERTIFICATE OF DEATH.

X 38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 E Lexington ST., 5-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jones

(a) RESIDENCE NO. 1231 E Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married.

5a If married, widowed, or divorced (or) WIFE of 1

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Appox 45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER William Hunt

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Ellen N Hunt (daughter)
(Address) 1231 E Lexington St

15 Filed SEP 21 1925, 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1925

17

I HEREBY CERTIFY, That I attended deceased from July, 19.25, to Sept 17, 1925, that I last saw her alive on Sept 16, 1925 and that death occurred, on the date stated above, at 6 30 A.m.

The CAUSE OF DEATH* was as follows:

Lues (tertiary)

(duration) unknown yrs. 2 mos my Family Dr

CONTRIBUTORY (Secondary) Leukemia due to multiple ulcers (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Cheney, M. D.

9/17/25 (Address) 1420 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery

DATE OF BURIAL Sept 22 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans st

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02123 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02123

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4716 Eastern Ave ST., 26 WARD REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celina Balon

(a) RESIDENCE NO. 4716 Eastern Ave ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? 9 yrs. mos. ds.

From France 1916 West Virginia

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Balon

6 DATE OF BIRTH (month, day, and year) Feb 23 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Bertha Boulas Daughter

(Address) 4716 Eastern ave

Filed SEP 21 1925 A. A. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1925, to Sept 18, 1925, that I last saw her alive on Sept 18, 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Tod M. D.

, 19 (Address) 4704 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz Cem.	Sept 22 1925
20 UNDERTAKER	ADDRESS
Lilly and Zeiler	403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E.02124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.02124

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 W.Fayette ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Levi Leon

(a) RESIDENCE NO. 1423 W.Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Leon

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Esther Benjamin

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant George W.Leon
(Address) 1423 W.Fayette Street

15 Filed ... , 19 ... Registrar

21 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept.20 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10. 1925 to Sept. 20 1925 that I last saw him alive on Sept. 18 1925 and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) old age

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Herbert S Baker, M. D.

9-21 1925 (Address) 1014 W.Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem	Sept 22 1925
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 N Bond St

Spec.—1-10-21—M&T—1500 Blks.

E 02125 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02125

CERTIFICATE OF DEATH. 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST., 5-27 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joe Lehneider

(a) RESIDENCE No. 1123 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Lehneider

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE: Years 65 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Gustave

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Gustave

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis (Address) 1439 Eutaw St

15 Filed SEP 21 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1925, to Sept 19, 1925, that I last saw h/A alive on Sept 19, 1925, and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows:

Bulbar paralysis

(duration) — yrs. 10 mos — ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs and symptoms

(Signed) Wm Lewis, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Intarment — DATE OF BURIAL 9/24 19 25

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 Eutaw St

IMPORTANT. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02126 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02126

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 S. Montford Ave. 13 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Lisiecki

(a) RESIDENCE No. 502 Montford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 40 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Felipa Lisiecki

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) 062
(c) Name of employer American Paper

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Johan Lisiecki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Felipa Lisiecki
(Address) 502 Montford Ave

Filed FEB 21 1925 Hall Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to L's death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hypertension & Arterial Disease

(duration) ... yrs. ... mos. ... ds.

(Signed) James McFeeters M. D.
(Coroner.)

Sept 14, 1924 (Address) Fort Chaves

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 9/22 1924

20 UNDERTAKER William Fiaskowski

ADDRESS 168 Eastern Ave

Cor —1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02127

CERTIFICATE OF DEATH.

148 E 02127

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 7-2 WARD)

2-FULL NAME Anna M. Huber

(a) RESIDENCE NO. 929 N. Chester St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward E. Huber

6 DATE OF BIRTH (month, day, and year) March 5-1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... At home
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Geo. W. Chamberlain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Catherine Drexler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Edward E. Huber
(Address) 929 N. Chester St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritic

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Culen, M. D.
(Coroner.)

9-21-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Sept 23 1925

20 UNDERTAKER Henry Hoeck & Sons

ADDRESS 1301 E Eager St

Spec.—1-12-23—M&T—500 Bks.

William Crimmins Jr

HEALTH DEPARTMENT—CITY OF BALTIMORE

183991 E 02128

CERTIFICATE OF DEATH.

113 E 02128

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 10-1 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 10 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Crimmins

(a) RESIDENCE No. 430 E. Biddle St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) July 15, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Crimmins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Helen Bull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Records Johns Hopkins Hosp

(Address)

15 Filed SEP 21 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 17 1925 to Sept 20 1925, that I last saw ~~him~~ alive on Sept 20 1925, and that death occurred, on the date stated above, at 9:00 a. m.

The CAUSE OF DEATH* was as follows:

~~1a~~ Enterocolitis, acute (not dysentery)

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Hypertrophic Stenosis of the Pylorus (duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 9/21 19 25

20 UNDERTAKER Henry W. Myers and Son

ADDRESS 845 N Calvert

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02129

CERTIFICATE OF DEATH.

E 02129

REGISTERED NO. 31 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City (St.) (Ward)

2-FULL NAME Sarah Nelson

(a) RESIDENCE No. 317 22½ St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Nelson

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Henry Boone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Isaac

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1925, to Sept 20, 1925, that I last saw her alive on Sept 19, 1925, and that death occurred, on the date stated above, at 5:45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Enteritis

(duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) W. O. McFane Jr, M. D.

, 19 (Address) Balto. City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Sept 22 1925
20 UNDERTAKER	ADDRESS
Mrs R. G. Elliott	512 E Baltimore

IMPORTANT: See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02130

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02130

CERTIFICATE OF DEATH.

12-46

1-PLACE OF DEATH

City of BALTIMORE: (No.) 322-20½ St., (Ward) 12 — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Cooper

(a) Residence No. 322-20½ St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of George Cooper

6-DATE OF BIRTH (month, day and year) 1880

7-AGE. 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Unknown

14-(Informant) George Cooper

(Address) 322 20½ St

15-Filed SEP 21 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 17 25

17-I HEREBY CERTIFY, That I attended deceased from Sept. 7 19 25 to Sept. 17 19 25

that I last saw h[illegible] alive on Sept 17 19 25

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows: Sarcoma of Uterus

Duration Infinite

CONTRIBUTORY (secondary) Exhaustion and ineffectual detention

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical Exam

(Signed) R. Garland Ellicott M. D.

Sept 19, 1925 (Address) 1534 Eutaw Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — DATE OF BURIAL, Sept 21 1925

20-UNDERTAKER Mrs R. G. Ellicott — ADDRESS 1725 Eutaw Pl

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02131 — 02131

CERTIFICATE OF DEATH.

1001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 S Paca ST., 21 WARD 13

2-FULL NAME Frederick Beck.

(a) RESIDENCE NO. 947 S. Paca ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
13	1912	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Michael Beck.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Cecilia Bunck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Cecilia Beck

(Address) 519 S. Fechter Court

1925 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1925, to Sept. 19, 1925, that I last saw h[illegible] alive on Sept 19, 1925, and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Brain Abscess

(duration) yrs. ... mos ... da.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. ... mos. 10 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes. Date of Aug. 19 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Richard G. Coblentz, M. D.

, 19 (Address) Latrobe apts. Charles & Read Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL at Lown Cemetery — DATE OF BURIAL 9/22 1925

20 UNDERTAKER Clarence A. Gemmler. — ADDRESS 2304 W Lanvale

Burial Permit Clerk

IMPORTANT. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02132

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02132

CERTIFICATE OF DEATH.

58001

1-PLACE OF DEATH Hebrew Infirmary Home 6-2 Registered No.....

City of BALTIMORE: (No. 2100 E. Baltimore St., St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lotte Paskin

(a) Residence No. 1916 E Fayette St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie Paskin

6-DATE OF BIRTH (month, day and year) —

7-AGE. 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Isaac Paskin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Irma —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14-
(Informant) Sol Paskin Son
(Address) 1916 E Fayette St

SEP 21 1925

Hans
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-21-25

17- I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1925 to Sept. 20, 1925 that I last saw h[is] alive on Sept 20 1925 and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Blood exam

What test confirmed diagnosis?

(Signed) Samuel Whitehorne M. D.

, 19 (Address) 1810 Eutaw Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Adath Israel | DATE OF BURIAL. 9-23-25, 19....

20-UNDERTAKER, Jos Louis | ADDRESS 1439 E Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 02133

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02133

CERTIFICATE OF DEATH.

24-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N Lakewood ST., 13 WARD)

2-FULL NAME Christina E. Kisner

(a) RESIDENCE No. 710 N Lakewood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Kisner

6 DATE OF BIRTH (month, day, and year) Dec 23-1845

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	79	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John T. Fretash

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Mary E. Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mary Johnson

(Address) 715 N Lakewood

15 Filed SEP 21 1925 W. A. W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 8 1925 to Sept 19 1925

that I last saw her alive on Sept 19 1925

and that death occurred, on the date stated above, at 8 A.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Lynch, M. D.

(Address) 701 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Sept 22 1925
20 UNDERTAKER F. A. Wanner & Sons	ADDRESS 703 S Eutaw

Spec.—1-10-21—M&Ty—1000 Rks.

E 02134

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02134

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 Clifton Ave ST., 15-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Martin (Premature)

(a) RESIDENCE No. 1837 Clifton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1837 Clifton Ave Balto. Md.

PARENTS

10 NAME OF FATHER Malcolm G. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sina Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston Maine

14 Informant (Address) Mr Malcolm G. Martin 1837 Clifton Ave

15 Filed EP 21 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1925, to Sept 20th, 1925, that I last saw him alive on Sept. 20th, 1925, and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum (Premature - 5½ mo.) (Edema Glottis)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Roglino

(Signed) Ebert C. Reifsnyder, M. D.

9/21, 1925 (Address) 2227 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Sept 22 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 W. Fayette

FOR IS very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02135 E 02135

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3330 Hickory AVE ST. 13-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard A. Bateman

(a) RESIDENCE No. 3330 Hickory AVE ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 17 1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 009

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Bateman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Beatrice Wheaton (Address) 3330 Hickory Ave

15 Sept 21 1925 Robert B. Harrison Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1925

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Tabular disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) John J. Morrow, M. D.
(Coroner)
Sept 21 1925 (Address) 1632 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Sept 22 1925
20 UNDERTAKER	ADDRESS
Chenowet & Son	617 Chestnut

E 02136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02136

CERTIFICATE OF DEATH.

Registered No. C 182

1-PLACE OF DEATH
City of BALTIMORE: (No.) Pier No.9 Light St.Wharf. St. 22 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(Residence in Baltimore: No. Unknown. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: Colored

5-Single, Married, Widow or Divorced, (Write the word.): Unknown

6-DATE OF BIRTH: Do not know. (Month) (Day) (Year)

7-AGE: about 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer): 087

9-BIRTHPLACE, (State or Country): Do not know.

PARENTS:

10-NAME OF FATHER: Do not know.

11-BIRTHPLACE OF FATHER, (State or Country): Do not know.

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country): Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Report.

(Address) Southern District.

15- Robert B. Harrison,

Filed SEP 21 1925 192 THE MORGUE. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Found floating September 13, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

Sep 18, 1925 (Address) 1017 S. Charles St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. PUBLIC CEMETERY DATE OF BURIAL. SEP 21 1925 19

20-UNDERTAKER. Bureau of Health. ADDRESS

Permit

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02137

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02137

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. University Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Bradshaw

(a) Residence No. Crest field Md St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Laurence Bradshaw

6-DATE OF BIRTH (month, day and year): Oct 20-1906

7-AGE: 18 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.
10-NAME OF FATHER: Geo L. Evans
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md
12-MAIDEN NAME OF MOTHER: Ida Tyler
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14-(Informant): Laurence Bradshaw
(Address): Fullerton Md

15-Filed 1925, 192 Robert F. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Sept 20 1925

17-I HEREBY CERTIFY, That I attended deceased from Sept 16 1925 to Sept 20 1925; that I last saw h.r alive on Sept 20 1925; and that death occurred, on the date stated above, at 10.10 P m.

The CAUSE OF DEATH* was as follows:
Omental and Intestinal adhesions
Left cystic ovary
ovar

(Duration) yrs. One mos. ds.

CONTRIBUTORY (Secondary): Bronchial Pneumonia

(Duration) yrs. mos. Two ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 17, 1925

Was there an autopsy? No

What test confirmed diagnosis? Peritonitis & Physical examination

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Fullerton Md DATE OF BURIAL, July 23 25, 19

20-UNDERTAKER: L & B. Forle ADDRESS 115 E. West St

Spec.—1-10-21—M&T—1500 Bks.

E 02138 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02138

44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Hanover ST., 23-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothea Henkel

(a) RESIDENCE NO. 1829 Hanover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Henkel

6 DATE OF BIRTH (month, day, and year) May 29, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar box maker

(b) General nature of industry, business, or establishment in which employed (or employer) Factory 186

(c) Name of employer Otto Bruenger

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Brandt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Sane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Anna Henkel

(Address) 1329 Hanover St

15 FILED 21 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1925

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1925, to Sept 19, 1925, that I last saw her alive on Sept 19, 1925, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma of Stomach

Probably (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Same (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July 22/25

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) Wm E Triplett, M. D.

9/21, 1925 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Sept 23 1925
20 UNDERTAKER	ADDRESS
Jos Jourdenais Son	217 S. Pac

...ions on back of certificates. ...ry. See instructions

Cor.—1-12-23—M&T—100 Bkn.

E 02139

HEALTH DEPARTMENT—CITY OF BALTIMORE

02139

~~BIRTH~~ No. 99

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found in Park (calling Co Hospital) REGISTERED NO.

CITY OF BALTIMORE: (No. 800 W cor Hoffman & Calhoun Sts., If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME unknown

(a) RESIDENCE NO. unknown ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Probably Sept 13/25 (full term)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4 ?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) unknown
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Park Policeman
(Address) Robert H. Barrow 910 N Wolfe St

15 Filed SEP 21 1925, 192 THE SUN PRINT Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Probably Sept 13/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suffocation or
asphyxia unk.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) H H Walker, M. D.
(Coroner)
9-17, 1925 (Address) 508 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. DATE OF BURIAL SEP 21 1925, 192

20 UNDERTAKER ADDRESS

Spec—12-23-21—E.B.R.S.—400 Eks.

E 02140

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02140

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Emmeraty Hospital St., 4 - 1 Ward) 784

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Lilly Lewis

(a) Residence No. 302 Bedford St Cumberland, Md. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 1921

7-AGE, 4 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Child

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Petersburg W. Va

PARENTS.

10-NAME OF FATHER, Earl Lewis

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Petersburg W. Va

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Hospital Records

(Address).....

15- Filed ..... 192.. Registrar.

Robert F. Harrison

Robert F. Lynch, Clerk.

2 1 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 15-1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 24, 1925, to Sept 18, 1925, that I last saw her alive on Sept 18th, 1925, and that death occurred, on the date stated above, at 7 P M m.

The CAUSE OF DEATH* was as follows:

An inoperable Brain Tumor

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Meningitis

(Duration) yrs. mos. 1 w ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Sept 18, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operative Findings

(Signed) Shipley Gleich, M. D.

, 19 (Address) 1 W. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Petersburg W. Va — DATE OF BURIAL, Sept 21, 1925

20-UNDERTAKER, Harry A. Witz — ADDRESS 1531 W. Lombard St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02141 E 02141

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 16 WARD) 9

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel T. Pugh

(a) RESIDENCE NO. City Hospitals ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred not known yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miller

(b) General nature of industry, business, or establishment in which employed (or employer) 056

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant City Hospitals Records (Address)

15 Filed SEP 21 1925, 19 ..... Registrar

THE MORGUE. by Ethington

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 3, 1925, to Sept 8, 1925, that I last saw h~~e~~ alive on Sept 8, 1925, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis,
Myocarditis & mural fibrosis
Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General & Laboratory Examination

(Signed) R. Hooper Lovett, M. D.

Sept 8, 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL SEP 21 1925, 19

20 UNDERTAKER Commissioner of Health. Per. Wm. E. Woodward

ADDRESS

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 02142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02142

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 17-2 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Gardner

(a) RESIDENCE NO. % Chas. Samson 1 Wilson ST. Alley WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Carter Gardner

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriet ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Virginia

14 Informant City Hospitals Records
(Address)

15 Filed ..... 19 ..... Registrar

21 1925

THE MORGUE. by City Physician

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 2, 19.., to Sept 8, 1925.

that I last saw him alive on Sept 7, 1925.

and that death occurred, on the date stated above, at 2.15 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

Chronic Interstitial nephritis

Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) .... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Gross & microscopic Exam.

(Signed) R Hooper Lewis, M. D.

Sept 8, 19 25 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF DEATH 1925 19

20 UNDERTAKER Robert W. Harrison, Director of Health,

ADDRESS

IMPORTANT—Read instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02143

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02143

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 71-3 WARD)

REGISTERED NO. 10101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Durant

(a) RESIDENCE NO. 406 W. Stamberg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred not known yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O&O

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Standard Sanitary Mfg. Co.

9 BIRTHPLACE (city or town) Jamaica (State or country)

PARENTS

10 NAME OF FATHER Emanuel Durant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Matilda Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant City Hospital Records (Address)

15 Filed SEP 21 1925, 19 Registrar

THE MORGUE. City

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 8 1925

17

I HEREBY CERTIFY, That I attended deceased from September 3, 1925, to September 8 1925, that I last saw him alive on September 8, 1925, and that death occurred, on the date stated above, at 5.50 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Laboratory

(Signed) R. Harper Smith M. D.

Sept 9, 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY.	1925
20 UNDERTAKER Bureau of Health. Per. Wm. E. Woodall	ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

02144

HEALTH DEPARTMENT—CITY OF BALTIMORE

02144

CERTIFICATE OF DEATH.

100-0

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 Asquith ST., 9-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond. Hagner

(a) RESIDENCE No. 2031 Asquith ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 3rd 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER Frank Hagner

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md

12 MAIDEN NAME OF MOTHER May Lochron

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md

14 Informant Frank Hagner (Address) 2031 Asquith St.

15 Filed ....., 19..... Registrar

1925

Robert F. Harrison.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1925 to Sept 4th 1925, that I last saw h[illegible] alive on Sept 4th 1925, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Asthma

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. F. Hagner, M. D.

, 19 (Address) 1217 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept 5th 1925
20 UNDERTAKER	ADDRESS
Leo G. Cook	1731 Patterson Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02145

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02145

CERTIFICATE OF DEATH.

16-8 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 S. Clinton ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Morgan

(a) RESIDENCE NO. 1321 S. Clinton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. H. Morgan

6 DATE OF BIRTH (month, day, and year) July 31-1865

7 AGE	Years	Months	Days	If LESS than 1 day,... hrs. or.....min.
	60	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

PARENTS

10 NAME OF FATHER Albert Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Berlin, Germany

12 MAIDEN NAME OF MOTHER Barbara Grimm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Thomas Morgan

(Address) 1321 S. Clinton St.

15 Filed 27 1925 . 19 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 8 . 1920 . to Sept 18 . 1925.

that I last saw h[illegible] alive on Sept. 16 . 1925.

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Toxis

(duration) yrs 10 mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov 1924

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr Thomas M. D.

. 19 (Address) 301 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem

DATE OF BURIAL Sept 22, 25

20 UNDERTAKER Zirkle & Zirkle

ADDRESS 1739 E. Eager St

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 02146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-005 E 02146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Belvidere Ave ST., 27-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert A Pulliam

(a) RESIDENCE No. 5314 41st St NW. Washington DC

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
m	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer) ...do...
(c) Name of employer

9 BIRTHPLACE (city or town) Miss
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Cordelia Hearn

13 BIRTHPLACE OF MOTHER (city or town) Miss
(State or country)

14 Informant James L Pulliam
(Address) do

15 Filed 2 1925, 192 Robert F. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held the Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Injuries from auto accident

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) John J Mowen, M. D.
(Coroner)
Sept 21, 1925 (Address) 1612 Belvidere Ave

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington DC	Sept 23 1925
20 UNDERTAKER	ADDRESS
Cohen & Thalheimer	5477 Conduit Ave

Spec.—1-10-21—M&T—1500 Bks.

E 02147

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02147

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (NO. ..... ST. 10-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Flading

(a) RESIDENCE NO. 820 East Eager ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Flading

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer not known

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John B. Kline

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Baltimore - Md

12 MAIDEN NAME OF MOTHER Mary Cox

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Baltimore Md

14 Informant City Hospitals Records
(Address)

15 Filed ..... 19 ..... Registrar

21 1925

Robert F. Harrison,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 21 1925

17

I HEREBY CERTIFY, That I attended deceased from September 20, 1925, to September 21, 1925, that I last saw him alive on September 20, 1925, and that death occurred, on the date stated above, at 1.40 Am.

The CAUSE OF DEATH* was as follows:

Myocarditis (chronic)
Aortic Insufficiency

(duration) yrs. not known mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
Myocardial Failure (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 820 East Eager St

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Harper Smith, M. D.

Sept 21, 1925 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Sept 22 1925
20 UNDERTAKER	ADDRESS
Elmer W. Conkling	824 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02148

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02148

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 6-3 WARD 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Condado May

(a) RESIDENCE NO. 436 North Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer not known

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Adam May

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary 2

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant City Hospitals Records
(Address)

15 Died , 19
Registrar

21 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 2 1925

17

I HEREBY CERTIFY, That I attended deceased from August 24, 1925, to Sept. 20, 1925, that I last saw him alive on Sept. 20, 1925, and that death occurred, on the date stated above, at 10.55 A/m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis general & Cerebral
Chronic Myocarditis
Chronic Bronchitis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
Myocardial failure (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Lynch, M. D.

Sept 2 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL Sept 22 1925

20 UNDERTAKER Robt J Turner Sr — ADDRESS 1742 N. Broadway

THION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

02149

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02149

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Mt Elderry St. 7-2 WARD) 90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Lutsch

(a) RESIDENCE NO. 1910 Mt Elderry ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John G Lutsch

6 DATE OF BIRTH (month, day, and year) 3/8/1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Adam Eckhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Minnie Hardtke

(Address) 1910 Mt Elderry

15 Filed ..... 19 .....

1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/19/1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1925 to Sept 19, 1925, that I last saw h alive on Sept 19 1925, and that death occurred, on the date stated above, at 2 30 p.m.

The CAUSE OF DEATH* was as follows:

(Morbid conditions)

Tabes Dorsalis & Heart

Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert E Leech, M. D.

, 19 , (Address) 4 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem

DATE OF BURIAL: Sept 22 1925

20 UNDERTAKER: John Ullrich

ADDRESS: 2008 Orleans

ROBERT E. LEECH, Burial Permit Clerk

Spec.—1-12-23—M&T—500 Blks.

1845-71

02150

HEALTH DEPARTMENT—CITY OF BALTIMORE

02150 161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 6-3 REGISTERED NO. .....

CITY OF BALTIMORE, (No. ..... ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Gist Renshaw

(a) RESIDENCE No. 218 N Belnord Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 7 - 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Indnstry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Alvin Renshaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Md

12 MAIDEN NAME OF MOTHER Elsie Brier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Parents (Address) Johns Hopkins Hosp

15 Filed ..... 19 ..... Registrar

Robert F. Morrison

Burial Permit Clerk

SEP 21 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 11 - 1925. to Sept 20 - 1925. that I last saw her alive on Sept 20 - 1925, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos 13 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) Thos. W Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL Sept 22 1925

20 UNDERTAKER John Ellerick — ADDRESS 208 Orleans

Spec. 6-9-19 H. P. Co. 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

02151

CERTIFICATE OF DEATH.

101-001

E 02151

1-PLACE OF DEATH

CITY OF BALTIMORE: No 346 W 30th St.: 12 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. O'Brien

(a) RESIDENCE No. 346 W 30th St., 12 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 22 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	0	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk in City Dept. '09

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto City

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John F. O'Brien

11 BIRTHPLACE OF FATHER (city or town) Wales
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Glenny

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Mrs Mary Glenny Gough
(Address) 346 W 30th St

15 Filed SEP 21 1925, 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 12, 1925, to Sept 19, 1925, that I last saw h alive on Sept 19/25 9 PM and that death occurred, on the date stated above, at 1.05 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 6 yrs. 6 mos. 8 da

CONTRIBUTORY (Secondary) Septic Pulmonary Edema

(duration) yrs. mos. 8 hours

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) R B Norwood, M. D.

, 19 (Address) 3543 Charlcote Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 9-22 1925

20 UNDERTAKER H Brenning Son

ADDRESS 51 N Schroeder St

Buried Permit Clerk

THIS IS very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02152 — CERTIFICATE OF DEATH. 31 — E 02152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 Gittings, ST., 24-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H Hening

(a) RESIDENCE NO. 134 Gittings ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of Mary B Hening

6 DATE OF BIRTH (month, day, and year) April 15th 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	34	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer) 063

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Hening

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Dietrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary Hening (Mother)

(Address) 134 Gittings St

15 Filed ..... 19 Robert J. Harrison, Registrar

SEP 1 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to Sept 21, 1925.

that I last saw h[illegible]live on Sept 21, 1925.

and that death occurred, on the date stated above, at 3.45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Winfield M. D.

9/24, 1925 (Address) 1227 Sulliman Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery Annapolis Rd	Sept 24th 1925
20 UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02153 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 02153

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N. Bradford ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Soucek

(a) RESIDENCE · No. 814 N. Bradford · ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: James Soucek

(Address): 814 N. Bradford St

15 [illegible] 1925 19.... Robert F. Garrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1924, to Sept. 21, 1925, that I last saw her alive on Sept 20, 1925 and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & General Arterio-sclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Russell V. Losh, M. D.

, 19 (Address) 845 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 23 1925

20 UNDERTAKER: Grant Crook Son — ADDRESS: 1906 Eastland

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Randl

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02154 E 02154

CERTIFICATE OF DEATH.

6-28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 N Duncan ST., WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Krandl

(a) RESIDENCE NO. 129 N Duncan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 31 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	27	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Master Krandl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Anna Krajik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Master Krandl (Address) 129 N Duncan St

15 Filed Sept 21, 1925, 19 Robert J. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1925 to Sept 19, 1925

that I last saw h[illegible] alive on Sept 19, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Epidemic

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rowan, M. D.

Sept 21 1925 (Address) 849 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept 22 25
20 UNDERTAKER Frank Brockden	ADDRESS 1806 Ashland Av

TION is very important. See instructions on back of certificates.

E 02155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02155

CERTIFICATE OF DEATH.

154-02

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 812. Union Avenue. St.; 13-3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Margaret A. Sprucebank.

(Residence in Baltimore: No. 812 Union Avenue. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Baby.

6-DATE OF BIRTH, July 16. 1925., 1
(Month) (Day) (Year)

7-AGE, 0 yrs. 2. mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Geo. W. Sprucebank.

11-BIRTHPLACE OF FATHER (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER Mary S. Legacz.

13-BIRTHPLACE OF MOTHER (State or Country), New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Sprucebank.

(Address) 812. Union Avenue.

15- Filed SEP 21 1925 19.. Robert P. Harrison, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 20.th, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry.
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner.)

9/22/1925 (Address) 1432 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Mary's Hampden.	9/23/25. 19..
20-UNDERTAKER J. Walter Davis	ADDRESS 3507. Paine St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02156

CERTIFICATE OF DEATH.

16 Feb 1

E 02156

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST. Balto Md. WARD) 9-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Curry

(a) RESIDENCE NO. 2809 Alameda St. Balto Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Newborn.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 20. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 15 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Church Home Infirmary Balto Md.

PARENTS

10 NAME OF FATHER John Raymond Curry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mayme Bussman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Church Home Infirmary (Address) Balto Md

15 Filed SEP 2 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21. 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1925, to Sept 21, 1925, that I last saw her alive on Sept 21. (6.05 am), 1925, and that death occurred, on the date stated above, at 6.05 am.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos / ds.

CONTRIBUTORY (Secondary) Maternal Toxemia

Edampsia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) John G. Hemmeter M. D.

Sept 21 1925 (Address) 1107 St Paul Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Sept 22 1925
20 UNDERTAKER	ADDRESS
H. Sander Sons Inc	1710 Lead St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02157

CERTIFICATE OF DEATH.

46 E 02157

46-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Josephine Esselman

(a) RESIDENCE NO. 3417 Myrtle PLACE, City ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Esselman

6 DATE OF BIRTH (month, day, and year) Jan. 27. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Louis M. Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Samuel Esselman (Address) 3417 Myrtle Place

15 Filed SEP 22 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20, 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-3-25, 19..., to 9-20-25, 19..., that I last saw her alive on 9-20-25, 19..., and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis - primary fundus of uterus.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 36 hrs ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-4-25

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) H. C. Berg M. D.

. 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL Sept 23 1925

20 UNDERTAKER L. Sander Sons Inc

ADDRESS 1710 Pleet St

IT IS very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 02158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02158

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Park Ave. ST. 11-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Roberts.

(a) RESIDENCE NO. 1139 Park Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) About 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary A. Miller
(Address) East Fairmount Ave

15 Filed SEP 22 1925 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

(Signed) J. E. Hemmeter, M. D.
(Coroner.)

Sept. 20, 1925 (Address) 2702 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 9/22/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Ea ave

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02159 E 02159

CERTIFICATE OF DEATH.

1925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bald City Hospital 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Johnson

(a) RESIDENCE NO. 1244 Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898 Autopsy

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer at home

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Johnson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Fannie Evans

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Fannie Johnson
(Address) 924 Wilkens

15 Filed ..... 192 ..... Registrar

SEP 21 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Subdural Hemorrhage

over)

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton, M. D.
(Coroner)

Sept 21, 1926 (Address) Fork Chase Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs., ... mos., 2 ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?
1244 Schroeder St

Former or usual residence / / /

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Bem.

DATE OF BURIAL 9/22/1926

20 UNDERTAKER Daniel Easton

ADDRESS 916 Eager

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02160 E 02160

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital - 9 ST. WARD)

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Victoria Amelia Wright

(a) RESIDENCE No. 6303 Linden Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married Charles Baker Wright

6 DATE OF BIRTH (month, day, and year) Aug 4-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co. Md.

PARENTS

10 NAME OF FATHER John Fromm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Ringhausen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Victoria C. Wright

(Address) 6303 Linden ave.

15 Filed SEP 22 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 - 20 - 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-7- , 1925, to 9-20 25, 19 ,

that I last saw h alive on 9-20 , 1925

and that death occurred, on the date stated above, at 10.25 A m.

The CAUSE OF DEATH* was as follows:

Cervical epithelioma

Uterine Fibromata

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Pneumothorax Nephritis (duration) yrs. mos 36 hrs ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 9-18-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Wd. Bn. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Park Wood Cemetery	Sept 22, 25
20 UNDERTAKER	ADDRESS
A. S. Marshall	2539 Fall Road

TION is very important. See instructions on back of certificates.

E 02161

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02161

CERTIFICATE OF DEATH.

23 185

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. South Baltimore General Hospital. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Brooks.

(Residence in Baltimore: No. 133 W. Randall St. St.; yrs. 15 mos. 10 ds. 25)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. October 26, 1908. (Month) (Day) (1...) (Year)

7-AGE. 16 yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Helper in
(b) General nature of Industry, business, or establishment in which employed (or employer): Towel Supply Co.

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS:

10-NAME OF FATHER, Samuel M. Brooks.

11-BIRTHPLACE OF FATHER, (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER, Katie L. Riser.

13-BIRTHPLACE OF MOTHER, (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel M. Brooks. (father)

(Address) 133 W. Randall St.

15- Filed SEP 22 1925, 192.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 20, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the 5th Cervical Vertebra Neck.
Diving into shallow water, Accidental death. (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ... (Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Sep. 22, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Fort Smallwood A. A. Co. Md. Sep. 19, 1925

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL. Loudon Park DATE OF BURIAL. Sept 23 1925

20-UNDERTAKER. George J. Smith ADDRESS 1512 Fallsway

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02162

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02162

CERTIFICATE OF DEATH.

REGISTERED NO. 113 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2401 Druid Hill ave ST. 13-5 WARD)

2-FULL NAME Mary Margaret Butler

(a) RESIDENCE. NO. 2401 Druid Hill ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/26/1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jas. Robinson.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Ruth Butler
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant (Address) Ruth Butler 2401 Druid Hill Ave.

15 Filed SEP 22 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/20/1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20. 1925. to Sept. 20, 1925.
that I last saw h[illegible] alive on Sept 20. 1925
and that death occurred, on the date stated above, at 9:15 P m.
The CAUSE OF DEATH* was as follows:

General Sanction.
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Gastro-Enteritis
(duration) yrs. mos. 3 ds.

18 Where was disease contracted If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) John A. Tompkins M. D.
19 (Address) 1017 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 NAME OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
H. C. Asbury Jan.	Sept 22 1925
20 UNDERTAKER Edmund B. Smedley	ADDRESS 57 W Saratoga

Spec.—1-10-21—M&T—1500 Blks.

E 02163

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02163

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., WARD 15-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Seherr

(a) RESIDENCE NO. 3507 Springdale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Samuel Seherr

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Weinstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Goldstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Husband

(Address)

15 Dec 22 1925 G.H.G. Registrar

SEP 22 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 9 1925 to Sept 21 1925

that I last saw her alive on Sept 21 1925

and that death occurred, on the date stated above, at 6.40 a.m.

The CAUSE OF DEATH* was as follows:

Septicemia and endocarditis

(duration) yrs. — mos 12 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. — mos. 1/2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) Victor Seherr, M.D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Int Soc	9/27 1925

20 UNDERTAKER Josh Lewis ADDRESS 1439 E Lnet St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B R.S.—400 Bks.

E 02164 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02164

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2520 Guilford Ave St., 12-3 Ward 12) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Lee Eichelberger

(a) Residence No. 2520 Guilford Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE Margaret Eichelberger

6-DATE OF BIRTH (month, day and year) Apr 15 1864

7-AGE. 61 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Organizer A.O.F.O.L.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Harry Eichelberger

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Lena Burkert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Margaret E. Eichelberger (Address) 2520 W. Franklin St

15- Filed SEP 22 1925 1925 G.H.G. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 19/25

I HEREBY CERTIFY, That I attended deceased from Sept 18 1925 to Sept 19 1925 that I last saw him alive on Sept 19 1925 and that death occurred, on the date stated above, at 6 9 m

The CAUSE OF DEATH* was as follows:

Chronic Paranephritis
Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebritis

(Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death? Cerebritis

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical & Chemical

(Signed) Dr. D. Kliedon M. D.

9/19. 19 (Address) 330 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Olivet	9/22 19 25
20-UNDERTAKER.	ADDRESS.
Jos A Farley	1300 E Fayette St

Spec.—1-12-23—M&T—500 Bks.

E 02165

HEALTH DEPARTMENT—CITY OF BALTIMORE

100% 02165

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Jackson ST., 24-2 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Smith

(a) RESIDENCE No. 1816 Jackson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male,	White.	Infant.

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug, 8, 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1.	1.	15.	

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James L. Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Bessie Hartman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant James Smith, (Father.)
(Address) 1816 Jackson St.

15 Filed SEP 22 1925 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Sept 21, 1925, that I last saw h[illegible] alive on Sept 21, 1925 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed Wm. R. K. Campbell, M. D.

Sept 21, 1925 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Sept 23 1925
20 UNDERTAKER	ADDRESS
A. Edward Evans	356 [illegible]

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02166

CERTIFICATE OF DEATH.

E 02166

114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Penna Ave ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Anderson

(a) RESIDENCE NO. 1904 Penna ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence Anderson

6 DATE OF BIRTH (month, day, and year) about 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Spencer Burks
(Address) 1904 Penna. Ave.

15 Filed SEP 22 1925 E A G Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute gastro enteritis

1 1/2 d

(duration) yrs. mos.

CONTRIBUTORY (Secondary) ac. Dilatation of Heart

(duration) yrs. mos.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

Sept. 22, 1925 (Address) 280 Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Sept 22 192 5
20 UNDERTAKER Wm S Jas N. Dennis per T. E Nelson	ADDRESS 1303 Pressman St

E 02167

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02167

CERTIFICATE OF DEATH.

24-185

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James D.Ferguson.

(Residence in Baltimore: No. 1731 Covington St. St.; 14 yrs., 6 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. February 23 1911. (Month) (Day) (Year)

7-AGE. 14 yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER. Howard B.Ferguson.

11-BIRTHPLACE OF FATHER, (State or Country). South Carolina.

12-MAIDEN NAME OF MOTHER. Maud E.Van Meter.

13-BIRTHPLACE OF MOTHER, (State or Country). W.Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard B.Ferguson.(father)

(Address) 1731 Covington St.

15-

Filed SEP 22 1925 by G.H.S. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 20, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of 5th Cervical Vertebra.
Neck.
Diving into water and striking his neck on a pile. (Duration) Accidental Death yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Sept. 22, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?
Foot of Woodall St. Sept 20, 1925.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Winchester Va. DATE OF BURIAL, 9/23 1925

20-UNDERTAKER. I. Frew McCully ADDRESS 130 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02168

CERTIFICATE OF DEATH.

E 02168

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 510 (ST.) Woodbine Ave (WARD) 49

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James M. Cousins Sr

(a) RESIDENCE NO. 510 Woodbine ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Cousins

6 DATE OF BIRTH (month, day, and year): 11-25-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	64	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cooper 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: B. & O. R. R.

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Cousins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Jas. M. Cousins Sr.

(Address) 262 Cedar St

15 Filed FEB 22 1925, 19.. Registrar

FEB 22 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1925, to Sept. 20, 1925, that I last saw him alive on Sept 20, 1925, and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of neck

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) 9-24-25 H. C. Kress, M. D.

9-24, 1925 (Address) 5604 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: Sept 23 1925

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North

Spec.—1-10-21—M&T—1500 Bks.

(Downe)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02169

CERTIFICATE OF DEATH.

3/ 15-7

E 02169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Walbrook ST., 15 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Dowo

(a) RESIDENCE NO. 3017 Walbrook ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifer yrs. mos ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Downe

6 DATE OF BIRTH (month, day, and year) Oct 5 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John L Rhodes

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Crazy

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant William F Downe
(Address) 3017 Walbrook Ave

15 Filed SEP 22 1925, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1924 to Sept 20, 1925.

that I last saw her alive on Sept 20, 1925

and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Toxemia & Tuberculosis Peritonitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of May 18. 25

Was there an autopsy? No

What test confirmed diagnosis? Exam - Sputum

(Signed) Jas [illegible] M. D.

Sept 20, 1925 (Address) 1703 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	Sept 23 1925
20 UNDERTAKER John F Denny	ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-1 89 V E 02170

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3338 Elmora Ave ST., 8 WARD)

2-FULL NAME Joseph Meninger

(a) RESIDENCE No. 3338 Elmora Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Meninger

6 DATE OF BIRTH (month, day, and year) Sept 6-1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	0	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co., Md

PARENTS

10 NAME OF FATHER William Meninger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Florence Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Anna Meninger
(Address) 3338 Elmora Ave

15 Filed SEP 27 1923 192 J. H. G. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20-23

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(Probably Myocardial)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Angina Pectoris for some time.
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Sacks, M. D.
(Coroner.)

9-21-25. 192 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem. Stemmers Run Rd. DATE OF BURIAL Sept 23 1925

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St.

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 02171 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02171

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Frederick Road ST., 20-4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John George Grau

(a) RESIDENCE NO. Frederick Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep. 17 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Henry Hermann Grau

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bremen, Germany

12 MAIDEN NAME OF MOTHER Sophia C. [illegible]

13 BIRTHPLACE OF MOTHER (city or town) Verden,
(State or country) Germany

14 Informant Edward Grau
(Address) Station "D" Baltimore

15 SEP 22 1925
Filed 19
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/21 1925

17

I HEREBY CERTIFY, That I attended deceased from 12/1/24, 19, to 9/21/25, 19, that I last saw him alive on 9/20/25, 19, and that death occurred, on the date stated above, at 7.20 a. m.

The CAUSE OF DEATH* was as follows:

Senile arteriosclerosis
Ch. hypocardial insufficiency
Chr. Interstitial nephritis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Measles Coma.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Ex. & Laboratory test

(Signed) F. T. Dixon, M. D.

9/21, 1925 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 23 1925
20 UNDERTAKER	ADDRESS
Henry H. Jenkins Sons Co.	Orchard & Mt. Holly Sts.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02172 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02172

CERTIFICATE OF DEATH.

111-001

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 17-3 Ward

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Melvin Herrington

(a) Residence No. 872½ Pierce St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Herrington

6-DATE OF BIRTH (month, day and year)

7-AGE. 29 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer O&P

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Holly Springs, Wake Co. North Carolina

PARENTS.

10-NAME OF FATHER, Maurice Herrington

11-BIRTHPLACE OF FATHER (city or town) (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Frances Birken

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), North Carolina

14- (Informant) Frances Herrington

(Address) 872½ Peirce St.

15- SEP 22 1925 H. Culp Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept. 20, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 7th, 19.25, to Sept. 20th 19.25, that I last saw h.IM alive on Sept. 20th, 19.25, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis - following perforated gastric ulcer.

(Duration) yrs. mos. 1 d. ds.

CONTRIBUTORY (Secondary) Bronchitis, chronic

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Sept 7th 1925

Was there an autopsy? —

What test confirmed diagnosis? Operation & autopsy

(Signed) Wm H Houston M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. View Cemetery

DATE OF BURIAL, Sept 23, 1925.

20-UNDERTAKER, Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

E 02173

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02173

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No.) 3021 N. Calvert St., 12-3 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Jane Barry

(Residence in Baltimore: No. 3021 N. Calvert St. St.; yrs. Lifetimes mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Jan (Month) 18" (Day) 1924 (Year)

7-AGE. 1 yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Marshall K. Barry

11-BIRTHPLACE OF FATHER. (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Margaret Rogue

13-BIRTHPLACE OF MOTHER. (State or Country). Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marshall K. Barry

(Address) 3021 N. Calvert St

Filed SEP 22 1925 192 ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 20" (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions (Acute)

.....(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(Duration) .....yrs. .....mos. .....ds.

(Signed) Chas Morrison M. D.
(Coroner)

Sept 24 1925 (Address) 672 N. Carey

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cemetery — DATE OF BURIAL. Sept 22" 1925

20-UNDERTAKER. Chas. P. Maus & Son — ADDRESS 11 W. Mt. Royal Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02174

CERTIFICATE OF DEATH.

90 E 02174

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2434 Madison Ave (St.) 19-5 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Seligman

(a) RESIDENCE. No. 2434 Madison Ave St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Seligman

6 DATE OF BIRTH (month, day, and year) Dec 1/1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ezekial Heineman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Heyn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lillian Seligman
(Address) 2434 Madison Ave

15 Filed . 19 Registrar

SEP 22 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21/ 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 1st, 1918, to Sept 21, 1925, that I last saw her alive on June 3, 1925, and that death occurred, on the date stated above, at 11.50 p. m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis (Fatty Infiltration)
several yrs. mos. ds.
(Duration)

CONTRIBUTORY (Secondary) Ao. Dilatation of Heart
sudden
(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) D. W. Brown, M. D.

9/22/1925 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Reb Shalom Cemetery	Sept 23/ 1925
20 UNDERTAKER	ADDRESS
J. Ahern & Co	331 N. Paca Ave.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Podles) ✓

E 02175

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02175

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2601 Fait ave. St., 1-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Podles.

(a) Residence No. 2601 Fait ave. St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	White	Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 17 1925

7-AGE. ...yrs. ...mos. 4 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore md.

PARENTS.

10-NAME OF FATHER, Jakeb Podles.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland.

12-MAIDEN NAME OF MOTHER, Katherine Kielska

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland.

14- (Informant) Jakeb Podles.

(Address) 2601 Fait ave.

15- Filed ..... 192.... Registrar.

SEP 22 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 21-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 21 19 25 to Sept. 21 19 25

that I last saw him alive on Sept 21 19 25

and that death occurred, on the date stated above, at 10 15 ? m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Andrew Kondrowicz M. D

, 19 (Address) 2529 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary.	Sept 22 1925
20-UNDERTAKER.	**ADDRESS**
George A Weber	2205 Bank st

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02176

CERTIFICATE OF DEATH.

113

E 02176

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 734½ Saratoga St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Bernard James

(a) Residence No. 734½ Saratoga St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) —

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov. 16 25

7-AGE. — yrs. 5 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work — Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country),

PARENTS.

10-NAME OF FATHER, Robt James

11-BIRTHPLACE OF FATHER (city or town)..... Md
(State or Country),

12-MAIDEN NAME OF MOTHER, Viola Barnes

13-BIRTHPLACE OF MOTHER (city or town)..... Md
(State or Country),

14- (Informant) Miss Frances Brown
(Address) 734½ Saratoga Street

15- Filed SEP 22 1925 19.. Registrar. L H G

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept. 21 25

17- I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1925 to Sept. 21, 1925

that I last saw him alive on Sept. 21, 1925

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobular

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) Donald E. Davis, M. D.

, 19 (Address) 1017 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Lorie — DATE OF BURIAL. Sept 22 1925

20-UNDERTAKER. Leonard Whalen — ADDRESS 309 Myrtle ave

pc—12-23-21—E.B.R.S.—400 Blks.

E 02177

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02177

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 118 S. Potomac St., Ward) 1-20

Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Ellen Keller

(a) Residence No. 118 S. Potomac St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Keller

6-DATE OF BIRTH (month, day and year) July 1874

7-AGE. 74 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER. John Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Clara Stepensitz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ger

14- (Informant) Mrs Wm Lipke

(Address) 118 S Potomac St

15- Filed ....., 192.. Robert P. Harrison, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925 to Sept 21, 1925.

that I last saw her alive on Sept 20, 1925

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis 3 years

Arterio Sclerosis 5 "

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. mos. 20 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically + Microscopically

(Signed) J. M. Dilworth, M. D.

Sept 24, 1925 (Address) 624 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Freeland DATE OF BURIAL, Sept 23, 1925

20-UNDERTAKER. E. LeRoy Stiffler ADDRESS 125 North ave

Spec.—1-10-21—M&T—1500 Bks.

E 02178

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02178

CERTIFICATE OF DEATH. X 149

1-PLACE OF DEATH Jewish Hospital — REGISTERED NO. 4-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. ... ST., ... WARD)

2-FULL NAME Mrs. Anna Bryant. (BRYANT)

(a) RESIDENCE Gilboa W. Va. ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. — 4 COLOR OR RACE White. — 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced (or) WIFE of Walter Bryant

6 DATE OF BIRTH (month, day, and year) Dec. 8, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34.	9.	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Gilboa, W. Va.

PARENTS

10 NAME OF FATHER Allen Rader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gilboa W. Va.

12 MAIDEN NAME OF MOTHER Tallie McDaniel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gilboa W. Va.

14 Informant G. F. Rader (Address) Ghent, W. Va.

15 Filed ... 19 ... Registrar

22 1925 ROBERT P. NESTOR

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-15-, 1925, to 9-22-, 1925, that I last saw h/s alive on 9-21-, 1925, and that death occurred, on the date stated above, at 12 30 a m.

The CAUSE OF DEATH* was as follows:

Pituitary Peritonitis Placenta

(duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hard Block (duration) yrs. ... mos. 4 ds.

over

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of 9-21-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W F Bryant, M. D.

(Address) Mary Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gilboa, W. Va. — DATE OF BURIAL 9/22 1925

20 UNDERTAKER Henry W. Means & Son — ADDRESS Parsons, Colored

Via C. & O. R. R. — & American Railway Express.

HOW IS VERY IMPORTANT. See INSTRUCTIONS on back of certificate.

Cor.—1-12-23—M&T—100 Bkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02179 E 02179

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at 198

CITY OF BALTIMORE: (No.) St Joseph Hospital ST. WARD 3-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Gladt

(a) RESIDENCE NO. 102 S Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work United Trust Co
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant David Gladt
(Address) 1344-42nd St Newport News Va

15 Filed Sept 22 1925 192 Robert B. Harris Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Stab wound through Heart with Hearing Knife
Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) James M Fenton (Coroner), M. D.

Sept 19, 1925 (Address) 1002 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL new Port News Va — DATE OF BURIAL Sept 22 1925

20 UNDERTAKER Richard Mullins — ADDRESS 1515 McClellan St

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02180

CERTIFICATE OF DEATH.

E 02180

1-PLACE OF DEATH
City of BALTIMORE: (No. 1319 N. Balto. St., 14-1 Ward) Registered No.....

2-FULL NAME Barbara F. Johnson

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1319 N. Balto St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-Single, Married, Widowed or Divorced (Write the word) Married

5a-If married, widowed or divorced, HUSBAND of (or WIFE of) Samuel Johnson

6-DATE OF BIRTH (month, day and year) 7.10.49.

7-AGE, 76 yrs. 2 mos. 10 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country) Balto. Md,

PARENTS.

10-NAME OF FATHER Ellen Nader

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Elizabeth —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14-INFORMANT Samuel Johnson
(Address) 1319 N. Balto St.

15-FILED SEP 22 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 9.20.25.

17-I HEREBY CERTIFY, That I attended deceased from May 1st 1925 to Sept. 20th 1925, that I last saw h. alive on Sept. 20th 1925, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis and Complications,

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Infirmities of Age

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What tests confirmed diagnosis? Clinical

(Signed) Herbert A. Mees M. D.

9/29, 1925 (Address) 1031 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem. | DATE OF BURIAL, Sept 23 1925

20-UNDERTAKER. John Ellerd | ADDRESS 2008 Orleans

Burial Permit Issued

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02181

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3040 E Monument ST.: 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace J. Turner

(a) RESIDENCE. NO. 3040 E Monument ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4- 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Examiner

(b) General nature of industry, business, or establishment in which employed (or employer): in Shirt Factory

(c) Name of employer: Balto Mod

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Harry J. D. Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Maud Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Harry J. D. Turner
(Address) 3040 E Monument St

15 Filed 9-2 1925, 19 Robert F. Harrison,
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1925, to Sept 21, 1925, that I last saw her alive on Sept 20, 1925, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bright's Kidney disease (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Beacell, M. D.

9/24 1925 (Address) 39 E Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Sept 23 1925

20 UNDERTAKER: John C. Miller ADDRESS: 3019 E Monument

Cor.—1-12-25—M&T—100 Bks. (Emos Ringer)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02182 E 02182

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harbor Bdge ST., WARD) REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME A. Reingr (Emos Ringer)

(a) RESIDENCE NO. Philada. Pa ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	yrs		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Deck Hand
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Canada
(State or country)

PARENTS

10 NAME OF FATHER Ebon Ringer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Canada

12 MAIDEN NAME OF MOTHER Nina Ringer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Canada

14 Informant Mrs Mabel Lambourne
(Address) 710 N. 34th St Phila Pa

15 Filed ..... 192 .....
Registrar

22 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned accidentally
Fell from boat.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) 1 yrs. ..... mos. ..... ds.

(Signed) W. J. Fay, M. D.
(Coroner.)
Sept 22, 1925 (Address) 1039 Bonner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) 2 days, in city
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Sept 23 1925

20 UNDERTAKER John O. Mitchell ADDRESS 2011 Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02183

CERTIFICATE OF DEATH.

90

E 02183

REGISTERED NO. 12-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2512 Maryland Ave ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Booker T. W. Hunley

(a) RESIDENCE NO. 2512 Maryland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married June 26, 1925

6 DATE OF BIRTH (month, day, and year) Jany 14, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	77	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 066

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Hughes Hunley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Dr. Frank S. Hunley (Address) 2512 Maryland ave

15 Filed 12 1925, 19 Robert [illegible] Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1925, to Sept 21, 1925, that I last saw him alive on Sept 20, 1925, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic,
Arteriosclerosis
Cerebral Hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) E. H. Donally, M. D.

, 19 (Address) 817 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Sept 23 1925

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W. Fayette

Spec.—1-19-21 M&T 1500 Bks.

Dr Jones 720 N Howard

Mod 5257

E 02184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02184

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2820 Harford Rd ST., 9-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon H Robinson

(a) RESIDENCE NO. 2820 Harford Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Allen B Robinson

6 DATE OF BIRTH (month, day, and year) Nov 11. 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	39	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Thomas B Humphreys

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Emmelia Garrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Louise Robinson (Address) 2820 Harford Rd

15 Filed ....., 19 ..... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1925

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to Sept 21, 1925, that I last saw h[illegible] alive on Sept 20, 1925, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Chr nephritis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? ?

9/22. 1925 (Signed) J F S Jones M. D. (Address) 720 W. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Sept 23 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02185

CERTIFICATE OF DEATH.

100-09 E 02185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Brighton ST., 16-3 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patricia C. Willis

(a) RESIDENCE NO. 2809 Brighton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced HUSBAND of or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) Sept 14, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles H Willis

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Evelyn Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Charles H. Willis (Address) 2809 Brighton St.

15 Filed ....., 19.... Registrar

ROBERT F. HARTSOCK, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1925, to Sept 22, 1925, that I last saw h[illegible] alive on Sept 22, 1925, and that death occurred, on the date stated above, at 8 a, m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hartz A. Willis, M. D.

, 19 (Address) 1838 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. Co. DATE OF BURIAL Sept 27, 25

20 UNDERTAKER F. A. Krause & Son ADDRESS 703 Hanover

Spec.—1-10-21—M&T—1500 Bks.

E 02186

HEALTH DEPARTMENT—CITY OF BALTIMORE

385 02186

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse Jacobs

(a) RESIDENCE NO. 1221 Mosher ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE Colored.

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 15, 1875

7 AGE Years 50 - age given by patient Months Days

37 - age given by relatives

If LESS than 1 day, hrs. or..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Benjamin Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Rose —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Blanche Coberly. Niece

(Address) 1221 Mosher Street Balto.

15 Filed SEP 23 1925 G H G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20- 1925

17

I HEREBY CERTIFY, That I attended deceased from 9-18- , 1925 , to 9-20- , 1925 ;

that I last saw him alive on 9-20- , 1925 ;

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Luetic Cardio-Vascular disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H P Bonyard , M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Bur

DATE OF BURIAL 9/23/1925

20 UNDERTAKER Dunn Earle

ADDRESS 916 Park

Spec.–1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02187

CERTIFICATE OF DEATH.

1291

E 02187

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Olivia & Caroline. ST., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Edna Stokes

(a) RESIDENCE NO. 1029 Wolfe St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 31 1899

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26 yrs.	9 mos.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of Industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Chas. Gray

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Mary J. Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Mary Gray (Address) 10 Fast Wolfe st

15 Filed SEP 23 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/21/25 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 21, 1925, that I last saw h[illegible] alive on Sept 21, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Mitral Regurgitation & Stenosis

(duration) yrs. mos 2 1 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Evidence

(Signed) H. R. McConnell M. D.

19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Sept 24 1925

20 UNDERTAKER Mrs R. A. Elliott ADDRESS 1225 Eastland Av.

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02189 — 74-001 — E 02188

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hospital 14-2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Frederick Ahrens

(a) RESIDENCE NO. 301 Mc Mechen ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 23 1872

7 AGE: Years 53 Months 3 Days 1 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dishwasher 070

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

(c) Name of employer Chas H. Thumble

9 BIRTHPLACE (city or town) (State or country) St Marys Co Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Chas H Thumble (Address) 301 Mc Mechen St

15 Filed SEP 23 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/20/25

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1925, to Sept 20, 1925, that I last saw h— alive on Sept 20, 1925, and that death occurred, on the date stated above, at 3:00 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) ..... yrs. ..... mos 1 da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? clinical & Pigail

(Signed) Ingolf Tompkins, M. D.

, 19 (Address) 1st Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Fair Cemetery — DATE OF BURIAL: Sept 23 1925

20 UNDERTAKER: Mrs R. G. Elliott — ADDRESS: 1525 Ashland

Spec.—1-10 21—M&T—1500 Blks.

E 02189

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-02

E 02189

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Sleefsbaek

(a) RESIDENCE NO. Preston & Valley ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ....min.
	86			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Sleefsbaek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Virginia Graehl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) .....

14 Informant Sister Josephine (Address) .....

15 Filed Sep 22, 1925 GKG Registrar

SEP 26 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1925

17 I HEREBY CERTIFY, That I attended deceased from to record ....., 19..., to ....., 19...,

that I last saw him alive on ....., 19...,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Arteria sclerosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) F. A. Warner, M. D.

Sep 22, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Sept 23 1925
20 UNDERTAKER	ADDRESS
J. C. Middefield	914 Fremont Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02190

E 02190

CERTIFICATE OF DEATH.

90 Grove

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3150 Cedar ave ST. 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Grove

(a) RESIDENCE No. 3150 Cedar ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Margaret M. Grove

6 DATE OF BIRTH (month, day, and year) Mar 11 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	5	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Conductor
(b) General nature of industry, business, or establishment in which employed (or employer) Pa Ry Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Grove

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Catherine Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ashland Mt Laurel

14 Informant Mrs Margt M Grove
(Address) 3150 Cedar Ave

15 Filed SEP 23 1925, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Calculus disease of Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John J Thomas M. D.
(Coroner)

Sept 22, 1925 (Address) 3632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Sept 23 1925
20 UNDERTAKER	ADDRESS
A S Marshall 3539	Fallsroad

Spec.—1-10-21—M&T—1500 Blks.

E 02191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02191

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 522 W. Preston St., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hester Bland

(a) RESIDENCE NO. 522 W. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Col

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bland

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond (State or country) Va

PARENTS

10 NAME OF FATHER Wm. E. Chase

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Joseph T. Bland (Address) 522 W. Preston

15 Filed SEP 23 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 18, 1925, to Sept 22, 1925, that I last saw him alive on Sept 22, 1925, and that death occurred, on the date stated above, at 9.5 A m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles H. Hitchens, M. D.

Sept 22 1925 (Address) 702 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Sept 24 26
20 UNDERTAKER	ADDRESS
Wm H Chase & Son	1400 Mosher

(Back of certificates. See instructions on back. TION is very important.)

Spec.—1-10-21—M&T—1500 Blks.

E 02192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02192

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 S. Bouldin ST., 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine E. Robinson

(a) RESIDENCE NO. 823 S. Bouldin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 5-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. E. Robinson

11 BIRTHPLACE OF FATHER (city or town) Balto, (State or country) Md.

12 MAIDEN NAME OF MOTHER Katherine M. Murphy

13 BIRTHPLACE OF MOTHER (city or town) Balto, (State or country) Md

14 Informant Wm E. Robinson (Address) 823 S. Bouldin St.

15 Filed SEP 23 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1925, to Sept 21, 1925, that I last saw her alive on Sept, 1921, and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Primary

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B Tilton M. D.

9/22, 1925 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem.

DATE OF BURIAL Sept 23, 1925

20 UNDERTAKER Zitkus & Zitkus

ADDRESS 1739 E. Eager St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02193 HEALTH DEPARTMENT—CITY OF BALTIMORE 66 E 02193

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 843 McKim St., 10-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Isiah Johnson

(a) Residence No. 843 McKim St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unk — 1875

7-AGE. 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Day 040

(b) General nature of industry, business, or establishment in which employed (or employer). Saloon

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Harford Co. Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Mary E. Taylor
(Address) 843 McKim

15- Filed 192 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 21-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 20, 1925 to Sept 21, 1925 that I last saw him alive on Sept 20, 1925 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & history

(Signed) A. L. Hornstein M. D.

9/22, 1925 (Address) 733 Argyle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Pleasant Grove, Md Towson DATE OF BURIAL, Sept 1925

20-UNDERTAKER, John H. Toadvine ADDRESS 1027 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02194 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02194

148

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No 1029 S. Sharp St., 23 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)*

2-FULL NAME..... Mary Anne Gray .....

(a) Residence No.. 1029 S. Sharp St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Fe	Col.	Married

5a-If married, ~~widowed, or divorced~~ HUSBAND ~~of (or)~~ WIFE of Clarence Gray

6-DATE OF BIRTH (month, day and year) 1888

7-AGE,	If LESS than 1 day.
37 yrs. mns. ds.	hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)..... 0

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Horace Elkins

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Elizabeth Gaines

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Va.

14- (Informant)..... Wm Elkins

(Address) 1029 S. Sharp St

15-

Filed....., 19.....

SEP 23 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 23' 25

17- I HEREBY CERTIFY, That I attended deceased from Sept 21, 19 25, to Sept 23, 19 25; that I last saw h.er alive on Sept 23, 19 25; and that death occurred, nn the date stated above, at 1 A, m.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of —

Was there an autnpsy? no

What test confirmed diagnosis?.....

(Signed) D J Harrell, M. D.

9/23, 1925 (Address) 130 Hill St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, nr Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt. Lebanon	Sept 27 19 25
20-UNDERTAKER, John H. Hoskins	ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02195

02195

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 E. Baltimore ST., V-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aaron Cohen

(a) RESIDENCE NO. 1835 E. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Cohen

6 DATE OF BIRTH (month, day, and year) Sept 16 - 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of Industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rosa Cohen

(Address) 1835 E Balto St

15 Filed ....., 19 .....

SEP 23 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept ....., 19 25, to Sept 22, 19 25,

that I last saw him alive on Sept 22, 19 25,

and that death occurred, on the date stated above, at 12.30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) Philip Jacobson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	9/22 1925
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E Balto St.

...TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02196

100 E 02196

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 301 Oakmont ave ST. 27-3 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ansel Morganstein

(a) RESIDENCE No. 301 Oakmont ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write this word)
M	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Morganstein

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 45

(b) General nature of industry, business, or establishment in which employed (or employer) Merchandise

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nachman Morganstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lena Busholtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lena Morganstein (Address) 301 Oakmont ave

15 Filed SEP 23 1925 GHG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1925, to Sept. 22, 1925, that I last saw h[illegible] alive on Sept. 22, 1925, and that death occurred, on the date stated above, at 12 0 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Bronchopneumonia

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Saul Wolman, M. D.

9/22, 1925 (Address) 2414 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 9/23 1925

20 UNDERTAKER Jack Levin — ADDRESS 1439 E Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002

E 02197

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hosp ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Earl. Ireland.

(a) RESIDENCE NO. 1511 Bell St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7, mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None.

6 DATE OF BIRTH (month, day, and year) Feb 26th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER James Ireland.

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Senora Hall

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Jas. Ireland (Address) 1511 Bell St.

15 Filed SEP 23 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1925, to Sept 21, 1925, that I last saw him alive on Sept 21, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Toxemia followed by myocardial insufficiency

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of —

Was there an autopsy? None -

What test confirmed diagnosis?

(Signed) James L Nelson, M. D.

, 19 (Address) 1213 Eight St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	9/23/1925
20 UNDERTAKER	ADDRESS
E. J. Fanning & Son	1460 Battery Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02198 E 02198

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 N. Saratoga ST.: 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Broseker

(a) RESIDENCE. No. 1402 N. Saratoga ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Broseker

6 DATE OF BIRTH (month, day, and year) May 1st 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Broseker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Margaret Broseker

(Address) 1402 W. Saratoga

15 Filed . 19 Registrar

SEP 23 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st 1925, to Sept 22nd 1925, that I last saw h. alive on Sept 21st 1925 and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Chronic Valvular Disease Heart

(Do not know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. J. Carrick M. D.

. 19 (Address) 412 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 25 1925
20 UNDERTAKER	ADDRESS
George J. Smith	1432 Hollins

Cor.—1-12-23—M&T—100 Bks.

E 02199

HEALTH DEPARTMENT—CITY OF BALTIMORE

1803

1885 E 02199

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 847 N Collington Ave ST., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Havlik

(a) RESIDENCE No. 847 N Collington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Havlik

6 DATE OF BIRTH (month, day, and year) Dec 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Karl Hodek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Victor Rucka
(Address) 847 N Collington Ave

15 Filed SEP 23 1925, 192 GHG Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto. Accident

Injuries of R. Hand

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Shock

(duration) ... yrs. ... mos. ... ds.

(Signed) ..., M. D.
(Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept 25 1925
20 UNDERTAKER Frank Croxton	ADDRESS 1916 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

E 02200 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02200

CERTIFICATE OF DEATH. 105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 Patapsco Ave ST., No-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora N Jasper

(a) RESIDENCE NO. 319 Patapsco Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest L Jasper

6 DATE OF BIRTH (month, day, and year) 7/2/1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Wm Mork

11 BIRTHPLACE OF FATHER (city or town) (State or country) Thurmont Md

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Ernest L. Jasper

(Address) 319 Patapsco Ave

15 Filed SEP 23 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/21/1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1925, to Sept. 21, 1925, that I last saw her alive on Sept 21, 1925, and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of the Heart.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Asthma (Bronchial)

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A M Kerr, M. D.

9/21, 1925 (Address) 1 Pinelip Rd. Dundalk Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL Sept [illegible], 25

20 UNDERTAKER John Ullrich

ADDRESS 2008 Aliceanna

Spec.—1-12-23—M&T—500 Bks.

E 02201 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02201

CERTIFICATE OF DEATH. 162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2217 Essex st ST., 1-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victor Majewski

(a) RESIDENCE NO. 2217 Essex st ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 29 - 25

7 AGE: Years ..... Months ..... Days 3 If LESS than 1 day, ... hrs or ..... min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Ezekiel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Krzemurska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant C. Majewski
(Address) 2217 Essex st

15 Filed SEP 23 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1921 to Sept 23, 25
that I last saw him alive on Sept 23, 1925
and that death occurred, on the date stated above, at 9A m
The CAUSE OF DEATH* was as follows:

Metastasis

(duration) ..... yrs. ..... mos 11 ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William J. Rydzewski M. D.

19 (Address) 1380 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary. DATE OF BURIAL: Sept 4 1925

20 UNDERTAKER: A. Wazynski ADDRESS: 1380 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

E 02202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Boyd St. 20-4 WARD)

REGISTERED NO. 113

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Henry Johnston

(a) RESIDENCE No. 2118 Boyd St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 25-1925

7 AGE Years Months 2 Days 29 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Frederick Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sarah E. Lipps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Frederick Johnston

(Address) 2118 Boyd St

15 Filed SEP 23 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1925, to Sept 22, 1925, that I last saw [illegible] alive on Sept 21, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) James R. Rosenberg M.D.

9/27 1925 (Address) 1724 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Sept 28 1925 DATE OF BURIAL

20 UNDERTAKER George L. Schwab ADDRESS Fairfield Ave

Spec.—1-10-21—M&T—1500 Blks.

E 02203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02203

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 E 35th St ST.; 9-1 WARD)

2-FULL NAME Elizabeth Quinn

(a) RESIDENCE NO. 640 E. 35th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Quinn

6 DATE OF BIRTH (month, day, and year) Aug 9-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Sales Lady. 067

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER August W. Lindenstruth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Wilhelmina Hilbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Wm H. Dodd (Address) 2607 Eutaw Place

15 Filed SEP 23 1925 H. Lee Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/21 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Sept 21, 1925.

that I last saw her alive on Sept 21, 1925.

and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ewert Dr. Ruhe M. D.

(Address) 300 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: 8 Sept 24 '25

20 UNDERTAKER: Jos. L. Syfer ADDRESS: 1600 W North Ave

Cor.—1-12-23—M&T—100 Blks.

E 02204

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02204

185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 733 N. Saratoga ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Mathews

(a) RESIDENCE NO. 3196- Sotwoorden. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Widowed.

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	1892	Jan		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Private
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Jesse Cork

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Henrietta Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant David Cork
(Address) 943 W. Lexington St

15 Filed 2 3 1925, 192 Robert J. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Fall from 3rd floor window

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) , M. D.
(Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gloucester Co. Va. DATE OF BURIAL 9/23 1925

20 UNDERTAKER Walter B. Spriggs ADDRESS 139 W. Hamburg St.

Spec.—1-12-23—M&T—500 Bks.

E 02205 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02205

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2804 Parkview Terrace ST., 9-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie B. Harrison

(a) RESIDENCE NO. 2804 Parkview Ter. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 17, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm. H. Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Margaret Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Grace Fickler 2804 Parkview

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 22, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1925, to Sept 22, 1925, that I last saw h e alive on Sept 22, 1925 and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of About 2 yrs ago.

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) ... M. D.

... 27, 1925 (Address) Maple Ave & Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: Sept 25 19 25

20 UNDERTAKER: Fickler & Fickler — ADDRESS: 1734 Eager

Spec.—1-12-23—M&T—500 Blks.

184845 E 02206

HEALTH DEPARTMENT—CITY OF BALTIMORE E 02206

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 113

CITY OF BALTIMORE: (No. ..... ST., 9-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Schuyman

(a) RESIDENCE NO. 501 E 29th St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) MAY - 1925 Baltimore

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Schuyman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice Seymour

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rugrts Md
(Address)

15 Filed 2 3 1925, 19 ..... Robert S. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1925, to Sept 23, 1925, that I last saw her alive on Sept 23, 1925, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Indigestion, acute gastro-intestinal

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Arthur Thomson, M. D.

..... 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem	Sept 26 19 25
20 UNDERTAKER	ADDRESS
C. H. Wedefeld	501 E 22

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02207 E 02207

CERTIFICATE OF DEATH. 138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen Hospital ST., 9-3 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth W. Levis

(a) RESIDENCE NO. 723 Gorsuch Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris W. Levis

6 DATE OF BIRTH (month, day, and year) aug 14, 1899

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Harry C. Williams

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Grace Hazeltine

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Mrs. Elizabeth Levis (Deceased)
(Address) 723 Gorsuch Ave.

15 Filed ..... 19 ..... Registrar

Robert F. Harrison, [illegible]

3 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22 19 25

17 I HEREBY CERTIFY, That I attended deceased from 9-17-, 1925, to 9-22, 1925, that I last saw h[illegible] alive on 9-22, 1925 and that death occurred, on the date stated above, at 3:15 P.m.

The CAUSE OF DEATH* was as follows:
Intra ovarian abcess (Rt)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of 9-21-25

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas. C. Zimmerman M. D.

8-22, 1925 (Address) Md. Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Sept. 24, 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Calvert St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02208 44 E 02208

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Bolton ST.: 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M Nelson

(Residence in Baltimore: No. 1613 Bolton St.; 75 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Aug 13, 1850 (Month) (Day) (Year)

7-AGE, 75 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired 086
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

9-BIRTHPLACE, (State or Country) Harford Co. Md

PARENTS.

10-NAME OF FATHER, Nicholas H. Nelson

11-BIRTHPLACE OF FATHER (State or Country) Harford Co Md

12-MAIDEN NAME OF MOTHER Catherine Hope

13-BIRTHPLACE OF MOTHER (State or Country) Harford Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Nelson

(Address) 1613 Bolton St.

15- Robert F. Harrison,

Filed ....., 191.... Registrar.

25 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 22, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 7, 1925, to Sept 22 1925, that I saw him alive on Sept. 22 1925, and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 36 mos. ds.

(Signed) Jesse Chenoweth M. D.

Sept 22, 1925 (Address) 702 W. N. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary Lyles Mills — DATE OF BURIAL. Sept. 24 1925

20-UNDERTAKER Harbaugh & Myers — ADDRESS 1224 Eutaw St

Spec.—1-10-21—M&T—1500 Rks.

E 02209

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02209

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Warwick ST. 15-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alcinda Parr

(a) RESIDENCE No. 1806 Warwick ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles M Parr

6 DATE OF BIRTH (month, day, and year) Oct 24 [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joshua Ricked

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Blaggett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles M Parr

(Address) 1806 Warwick

15 Filed ..... 19 ..... Registrar

3 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1925, to Sept 21, 1925, that I last saw h[illegible] alive on Sept 20, 1925, and that death occurred, on the date stated above, at 10:40 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 1 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) 1 yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Geo Bidup, M. D.

, 19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorrain Cemetery	Sept 24 1925
20 UNDERTAKER	ADDRESS
W M Routson	2205 W North Ave

Cor.—1-12-23—M&T—100 Bks.

E 02210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02210

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Jeffries

(a) RESIDENCE NO. 2640 Boone St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) May 29-1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	3	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Edward Jeffries

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Annie Jefferies

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Durham N.C.

14 Informant Annie Jefferies (Address) 2640 Boone St

15 Filed 2 3 1925, 192 Robert F. Garrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diphtheria (Laryngeal)

(Autopsy at Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

(Signed) H. H. Bauer, M. D. (Coroner.)

9-23-25, 192 (Address) 508 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel. Centery — DATE OF BURIAL Sept 24 1925

20 UNDERTAKER Mrs Geo. H. Dennis & F. E. Lilson — ADDRESS 1502 Pennsylvania Ave

Spec.—1-12-23—M&T—500 Bks.

E 02211 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02211

CERTIFICATE OF DEATH. 43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Sycamore Ave. 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F Baumann

(a) RESIDENCE NO. 10 Sycamore Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Vera Baumann

6 DATE OF BIRTH (month, day, and year) 11/8/ 85.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Traveling Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Do. not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not Know

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Do not Know (State or country)

14 Informant Vera Baumann.

(Address) 10 Sycamore.

15 Filed SEP 23 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Sept 22, 1925, that I last saw him alive on Sept 21, 1925, and that death occurred, on the date stated above, at 1.00, m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the stomach

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Seaman Sims, M. D.

(Address) 2718 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 9/25 1925

20 UNDERTAKER J. J. Fahey & Sons

ADDRESS 1318 Eutaw St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02212

E 02212

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at 1-3 188-002 REGISTERED NO.

CITY OF BALTIMORE: (No. Balt City Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Gronicki

(a) RESIDENCE No. 807 S Luzerne ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 25-15

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	4	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) School
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Gronicki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Eva Rackowiak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant John Gronicki
(Address) 807 S. Luzerne Ave

15 Filed 3 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull at base
Automobile-Street Car
Accident

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fenlon, M. D. (Coroner.)

Sept 22 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Inatitutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	Sept 24 1925
20 UNDERTAKER	ADDRESS
Stephen J Falkowski	1020 Hanover

Spec.—1-10-21—M&T—1500 Bks.

E 02213

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02213

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View-Asylum. 26-7 49 REGISTERED NO. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Palmer

(a) RESIDENCE NO. Bay View Asylum. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 10 - 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	52	10	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant .....
(Address) Bay View Asylum

15 Filed ..... 19 .....

Robert P. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-20. 1925

17
I HEREBY CERTIFY, That I attended deceased from June 20 1925; to Sept 20. 1925; that I last saw her alive on Sept 20 1925, and that death occurred, on the date stated above, at 7. P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma. Pancreas.
Cholelithiasis & Cholecystitis

(duration) yrs. 3. mos ..... ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of June 24-1925

Was there an autopsy? yes Sept 23. 1925

What (test or confirmed diagnosis) Clinical & Lab Tests

(Signed) Wm. C. Clumpe M. D.

(Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Hartford Rd	Sept 24 1925
20 UNDERTAKER	ADDRESS
William Cook & Son	E Mont ave

FROM A very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

18449 E 02214

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02214

16-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital 27-1 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Ward

(a) RESIDENCE No. 6017 Foster Ave. Govans Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) Jan. 21 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Fannie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records Johns Hopkins Hosp

15 Filed ..... , 19 ..... Registrar

SEP 24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 19 25

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 19 25, to Sept 23, 19 25, that I last saw her alive on Sept 23, 19 25, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) ..... yrs. ..... mos 15 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Stool Culture

(Signed) Thos. W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Prospect Hill Towson Md	Sept 25 25
20 UNDERTAKER	ADDRESS
John Burns Sons	Towson

Spec.—1-12-23—M&T—500 Bks.

E 02215 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02215

CERTIFICATE OF DEATH. 24

1-PLACE OF DEATH U.S. marine Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 16-7 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Collins.

(a) RESIDENCE NO. 800 Fremont St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? 1 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 11 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman - 1st Cl.

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman. U.S.

(c) Name of employer U.S. Coast Guard

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Florence Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Sister. (Address)

Filed SEP 24 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1925, to September 23 1925, that I last saw him alive on September 23 1925, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebro spinal fever (due to Meningococcus).

(duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Typical symptoms, history, laboratory findings

(Signed) J.J. Prather, M. D.

9/23, 1925 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL 9/V4 1925

20 UNDERTAKER Post Funeral Home ADDRESS 1127 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

E 02216 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02216

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 5526 Arbutus Ave ST.; 27-5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmira K. Brause

(Residence in Baltimore: No. 5526 Arbutus St.; 61 yrs., 3 mos. 9 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June 14, 1864 (Month) (Day) (Year)

7-AGE, 61 yrs. 3 mos. 9 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jacob Reid

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Rice

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. W. Brause

(Address) Mt. Washington

15-

FEB 24 1925 191 H.A.M.

Filed Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 23, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 1925, to Sept 23 1925, that I saw h[er] alive on Sept 22 1925, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Acute Pleurisy

Nephritis

(Duration) ....yrs. ....mos. 2 da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. ....mos. ....da.

(Signed) Jos. H. Ellis M. D.

Sept 25, 1925 (Address) 3201 Gwynns Falls

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cemetery	Sept. 26 1925
20-UNDERTAKER	ADDRESS
Harry W. Ethlen	W. Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 02217 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02217

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3024 Dillon ST., 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Wm. Webb

(a) RESIDENCE NO. 3024 Dillon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER Thomas Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER Veronica Thorn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Thomas Webb

(Address): 3024 Dillon st

15 Filed SEP 24 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 18th, 1925, to Sept. 23rd, 1925, that I last saw him alive on Sept 23rd, 1925, and that death occurred, on the date stated above, at 4.45 A. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. H. Jones, M. D.

, 19 (Address) 1011 N. Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Sept 24 1925

20 UNDERTAKER: R. Sanders Sons Inc — ADDRESS: 1700 W

Spec. 1-10-21 M&T 1500 Blks.

E 02218 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 02218

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 6-1 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie West

(a) RESIDENCE NO. 1722 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER But Scott

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda Bane

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant City Hospital Records
(Address)

15 Filed SEP 24 1925 E.H.G. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1925

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to September 21, 1925, that I last saw h.e. alive on September 20, 1925, and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis General & Sclerosis
Chronic Myocarditis
Chronic Hypertrophic Arthritis

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary) Myocarditis
Pneumonia (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Pratt M. D.

Sept 21 25 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury Cemetery	Sept. 25, 1925
20 UNDERTAKER Mrs R. A. Elliott	ADDRESS 325 Ashland Ave

Spec.- 1-10-21 - M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02219 E 02219

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ..... ST., 8-3 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Coleman

(a) RESIDENCE NO. 2043 Kyer ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 mo not known ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	negro	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer) not known

(c) Name of employer not known

9 BIRTHPLACE (city or town) Richmond (State or country) Virginia

PARENTS

10 NAME OF FATHER ? Coleman

11 BIRTHPLACE OF FATHER (city or town) Richmond (State or country) Virginia

12 MAIDEN NAME OF MOTHER Julia ?

13 BIRTHPLACE OF MOTHER (city or town) Richmond (State or country) Virginia

14 Informant Baltimore City Hospitals Records (Address)

15 Filed SEP 24 1925 19 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 20 1925

17 I HEREBY CERTIFY, That I attended deceased from September 16, 1925, to September 20, 1925.

that I last saw him alive on September 20, 1925.

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Uremic Toxemia Terminal

myocardial failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Gross & Laboratory

(Signed) R. Hooper Lemmon, M. D.

Sept 24 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bury cemetery

DATE OF BURIAL 24 Sept 1925

20 UNDERTAKER Edward Bryson

ADDRESS 1631 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02220 — CERTIFICATE OF DEATH. — 112 E 02220

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2608 Penna. Av. ST., 15-13 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nimrod Maxwell Brooks Jr.

(a) RESIDENCE NO. 2608 Penna. Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Wht	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline R. Brooks

6 DATE OF BIRTH (month, day, and year) Oct 22nd 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Public Garage

(b) General nature of industry, business, or establishment in which employed (or employer) Renting & Storage

(c) Name of employer 886

9 BIRTHPLACE (city or town) Randallstown (State or country) Md.

PARENTS

10 NAME OF FATHER John Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant N. M. Brooks Jr.
(Address) 2608 Penna. Av.

15 Filed SEP 23 1925 Y. P. G. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1925, to Sept 23, 1925, that I last saw h[illegible] alive on Sept. 22, 1925, and that death occurred, on the date stated above, at 3-00 m.

The CAUSE OF DEATH* was as follows:

Indigestion followed by Weakening of Heart Action. Death sudden

18 Where was disease contracted if not at place of death? (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Failing for several years (duration) yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. Schmidt, M. D.

Sept 23 1925 (Address) 1606 W. North Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Sept 26 1925

20 UNDERTAKER J. Syfer

ADDRESS 1600 W. North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

1845 E 02221 HEALTH DEPARTMENT—CITY OF BALTIMORE 13 E 02221

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 9-6 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Kuller

(a) RESIDENCE No. 1428 E Federal St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
		7	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Kuller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Theresa Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records Johns Hopkins Hosp

15 Filed SEP 24 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 9- , 1925, to Sept 23 , 1925, that I last saw he alive on Sept 23 , 1925, and that death occurred, on the date stated above, at 6.55 P m.

The CAUSE OF DEATH* was as follows:

Indigestion, acute gasto-intestinal

(duration) ..... yrs. mos 14 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) A W Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Cathedral Cemetery — DATE OF BURIAL: Sept 24 1925

20 UNDERTAKER: George F Ruth 1735 — ADDRESS: Walford Ave

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02222 — 113 — E 02222

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospt ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lillian McGuade.

(a) RESIDENCE NO. 416 Grindall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 19-25

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2.	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER John McGuade.

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Beulah Whitten

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md. (State or country)

14 Informant Hospital Record (Address)

Filed SEP 24 1925 H. Ahl Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1925, to Sept 24, 1925, that I last saw her alive on Sept 24, 1925, and that death occurred, on the date stated above, at 1 00 A.m..

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency following Acute Pulmonary Edema

(duration) yrs. mos 2 hours ds.

CONTRIBUTORY (Secondary) Pneumonia - Enteritis. (Toxemia)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None Date of None.

Was there an autopsy? None.

What test confirmed diagnosis? —

(Signed) James W. Nelson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Patricks Cem	Sept 24 1925
20 UNDERTAKER	ADDRESS
Margaret V. Flynn	1422 Light St.

Spec.—1-12-23—M&T—500 Bks.

E 32223 HEALTH DEPARTMENT—CITY OF BALTIMORE V 02223

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Covington ST., 24-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marion Keys

(a) RESIDENCE NO. 1504 Covington ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. (mos.) ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. Keys

6 DATE OF BIRTH (month, day, and year) Jan 21, 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
67	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Michael Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria

12 MAIDEN NAME OF MOTHER Christianna Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant John J. Keys
(Address) 1504 Covington St

15 Filed SEP 24 1925, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/22 1925

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to Sept 22, 1925, that I last saw h[illegible] alive on Sept 22, 1925 and that death occurred, on the date stated above, at 11h

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) — yrs. — mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Hurtmann M. D.

19 (Address) 1320 S Ann St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL Sept 25 1925

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1211 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 02224 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02224

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH Maryland Gen. Hosp. REGISTERED NO. 15-5

CITY OF BALTIMORE: (No. Madison & Linden Ave ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. August Krantz

(a) RESIDENCE NO. 2228 Garrison Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of ~~Margueritte~~ Krantz

6 DATE OF BIRTH (month, day, and year) Sept. 16, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	0	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ernest Krantz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margueritte Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Daughter - Mrs. Eliz. Kleine
(Address)

15 Filed SEP 24 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1925, to Sept. 23, 1925, that I last saw h... alive on Sept. 23, 1925, and that death occurred, on the date stated above, at 5:45 a.m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

Acute Retention

Duration 2 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) 1 Renal Insufficiency
2 Uremic poisoning
(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? @ home

Did an operation precede death? Yes Date of Aug. 31, 1925

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Wm. C. Wright, M. D.

19 (Address) Madison & Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Immanuel Lutheville — DATE OF BURIAL 9/26/25

20 UNDERTAKER Geo. Huber & Son — ADDRESS 2503 Edmondson Ave

Spec.—1-12-23—M&T—500 Blks.

E 02225

18V790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02225

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 16-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Cochrane

(a) RESIDENCE NO. 2743 W. Prospect St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: H

6 DATE OF BIRTH (month, day, and year): June 17, 1922

7 AGE — Years: — Months: 3 Days: 6 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: H

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Leonard Cochrane

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.

12 MAIDEN NAME OF MOTHER Pearl Younger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Record

(Address) John Hopkins Hosp

15 Filed SEP 24 1923 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 23 1923

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1923, to Sept 23, 1923, that I last saw h in alive on Sept 23, 1923, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery, acute bacillary (?)

(duration) ..... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Alexander McAfee M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ~ H Lutus — DATE OF BURIAL: Sept 25 1923

20 UNDERTAKER: J. M. Cook — ADDRESS: 502 Edmondson

Spec.—1-10-21—M&T—1500 Blks.

Mary Scheritle ✓

E 02226

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02226

CERTIFICATE OF DEATH.

+28

1-PLACE OF DEATH St. Josephs Hospital

CITY OF BALTIMORE: (No. Cardinal & Oliver Sts. ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss mary Scheritle

(a) RESIDENCE NO. Baker Ave Parkville md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H Scheritle

6 DATE OF BIRTH (month, day, and year) march 4 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	35	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant Henry H. Scheritle (Address) Baker Ave. Parkville

15 Filed SEP 24 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/24/25 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/23/25, 1925, to 9/24/25, 1925, that I last saw her alive on 9/24/25, 1925, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute pulmonary edema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? clinical & autopsy

(Signed) H. R. McConnell, M.D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Sept 26 1925
20 UNDERTAKER	ADDRESS
[illegible] Lauchheimer Sons	Fullerton

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 02227

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02227

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2937 Huntingdon Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda E. Brooks

(a) RESIDENCE NO. 2937 Huntingdon ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed or divorced HUSBAND of or) WIFE of James H Brooks

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Grace Harris
(Address) 2937 Huntingdon Ave

15 Filed ....., 19 ..... Registrar

A 1025 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Sept 22, 1925, that I last saw h alive on Sept 22, 1925, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. J Davis, M. D.

Sept 24 1925 (Address) 800 W 33 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Sept 25 1925
20 UNDERTAKER Chenoweth Son	ADDRESS 617 Chestnut

Spec.—1-10-21—M&T—1500 Bks.

E 02228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

-003

143

E 02228

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Mason

(a) RESIDENCE NO. 3207 E. Pratt St. ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced (or) WIFE of Walter Mason

6 DATE OF BIRTH (month, day, and year) Dec. 14th 1901

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23 yrs.	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Herbert W. Oliver

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Ethel Williamson

13 BIRTHPLACE OF MOTHER (city or town) N.Y. (State or country)

14 Informant Walter E. Mason (Husband) (Address) Johns Hopkins Hospital

15 Filed ... 19 Robert P. Harrison, Registrar

24 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22 19 25

17

I HEREBY CERTIFY, That I attended deceased from Sept. 21, 19 25, to 9-22, 19 25

that I last saw her alive on 9-22, 19 25

and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Toxemia Vomiting of Pregnancy

(duration) yrs. 2 mos 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) L. B. Williamson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL Sept. 25 1925

20 UNDERTAKER Lilly & Zeiler ADDRESS 400 S. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

E 02229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118 E 02229

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 Harford Road ST. Hamilton WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick L. Kreefle

(a) RESIDENCE No. 203 Harford Road ST. Hamilton WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (Husband of (or) Wife of) Louis E. Kreefle

6 DATE OF BIRTH (month, day, and year) Dec. 16th 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	81	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Frederick Loeffler Sons Fullerton Md

15 Filed Sept 25 1925 Robert P. Harrison Registrar

(Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 21, 1925, to Sept 22, 1925; that I last saw her alive on Sept 22, 1925, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Mary A Long, M. D.

9/23 1925 (Address) 2711 Hartsdale Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cemetery

DATE OF BURIAL Sept 25 1925

20 UNDERTAKER Frederick Loeffler Sons

ADDRESS Fullerton

Spec.—1-12-23—M&T—500 Bks.

18430

E 02230

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-004

E 02230

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL (No. ..... ST., 1 WARD) REGISTERED NO. 1 - 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE:

2-FULL NAME Louise Stagerwald.

(a) RESIDENCE NO. 517 S. Rose St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Wived.

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... 000

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Moran.

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Katherine Stagerwald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 24 1925, 19 [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1925, to Sept. 17, 1925, that I last saw h[illegible] alive on Sept. 17th, 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. 1 mos ds.

CONTRIBUTORY ....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER ADDRESS

Commissioner of Health. SEP 25 1925

Dep. Reg.

Spec. 1-12-23—M&T—500 Bks.

1830 E 02231

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02231

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 18-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Harlon

(a) RESIDENCE NO. Florence Cottler Dentzone ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) .....

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0b0

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER Eunice Harlon

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Records
(Address) .....

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from July 16 1925, to Sept. 17 1925, that I last saw h alive on Sept 17 1925, and that death occurred, on the date stated above, at 12 P a.m.

The CAUSE OF DEATH* was as follows:

Enterocolitis, acute (not dysentery)

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) Alexander S. Duffer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	SEP 23 1925 19
20 UNDERTAKER	ADDRESS
Per. Wm. E. Woods.	

Spec.--1-10-21--M&T--1500 Bks.

E 02232 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02232

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Sterling ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Della Collins

(a) RESIDENCE NO. 914 Sterling ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of William A. Collins

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	appox 56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER Martha Henry

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Bertha Goldsboro. (Address) 914 Sterling st.

Filed 9 24 1925, 19 ..... Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 21, 1925, to Sept 23, 1925, that I last saw her alive on Sept 22, 1925 and that death occurred, on the date stated above, at 2 00 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

9/23/25 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Sept 26 1925
20 UNDERTAKER	ADDRESS
Mrs Chas H. Bailey	1721 Jefferson st

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02233

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02233

CERTIFICATE OF DEATH.

+113

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. University Hospital St., 4 S 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... James Favarite

(a) Residence No..... Pikesville, Maryland St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) ~~Married~~

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6-DATE OF BIRTH (month, day and year) July

7-AGE. ..... yrs. 2 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... ~~Child~~

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Pikesville Maryland.

PARENTS.

10-NAME OF FATHER, James Favarite

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER, Lillian Auburn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14-

(Informant)..... Hospital Records

(Address).....

15-

Filed ..... 192.....

(Robert F. Harrison)
Registrar.

1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 24-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 19. 1925, 19..... to Sept 24 ..... 19.25.....

that I last saw h[illegible] alive on Sept 24th 1925, 19.....

and that death occurred, on the date stated above, at 7.55 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pleurisy & Tuberculosis
intoxication

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Terminal Bronchio Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? Pikesville Md

Did an operation precede death? No Date of .....

Was there an autopsy? None

What test confirmed diagnosis? Clinical data

(Signed) Lee Wm Cyr, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Hanover Pa

DATE OF BURIAL, Sept 25 19.25.

UNDERTAKER, Wm Cook

ADDRESS 502 E Mulberry

Spec.—1-23—M&T—500 Bks.

1844 E 02234

HEALTH DEPARTMENT—CITY OF BALTIMORE E 02234

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. 57

CITY OF BALTIMORE: (No. 7-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Allen

(a) RESIDENCE NO. Sparrows Pt. Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col.	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Loretta Allen

6 DATE OF BIRTH (month, day, and year) May 4-1875

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~49~~ 50 years.	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister 0/8

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Gaston Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Sallie Chavis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Records

(Address) Johns Hopkins Hosp

Filed 2-4 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1925, to Sept 21, 1925, that I last saw ~~he~~ alive on Sept 21, 1925, and that death occurred, on the date stated above, at 6 1m P. m.

The CAUSE OF DEATH* was as follows:

Diabetes with diabetic gangrene and cystic infection

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Lepsis and pneumonia (gangrene small)

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? Sparrows Point

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood chemistry, urinalysis

(Signed) J. Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL N.W. Auburn Cemetery — DATE OF BURIAL Sept. 25 1925

20 UNDERTAKER Jas. M. Johnson — ADDRESS 1309 Druid Hill Ave.

Cor.—1-12-23—M&T—100 Bks.

E 02235

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02235

CERTIFICATE OF DEATH.

1925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosp. ST., 15-13 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence L. Ford.

(a) RESIDENCE No. 1344 N. Calhoun St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 31, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38		22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) 073
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Otto Ford
(Address) 1344 N. Calhoun St.

15 Filed 9-24 1925 192 Robert F. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound of abdomen 5 hrs
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Homicide
(duration) ... yrs. ... mos. ... ds.

(Signed) J. T. Hennessy, M. D.
(Coroner)
Sept. 23, 1925 (Address) 2702 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemtery

DATE OF BURIAL Sept 25 1925

20 UNDERTAKER Mrs. Thomas E Kelson

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 02236

HEALTH DEPARTMENT—CITY OF BALTIMORE

164

E 02236

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 N Port. ST., 19 WARD) 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Hanrahan

(a) RESIDENCE No. 1312 N Port ST., 19 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Hanrahan

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
86	-	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W. 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Edw Cullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mollie Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Thos Hanrahan (Address)

15 Filed 2 4 1925, 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/22/25

17 I HEREBY CERTIFY, That I attended deceased from 9/13, 1925, to 9/22/25, 1925; that I last saw he alive on 9/22/25, 19; and that death occurred, on the date stated above, at 2.20 p. m.

The CAUSE OF DEATH* was as follows:

Anhemia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) T. H. Turner M. D.

(Address) 375 S. Ann

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 9-25-1925

20 UNDERTAKER H. C. Branning Son

ADDRESS 517 N Schroeder St

Spec.—1-12-23—M&T—500 Bks.

E 02237

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02237

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W. West ST., 23-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Moore

(a) RESIDENCE NO. 110 W. West ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 30 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant - None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Monroe Moore

11 BIRTHPLACE OF FATHER (city or town) Barnwell
(State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Christine Helenquist

13 BIRTHPLACE OF MOTHER (city or town) Barnwell
(State or country) S. Carolina

14

Informant Monroe Moore
(Address) 110 W West

15

Filed SEP 25 1925, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept, 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept, 1, 19 25, to Sept, 23, 19 25,

that I last saw her alive on Sept, 23, 19 25,

and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia.

Primary

(duration) .. yrs .. mos .. ds.

CONTRIBUTORY
(Secondary)

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Dr. Francis, M. D.

9/24, 19 25 (Address) 122 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Ct	Sept 25 1925
20 UNDERTAKER	ADDRESS
J. F. Bruns Sons	1617 W. Monument

E 02238 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02238

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. Mercy Hosp St., 3-1 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Weinstein

(Residence in Baltimore: No. 1042 Granby Street St.; yrs. 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	Widow

6-DATE OF BIRTH: Unkn (Month) 1825 (Day) (Year)

7-AGE.	If LESS than 1 day,
100 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER, Unkn

11-BIRTHPLACE OF FATHER, (State or Country), Unkn

12-MAIDEN NAME OF MOTHER, Unkn

13-BIRTHPLACE OF MOTHER, (State or Country). Unkn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. Weinstein

(Address) Lumberton N.J.

15- Filed Sept 25 1925 192.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 23 (Month) (Day) 192.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned - General - Accident, Caused by Making fire with Coal Oil - Person

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Sept 24 192.. (Address) 1059 Granby

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Lebanon Cem	9/25 19

20-UNDERTAKER.	ADDRESS
Jack Levin	1439 E Baltimore

SEP 25

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02239 — 129 — E 02239

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Jenkins Ct. WARD 11-1)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Colburn

(a) RESIDENCE NO. 1003 Jenkins ST., Ct. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Church

(c) Name of employer Metropolitan

9 BIRTHPLACE (city or town) (State or country) do "

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) do "

12 MAIDEN NAME OF MOTHER Matilda [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) do "

14 Informant Lucy Campbell

(Address) 1003 Jenkins Ct

15 Filed SEP 25 1925 G A G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23d 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 23d, 1925 to Sept 23d, 1925.

that I last saw him alive on Sept. 23d, 1925

and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Intoxicant Morphine

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exposure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical observation

(Signed) R. Lee Thos, M. D.

19 (Address) 926 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Sept. 25 1925
20 UNDERTAKER	ADDRESS
Payne & Waters	1152 W. Pratt St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02240 11-6 E 02240

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 E 37th St.: 9-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena C. Gerke

(a) RESIDENCE. No. 600 East 37th St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Charles Gerke

6 DATE OF BIRTH (month, day, and year): Jan 24th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	8	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Karl Diedekin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Charles Gerke
(Address) 600 E 37th St

15 Filed SEP 25 1925 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1925, to Sept 23, 1925, that I last saw h... alive on Sept 23, 1925, and that death occurred, on the date stated above, at 1.05 m.

The CAUSE OF DEATH* was as follows:

Hepatitis Acute

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary): Uremia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) [illegible], M. D.

Sept. 25, 1925 (Address) 61 East 38th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: Sept 26 1925

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2060 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 02241 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02241

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2228 Druid Hill Ave (St.) 14 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clementine Clements

(a) RESIDENCE NO. 2228 Druid Hill Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Clements

6 DATE OF BIRTH (month, day, and year): May 30-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Thomas Snowden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Georganna Ramsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Violet E. Dixon 2228 Druid Hill Ave

SEP 25 1925 Filed GPG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 26 1925 to Sept. 23 1925

that I last saw h[illegible] alive on Sept. 22 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Colitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 515 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster, Md — DATE OF BURIAL: 9/26/25

20 UNDERTAKER: Mrs. Geo. E. Holland — ADDRESS: 1631 Druid [illegible]

Spec.—1-10-21—M&T—1500 Blks.

E 02242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02242

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3742 Hickory Ave. ST., 13-4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. French

(a) RESIDENCE No. 3742 Hickory Ave. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 11 mos. —— ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie L. French

6 DATE OF BIRTH (month, day, and year) Oct. - 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) 0/6

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Richard French

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Rosie L. French

(Address) 3742 Hickory Ave

15 Filed . 19 Registrar

SEP 25 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 1925

17 I HEREBY CERTIFY That I attended deceased from Aug 1 . 1925 . to Sept. 24 . 1925 . that I last saw h[illegible] alive on Sept 23 . 1925 . and that death occurred, on the date stated above, at 6.51 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Stenosis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) C. F. Lindsay M. D.

9/26, 19 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Sept. 26 1925

20 UNDERTAKER ADDRESS

Horace H. Burgee 3631 Falls Rd.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02243

CERTIFICATE OF DEATH.

90 E 02243

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3630 Connecticut Ave (W) 13 — 4 REGISTERED NO.

2-FULL NAME Milton C Hetrick

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 3630 Connecticut Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 6 1917

7 AGE: Years 8 Months 4 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Herbert F Hetrick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Agnes Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Herbert Hetrick

(Address) 3630 Connecticut Ave

Filed SEP 25 1925, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 19, 1925, to Sept 22, 1924, that I last saw him alive on Sept 22, 1925, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* was as follows: Tubular Disease

Friend.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Guy Hoffman, M. D.

(Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Bur — DATE OF BURIAL: Sept 26 25

20 UNDERTAKER: Eschenwelder Lon — ADDRESS: 3617 Chestnut

Spec.—1-12 23—M&T—500 Blks.

E 02244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 Y

13 02244

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1411 W 36th St. 13-3 Ward)

2-FULL NAME Ephrim T. Heflin

(a) RESIDENCE NO. 1411 W 36 St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 30 1925

7 AGE: Years 1 Months — Days — If LESS than 1 day, hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Lester Heflin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lester Heflin (Address) 1411 W 36th St

15 Filed , 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1925, to Sept. 25, 1925, that I last saw him alive on Sept. 20, 1925, and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Acute Invagination of Intestines

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(duration) yrs mos 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C F Cudabeck M. D.

(Address) 3701 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hamden — DATE OF BURIAL: Sept 26 25

20 UNDERTAKER: Ehrenworth Son — ADDRESS: 817 Chestnut

Cor.—1-12-23—M&T—100 Bks.

E 02245

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02245

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hall

(a) RESIDENCE NO. Laurel Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: none

DATE OF BIRTH (month, day, and year): Sept 23-25

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			9 hrs	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Oscar Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Violet Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Oscar Hall
(Address): Laurel Md

Filed SEP 25 1925, 192

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 23-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Bourne, M. D. (Coroner.)

9-25-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Md. DATE OF BURIAL: Sept 25 1925

UNDERTAKER: Samuel Wesley Middleton ADDRESS: 538

Spec.—1-10-21—M&T—1500 Blks.

E 02246

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02246

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 556 W Biddle St., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul H. Martin

(a) RESIDENCE No. 556 W. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept-1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomack Co, Va

PARENTS

10 NAME OF FATHER Edward Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Priscilla Bradshaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Mrs. Annie Turner 556 W Biddle St

Filed SEP 25 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1925

17

I HEREBY CERTIFY, That I attended deceased from June 20, 1925 to Sept 22, 1925

that I last saw h[illegible] alive on Sept 21, 1925

and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 3 mos. 2 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Hofstetter M. D.

9/23 1925 (Address) 1525 Annalee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 9/25 1925

20 UNDERTAKER Samuel F. Busby

ADDRESS 538 N Bradford

Spec.—1-10-21—M&T—1500 Bks.

E 02247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02247

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 N. Broadway ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Meyer

(a) RESIDENCE NO. 1832 N. Broadway ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Meyer

6 DATE OF BIRTH (month, day, and year) March 29, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Andrew Manser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Henry Meyer

(Address) 1832 N. Broadway

15 Filed SEP 25 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1925 to Sept. 23, 1925, that I last saw her alive on Sept. 22, 1925, and that death occurred, on the date stated above, at 1:25 A.M.

The CAUSE OF DEATH* was as follows:

Double - Pleuro - Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Frank A. Brauer M. D.

9/24/1925 (Address) 125 E. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. D[illegible] OF BURIAL 9-26-25

20 UNDERTAKER H. Sands Sons Inc. ADDRESS 1210 Park Ave

Spec—12-23-21—E.B.R.S.—400 Eks.

E 02248

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02248

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. 1110 S. Streeper St., 1-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Chester J. Rzepinnik

(a) Residence No. 1110 S. Streeper St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Child

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct. 27, 25

7-AGE,	If LESS than 1 day,
..... yrs. 10 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Simon Rzepinnik

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Catherine Rozik

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Poland

14- (Informant) Catherine Rzepinnik

(Address) 1110 S. Streeper St

15- Filed ..... 192.....

SEP 25 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 27-25

17- I HEREBY CERTIFY, That I attended deceased from Sept 24-25 to Sept 27-25

that I last saw h— alive on Sept 24-25

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of .....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) William J. Powers M. D.

19— (Address) 80 E. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus	Sept 26, 1925
20-UNDERTAKER,	ADDRESS
Stephen J. Falkowski	1008 S. Kenwood Ave.

Spec.—1-12-23—M&T—500 Bks.

E 02249 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23 ✓ E 02249

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3057 Brighton ST., 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adella Phelps

(a) RESIDENCE NO. 3057 Brighton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Milton T.Phelps

6 DATE OF BIRTH (month, day, and year) Nov. 5,1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	65	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Soper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Pauline J. Phelps (Address) 3057 Brighton Street

15 Filed SEP 25 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1925, to Sept. 24, 1925, that I last saw her alive on Aug. 25, 1925, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

amyotrophic Lateral Sclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Respiratory paralysis

(duration) — yrs. — mos. 14 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Maurice E. Abrams M. D.

9-24 1925 (Address) 3300 W. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Burtonsville Md	Sept 26 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Balto St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02250

CERTIFICATE OF DEATH.

122-001 E 02250

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 Wilkens Ave. ST., 20-6 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Edward Cathcart

(a) RESIDENCE No. 2027 Wilkens Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella R. Cathcart

6 DATE OF BIRTH (month, day, and year) May 15, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	61	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore & Ohio R.R.Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER George H.Cathcart

11 BIRTHPLACE OF FATHER (city or town) Norrisville,

(State or country) Harford Co.Md.

12 MAIDEN NAME OF MOTHER Margaret S.Diven

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland.

14 Informant C.Nelson Cathcart

(Address) Central Ave. Oak Forest Park, Md.

15 Filed SEP 25 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept' 9, 1925, to Sept' 24, 1925, that I last saw him alive on Sept' 23, 1925, and that death occurred, on the date stated above, at 3.20 Am.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Cardiac Arteriosclerosis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lamperson, M. D.

9-24, 1925 (Address) 826 N.Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Sept. 26, '25
20 UNDERTAKER	ADDRESS
Joseph B Cook	1003 W. Balto St

Spec.—1-12-23—M&T—500 Bks.

E 02251 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02251

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1545 N. Pulaski St. 15-12 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Brown

(a) RESIDENCE No. 1545 N. Pulaski St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Jack Brown

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack L. Brown
(Address) 1545 N. Pulaski St.

15 Filed SEP 25 1925 19 Hall Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25 19 25

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1925, to Sept. 25, 1925, that I last saw h.. alive on Sept 23rd, 1925, and that death occurred, on the date stated above, at 1450 m.

The CAUSE OF DEATH* was as follows:
Carcinoma of the breast and lungs

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Penna.

Did an operation precede death? yes Date of 1 year ago

Was there an autopsy? no

What test confirmed diagnosis? Carcinoma of Breast (Tissue Exam)

(Signed) A. T. Ries, M. D.

Sept 25, 1925 (Address) 248 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. — DATE OF BURIAL 9/25 19 25

20 UNDERTAKER Jack Lewis — ADDRESS 1429 Eutaw St

Cor.—1-12-23—M&T—100 Bks.

E 02252

E 02252

HEALTH DEPARTMENT—CITY OF BALTIMORE

24-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 3405 Mueller ST., 26-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Hruz (Simon Hruz)

(a) RESIDENCE NO. 3405 Mueller ST., WARD.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hruz

6 DATE OF BIRTH (month, day, and year) Oct 18 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Oiler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Eastern Rolling Mill

9 BIRTHPLACE (city or town) (State or country) Austria

10 NAME OF FATHER John Hruz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Helen Kozel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

PARENTS

14 Informant John Hruz
(Address) Sparrows Point

Filed SEP 25 1925 H. Law Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. 1 hr. ..... ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton, M. D. (Coroner.)

9/25 Sept. 1925 (Address) 707 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Sept. 26 1925
20 UNDERTAKER	ADDRESS
Lilly and Zile	4038 Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 02253

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002

118 E 02253

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hosp. St., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary J Bentzel

(a) RESIDENCE NO. 216 Aliceanna St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Bentzel

6 DATE OF BIRTH (month, day, and year) Feb 4 [illegible]

7 AGE Years 64. Months 7 Days 21 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HW

(b) General nature of industry, business, or establishment in which employed (or employer) old

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Jno O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Hanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Mary Bentzel 216 Aliceanna St

15 Filed 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/24/25

17 I HEREBY CERTIFY, That I attended deceased from 9/23/25 to 9/24/25.

That I last saw her alive on 9/24/25 and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 9/18/25

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) Jno O'Brien, M. D.

, 19 (Address) 216 Aliceanna St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newport, Penn

DATE OF BURIAL 9/26 1925

20 UNDERTAKER J. J. Moran

ADDRESS 300 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 02254

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02254

CERTIFICATE OF DEATH.

X 16-002

1-PLACE OF DEATH West Balto. Gen'l Hospital

CITY OF BALTIMORE: (No. Rayner + Dukeland ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Smith

(a) RESIDENCE NO. 612 Cumberland ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12-1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None gvl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md.

PARENTS

10 NAME OF FATHER Wm Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md.

12 MAIDEN NAME OF MOTHER Carrie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

14 Informant Wm Smith

(Address) 612 E. Cumberland St

15 Filed 2 5 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/24 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/17, 1925, to 9/24, 1925, that I last saw h[illegible] alive on 9/24, 19[illegible], and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Acute dysentery

(duration) yrs. mos. 2 / ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. / ds.

18 Where was disease contracted if not at place of death? St Louis

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) C. E. W. Harrison, M. D.

, 19 (Address) West Balto. Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fuller Cemetery Howard Co Md.

DATE OF BURIAL Sept 26 1925

20 UNDERTAKER Scott M. Starr

ADDRESS Ellicott City

Spec.—1-10-21—M&T—1500 Blks.

E 02255 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02255

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Tyndale Ave ST. 27-13 WARD) REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Carrie Kelly,

(a) RESIDENCE NO. 3012 Tyndale Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: James M. Kelly

6 DATE OF BIRTH (month, day, and year): Dec. 26, 1861

7 AGE: Years 64 Months 8 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: James M. Kelly

(Address): 3012 Tyndale ave.

15 Filed SEP 25 1925 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1925, to Sept. 24 1925, that I last saw her alive on Sept. 24 1925, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Carcinoma pylorus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto., Md.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Geo. B. Dybert, M. D.

. 19 (Address) 7802 Harford ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Sept 28 1925

20 UNDERTAKER: Zirkin & Zirkin

ADDRESS: 1739 E. Eager St

Spec.—1-12-23—M&T—500 Blks.

E 02256 (183 53)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02256 (45)

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oscar Pearsall

(a) RESIDENCE NO. Kelmington, N.C. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed,

5a If married, widowed, or divorced HUSBAND of or) WIFE of Rachel Hunnig

6 DATE OF BIRTH (month, day, and year) Apr 9. 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Wm. D. Pearsall

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Sarah Whitaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Records (Address) Johns Hopkins Hosp

15 Filed 5 1925, 19 Robert P. Harrison Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1925, to Sept 24 1925; that I last saw him alive on Sept 24, 1925, and that death occurred, on the date stated above, at 4 30 P.m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis peritonei

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Chester S. Keefer, M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kelmington N.C. DATE OF BURIAL 9.25 1925

20 UNDERTAKER John Hutchens ADDRESS 1205 E. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02257 E 02257

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1545 N. Smallwood ST.: 15-12 WARD

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Matz.

(Residence in Baltimore: No. 1545 N Smallwood St.; yrs., mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Sept. 20, 1925 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 5 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Louis Matz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rose Shear

13-BIRTHPLACE OF MOTHER (State or Country), Boston, Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Matz

(Address) 1545 N. Smallwood St

15-

Filed ....., 191.... Robert P. Harrison, Registrar.

5 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 25, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 20 1925, to Sept. 25 1925, that I saw h his alive on Sept. 25 1925, and that death occurred, on the date stated above, at 10. m.

The CAUSE OF DEATH* was as follows:

Convulsions

5 hrs.

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Enlarged Thymus?

(Duration) ....yrs. ....mos. 5hrs. da.

(Signed) Wm. B. Schapiro M. D.

Sept. 25, 1925. (Address) 2415 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Helwerg Rosedale

DATE OF BURIAL, 1/[illegible]. 191[illegible]

20-UNDERTAKER Jack Lewis

ADDRESS 1434 E Lanvale St

Cor.—1-12-23—M&T—100 Bks.

E 02258

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02258

CERTIFICATE OF DEATH.

187 - 006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard H. Makowski

(a) RESIDENCE No. 343 Whitridge Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Makowski

6 DATE OF BIRTH (month, day, and year) March 31-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman 086
(b) General nature of industry, business, or establishment in which employed (or employer) Savage Transfer Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER John N. Makowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Johanna Poremkka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank Makowski
(Address) 126 S.Castle St

15 Filed 9 1925, 192 Robert P. Harrison, Registrar (Burial Permit Clerk)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull & Chest injuries
Section of crane fell on him while loading it on truck-accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S H Cook, M. D. (Coroner.)

9-25-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	Sep 26 1925
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

Spec.—1-12-23—M&T—500 Bks.

E 02259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02259

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Gough Street ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine . Weber

(a) RESIDENCE No. 1611 Gough Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24 1925

7 AGE — Years: — Months: 3 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph . Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Frances . Kolodziejska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Mr. Joseph . Weber 1611 Gough Street

Filed 9-25-1925, 19 Registrar

Robert P. Harrison

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/24/25

17 I HEREBY CERTIFY, That I attended deceased from 9-20, 19 24 to 9-24, 19 24

that I last saw h[illegible] alive on 9-24, 19 24

and that death occurred, on the date stated above, at 530 P m.

The CAUSE OF DEATH* was as follows:

Uro-Cystis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 1000 Hall Blk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem — DATE OF BURIAL: Sep 26 1925

20 UNDERTAKER: John M Weber — ADDRESS: 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

E 02260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02260

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 S. Duncan ST., 2 - 1 WARD)

REGISTERED NO. 113

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Olszewski

(a) RESIDENCE NO. 408 S. Duncan ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Joseph Olszewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Molly Rench

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant (Address) Mrs Molly Olszewski 408 S Duncan st

15 Filed ..... 19 ..... Registrar

25 1925

Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 23 1925 to Sept 25 1925.

that I last saw her alive on Sept 25 1925

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

..... (duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) John A. Rehberger, M. D.

, 19 (Address) 1709 Aliceanna St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary cem	Sept 26 1925
20 UNDERTAKER	ADDRESS
John McAleer	1803 Bank st

Spec.—1-12-23—M&T—500 Bks.

18460

E 02261

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02261

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., No 6 WARD)

2-FULL NAME Phillip Sessa

(a) RESIDENCE NO. 3608 E. Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	child.

5a If married, widowed, or divorced HUSBAND of or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) July 6 1924

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
1	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Gaetano Sessa

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Mary Ricci

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Records
(Address) .....

15 Filed SEP 25 1925, 19 ..... Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1925, to Sept. 25, 1925, that I last saw h-m alive on Sept. 25, 1925, and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows:

Indigestion, acute gastro-intestinal

(duration) ..... yrs. mos 14 ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) ..... M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept 28 '25
20 UNDERTAKER	ADDRESS
Wendell Oppelsdorn	375 N

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02262

E 02262

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Havlicks

(a) RESIDENCE NO. 7255 Decker Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Havlicks

6 DATE OF BIRTH (month, day, and year) March 9 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	6	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Gibbs Packing Co

9 BIRTHPLACE (city or town) (State or country): Bohemia

10 NAME OF FATHER: John Havlicks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

Informant (Address): Frank Bomed 725 S Decker Ave

Filed ....., 192 ..... Registrar

SEP 25 1923

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ... Suddenly

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) James W Thompson M. D. (Coroner.)

Sept 24 1923 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bohemian Cem. DATE OF BURIAL: Sept 26 1923

20 UNDERTAKER: Wendell Oppel & Son ADDRESS: 378 N

Spec.—1-12-23—M&T—500 Bks.

(Georgan)

HEALTH DEPARTMENT—CITY OF BALTIMORE

02263 — 02263

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 15 WARD 12

2-FULL NAME Patricia Georgan

(a) RESIDENCE NO. 1438 N. Fenton Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	child

6a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 16-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Jas. A. Georgan

11 BIRTHPLACE OF FATHER (city or town) Greece
(State or country)

12 MAIDEN NAME OF MOTHER Katherine Jean

13 BIRTHPLACE OF MOTHER (city or town) Ind.
(State or country)

14 Informant Records.
(Address)

15 Filed 2 5 1925, 19 Robert P. Harrison, Registrar
Burial Permit clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Sept. 25, 1925, that I last saw her alive on Sept. 25, 1925, and that death occurred, on the date stated above, at 1438 m.

The CAUSE OF DEATH* was as follows:

Syphilis, Congenital

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	9-28-1925
20 UNDERTAKER Putnam Bros	ADDRESS 1723 N. Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 02264 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 02264

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital — REGISTERED NO. 109

CITY OF BALTIMORE: (No. Raynor and Dukeland ST., 7 - 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Powers

(a) RESIDENCE No. 1017 Old Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 14th 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond Va
(State or country)

PARENTS

10 NAME OF FATHER Robert H. Powers

11 BIRTHPLACE OF FATHER (city or town) Richmond Va
(State or country)

12 MAIDEN NAME OF MOTHER Louisa Parker

13 BIRTHPLACE OF MOTHER (city or town) Richmond Va
(State or country)

14 Informant Robert H. Powers
(Address) 1017 N. Cross st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/24 1925

17

I HEREBY CERTIFY, That I attended deceased from 9/23 1925 to 9/24 1925.

that I last saw her alive on 9/24 1925

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Streptococcus sore throat. Acute otitis media. Septicemia. Pathogenic Pneumococcus hemorrhagica

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. H. Wilkerson M. D.

, 19 (Address) West Balto Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn — DATE OF BURIAL Sept 26th 25

20 UNDERTAKER Schoenmann Son — ADDRESS Balto.

Spec.—1-10-21—M&T—1500 Blks.

E 02265 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02265

129

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 E. Hoffman ST., 8-3 WARD)

2-FULL NAME Heslin A. Cranmer

(a) RESIDENCE No. 2326 E. Hoffman ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada C. Cranmer

6 DATE OF BIRTH (month, day, and year) Oct 11th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	62	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain

(b) General nature of industry, business, or establishment in which employed (or employer) Capt of Tug boat

(c) Name of employer N. J.

9 BIRTHPLACE (city or town) ..... (State or country)

PARENTS

10 NAME OF FATHER Nathan Cranmer

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Amelia Hymagne

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) New Jersey

14 Informant Ada C. Cranmer (Address) 2326 E. Hoffman

15 Filed SEP 26 1925 19 ..... Registrar G.K.G.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1925, to Sept 24, 1925, that I last saw him alive on Sept 24, 1925; and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) L. L. Gordy, M. D.

9-24 1925 (Address) 421 S Hanford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 9/25 1925

20 UNDERTAKER E. Schlosman Son

ADDRESS 1034 Hanover St

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 02266 HEALTH DEPARTMENT—CITY OF BALTIMORE 022

CERTIFICATE OF DEATH. 186

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hosp. ST., 22-1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Thomas

(a) RESIDENCE NO 840 S Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unk 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Wm H Thomas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Eliza Evans

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Caroline Austin
(Address) 142 W Lanvale

15 Filed SEP 26 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 192 5

17 I HEREBY CERTIFY, That I took charge of remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... on the day stated above.

The CAUSE OF DEATH* was as follows:
Auto Accident
Frac of Skull.
(Duration) ... yrs. ... mos. 6

CONTRIBUTORY (Secondary) Shock
(Duration) ... yrs. ... mos.

(Signed) J C Slater (Coroner)

Sept 24/25 192 (Address) 1423 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transient or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos.,

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Samuel Cem DATE OF BU 9/28

20 UNDERTAKER John H. Toadvine ADDRESS 10

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02267

CERTIFICATE OF DEATH.

57 E 02267

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1135 Argyle ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Hall

(a) RESIDENCE NO. 1135 Argyle av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Blk	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Hall

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	34	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer RR

(b) General nature of Industry, business, or establishment in which employed (or employer) Freight Drpot

(c) Name of employer

9 BIRTHPLACE (city or town) Annapolis Co (State or country) md

PARENTS

10 NAME OF FATHER Nathan Hall

11 BIRTHPLACE OF FATHER (city or town) AA Co (State or country) Md

12 MAIDEN NAME OF MOTHER Jane Hannon

13 BIRTHPLACE OF MOTHER (city or town) Dist Columbia (State or country)

14 Informant Mabel Horton (Address) 1313 W Lanvale St

15 Filed SEP 26 1925, 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1925, to Sept 24, 1925, that I last saw him alive on Sept 24, 1925, and that death occurred, on the date stated above, at 9.10 P m.

The CAUSE OF DEATH* was as follows:

1. Endocarditis (duration) yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Hypertrophy non Comp (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Goldman M. D.

, 19 (Address) 1626 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — DATE OF BURIAL Sept 28 25

20 UNDERTAKER John H. Franklin — ADDRESS 1527 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02268

CERTIFICATE OF DEATH.

31 V

E 02268

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 3-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ina Ford

(a) RESIDENCE NO. 928 Duke Alley ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred not known ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Ford

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) not known

(c) Name of employer

9 BIRTHPLACE (city or town) Troy
(State or country) New York.

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) not known

14 Informant City Hospital Records
(Address)

15 Filed SEP 26 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 22 1925

17 I HEREBY CERTIFY, That I attended deceased from September 21, 1925, to September 22, 1925, that I last saw h alive on September 22, 1925, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pleurisy with effusion
autopsy etiology

(Duration) not known mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ..... yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & laboratory

(Signed) R. Harper Smith M. D.

Sept 29 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Sept 26 1925
20 UNDERTAKER	ADDRESS
Geo. J. Poth	1730 Harford Ave.

Spec.—1-[illegible]—M&T—500 Blks.

18-39 52

E 02269

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 100-001

E 02269

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Plitt

(a) RESIDENCE NO Hollaston Rd ..... ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or.....min.
		7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Plitt

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address)

15 Filed SEP 26 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1925, to Sept. 25th, 1925, that I last saw her alive on Sept. 25th, 1925, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia, acute broncho—

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) A. W. Jacobsen, M. D.

9/26, 1925 Address Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Sept 26 1925

20 UNDERTAKER George J. Ruth

ADDRESS 1785 Hanford

Spec.—1-12-23—M&T—500 Blks.

E 02270

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02270

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Homewood Hos ST. 16-7 WARD)

REGISTERED NO. 331

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roberta Jamison

(a) RESIDENCE No. 1001 W. Lafayette Ave ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk Book Store
(b) General nature of industry, business, or establishment in which employed (or employer): 086
(c) Name of employer: Boucher College

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Roberta Jamison
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.
12 MAIDEN NAME OF MOTHER: Annie C. Harris
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbot Co. Md

14 Informant: Mrs Emma V. Jamison
(Address) 1001 W. Lafayette Ave

15 Filed ..... 19 ..... Registrar

SEP 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1925 to Sept. 24, 1925
that I last saw her alive on Sept. 24, 1925
and that death occurred, on the date stated above, at 1:30 P. m.
The CAUSE OF DEATH* was as follows:

Tuberculor Peritonitis

(duration) — yrs. 4 mos — ds.

CONTRIBUTORY (Secondary): Ascites + heart failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? do not know
Did an operation precede death? No Date of —
Was there an autopsy? yes.
What test confirmed diagnosis? autopsy findings

(Signed) Maurice L. Shamer, M. D.
SEP 26 1925 (Address) 3300 W. North ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem.	Sept 28, 25
20 UNDERTAKER	**ADDRESS**
Wm Pickett Sons	Norfolk Va

Spec.—1-10-21—M&T—1500 Bks.

E 02271

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02271

CERTIFICATE OF DEATH.

REGISTERED NO. 112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 John ST., 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Geddes

(a) RESIDENCE NO. 1617 John ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE Elizabeth Rachells

6 DATE OF BIRTH (month, day, and year) July 29th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	One	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Iron Works

(c) Name of employer Balto City Iron Co.

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John Geddes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Letitia McKee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Jennie Donnelly (Address) 1617 John St

15 Filed SEP 26 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1924, to Sept 25 1925, that I last saw he alive on Sept 25 1925, and that death occurred, on the date stated above, at 2.00 P m.

The CAUSE OF DEATH* was as follows:

General Weakness and lack of nourishment due to Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Failing Heart

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. Boisseau, M. D.

9/25 1925 (Address) 1600 W Mount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Sept 28, 25
20 UNDERTAKER	ADDRESS
Wm Fletcher Sons	North Ave

Spec.—1-10-21—M&T—1500 Blks.

E 02272

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2 E 02272

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #17 Somerset Road St., (Roland Park) (WARD 3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Chapman Rouse

(a) RESIDENCE NO. 1118 St. Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Isabella Ireland

6 DATE OF BIRTH (month, day, and year) June 9th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chairman Board of Rouse Hamptons & Co. Inc.

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale distributors

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Joppa Harford Co. Md.

PARENTS

10 NAME OF FATHER C. C. Rouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md. Joppa

12 MAIDEN NAME OF MOTHER Mary F. Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md.

14 Informant (Address) John G. Rouse 11 Somerset Road

15 Filed SEP 26 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 20, 1925, to Sept 24, 1925.

that I last saw h. alive on Sept 24, 1925.

and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Congestion of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of Sept 25/25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Julius Friedenwald M. D.

Sept 25, 1925 (Address) 1013 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Sept 26 1925

20 UNDERTAKER Henry H. Kirkwood Sons Co

ADDRESS McCulloh & Orchard Sts.

Spec.—1-10-21 M&T 1500 Blks.

White C. 1662 + 22 nd

E 02273 HEALTH DEPARTMENT—CITY OF BALTIMORE 44 E 02273

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 N. Spring ST., 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eckhard C. Sellmann

(a) RESIDENCE No. 1620 N Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 23 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Chesapeake

(c) Name of employer Steam Pal. Co.

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Conrad Sellmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Kull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chas. Sherwood

(Address) 114 E 20th St

15 Filed SEP 26 1925 H. Lane Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1925, to Sept 24, 1925, that I last saw h[illegible] alive on Sept 24, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

+ Edema (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs + Symptoms + X Ray

(Signed) Thomas J Clark M. D.

, 19 (Address) 451 E. 22nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Sept. 26 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E Monument St

Spec.—9-12-23—M&T—500 Bks.

1847 396

E 02274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16002

E 02274

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins ST., 18 Hosp WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gladys Stout.

(a) RESIDENCE NO. 1064 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): child

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 30, 1924

7 AGE: Years | Months: 8 | Days | If LESS than 1 day,... hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Martin Stout

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Pearl Gompers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Records

(Address)

15 Filed SEP 26 1925 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1925, to Sept 25, 1925, that I last saw h[illegible] alive on Sept 25, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Dysentery, acute bacillary

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A W Sherbon, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet — DATE OF BURIAL: Sept 28 1925

20 UNDERTAKER: George J. Smith — ADDRESS 1532 Hollins St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02275

E 02275

CERTIFICATE OF DEATH.

Registered No. 90

1-PLACE OF DEATH

City of BALTIMORE: (No.) 439 E 25th St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecilia W. O"Hare

(a) Residence No. 439 E 25th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Peter J. O'Hare,

6-DATE OF BIRTH (month, day and year) Nov 8 1855

7-AGE. 70 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Cincinnati Ohio.

PARENTS.

10-NAME OF FATHER. Peter Hanegan

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Bridget McGarty

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland.

11- (Informant) Peter O'Hare

(Address) 439 E 25th St.

15- Filed SEP 26 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9/25/25

17- I HEREBY CERTIFY, That I attended deceased from 9/25/23 19.. to 9/25/25 19..

that I last saw h.. alive on 9/25/25 19..

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Ch. Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. W. Gadsden M. D

9/26/25 19 (Address) 321-E-25th

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL, 9/28/25, 19..

20-UNDERTAKER. E. A. Mudge & Co

ADDRESS. 501 E 22

pec.—1-12-23—M&T—500 Bks.

B 4469 02276

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 02276

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp ST. 28-E WARD)

2-FULL NAME Howard Hooper

(a) RESIDENCE NO. 3001 Gwynn Oak Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 18-1925

7 AGE — Years: — Months: 1 Days: 7 If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James L Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ruth Tipton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records Johns Hopkins Hosp

15 Filed SEP 26 1925, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 8 - , 1925, to Sept 26 - , 1925, that I last saw him alive on Sept 26 - , 1925, and that death occurred, on the date stated above, at 3:25 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) .... yrs. 1 mos .... ds.

CONTRIBUTORY (Secondary) .....

(duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Arr Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Sept 29, 1925

20 UNDERTAKER: Joseph B Cook — ADDRESS: 1008 W Baltimore St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 E 02277

1-PLACE OF DEATH

City of BALTIMORE: (No. 620 E. 37 St. St., 9-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frank P. Kavanaugh

(a) Residence No. 620 E. 37 St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, ~~Married,~~ ~~Widowed,~~ or ~~Divorced,~~ (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 14 1925

7-AGE. ..... yrs. ..... mos. 12 ds. / LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frank P. Kavanaugh

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Helen G. Welden

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant) Frank P. Kavanaugh

(Address) 620 E. 37 St.

15- Filed SEP 26 1925 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 26 - 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1925 to Sept. 26. 1925

that I last saw him alive on Sept. 25 1925

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Malformation of Pharynx and probably oesophagus (Congenital)

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Inanition

(Duration) ..... yrs. ..... mos. 12 ds.

18-Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? Lack of Deglutition

(Signed) Benj. D. Hamilton M. D.

(Address) 1216 N. Caroline St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
St. Vincents Cemetery	Sept. 26, 1925
29-UNDERTAKER.	**ADDRESS**
Elmer W. Conklin	924 E. Eager St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02278 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 40 E 02278

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1525 N. Washington St., 8-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A. Alls

(a) Residence No. 1525 N. Washington St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. B. Alls

6-DATE OF BIRTH (month, day and year) Nov 19th 1868

7-AGE. 56 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore Md
(State or Country),

PARENTS.

10-NAME OF FATHER, James Vineyard

11-BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country),

12-MAIDEN NAME OF MOTHER, Louisa Phile

13-BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country),

14- (Informant) Geo. B. Alls

(Address) 1525 N. Washington St

15- Filed SEP 26 1925 G K G Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 25/1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1925 to Sept 25 1925 that I last saw her alive on Sept 25 1925 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease
Mitral

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Frahn, M. D

9/26 1925 (Address) 1823 N Wash ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	Sept. 28, 1925
20-UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay St

Spec—12-23-21—E.B.R.S.,—400 Bks.

E 02279 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02279

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4100 Penhurst Ave Ward) 15-1 44

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Matilda A Walker

(a) Residence No. 4100 Penhurst Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 17 1855

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Benjamin F Walker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Kent Island Md

12-MAIDEN NAME OF MOTHER Amelia A Ford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Howard Co Md

14- (Informant) Ida V Walker

(Address) 4100 Penhurst Ave

15- Filed SEP 26 1925 G F G Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 9-25-25

17- I HEREBY CERTIFY, That I attended deceased from SEPT. 1924 to 9-25 1925

that I last saw h S R alive on 9-23 1925

and that death occurred, on the date stated above, at 8:45 P m.

The CAUSE OF DEATH* was as follows:

CARCINOMA OF STOMACH

(Duration) 1+ yrs. — mos. — ds.

CONTRIBUTORY —
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-Ray Etc

(Signed) John F Dorsey M. D.

, 19 (Address) 1129 St Paul St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park DATE OF BURIAL. Sept 27 1925

20-UNDERTAKER. George J Smith ADDRESS 1432 Hollins

Spec.—1-10-21—M&T—1500 Bks.

Barach

HEALTH DEPARTMENT—CITY OF BALTIMORE

02280 CERTIFICATE OF DEATH. 1-1 35E 02280

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 1-1 WARD)

2-FULL NAME Fiwel Barach

(a) RESIDENCE NO. 107 Collington Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Bernard Barach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant H. Cohen (Address) 107 S Collington ave

15 Filed ..... Robert P. Harrison Registrar

1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1925, to Sept 26, 1925,

that I last saw him alive on Sept 26, 1925,

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

Myocardial failure

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypertrophy of prostate

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Samuel R Siegel, M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Washington Rd	Sept 27 1925
20 UNDERTAKER J Lurman Bro	ADDRESS 1127 E Balto St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02281 HEALTH DEPARTMENT—CITY OF BALTIMORE 02281

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 759 Bradley St., 17-3 Ward) Registered No. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmore Jones

(a) Residence No. 759 Bradley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept. 1 1/25

7-AGE, — yrs. — mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) Md

(State or Country),

PARENTS.

10-NAME OF FATHER, Emory Jones

11-BIRTHPLACE OF FATHER (city or town) Md

(State or Country),

12-MAIDEN NAME OF MOTHER, Dorothy Jones

13-BIRTHPLACE OF MOTHER (city or town) Md

(State or Country),

14- (Informant) Robert Jones

(Address) 759 Bradley st

15- Filed Sept 28 1925 Robert F. Harrison Registrar.

Sept 28 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 25

17- I HEREBY CERTIFY, That I attended deceased from Sept. 24 1925 to Sept. 25 1925

that I last saw he alive on Sept 25 1925,

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) — yrs. — mos. 1 day ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Frank E. Wagner M. D.

Sept 28 1925 (Address) 1172 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mount Zion

DATE OF BURIAL, Sept 27 1925

20-UNDERTAKER, Payne & Waters

ADDRESS 1158 Myrtle Ave

Spec.—1-10-21 M&T 1500 Blks.

E 02282

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02282

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1506 Lafayette Park Terrace (Sub-District) 24-3 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul K. Krivosheim

(a) RESIDENCE NO. 1506 Lafayette Park Terrace WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Infant

6 DATE OF BIRTH (month, day, and year) June 11. 1925.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER Paul Krivosheim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Emma Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mr. Mrs. John Green
(Address) 1506 Lafayette Park Terrace

Filed 2-7 1925. 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1925, to Sept. 26, 1925, that I last saw him alive on Sept. 25, 1925, and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis
(Waterhouse Meningococcus)
(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) E. S. Horn M. D.

9-26-1925 (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross U.E.C.	Sept 28 1925

20 UNDERTAKER	ADDRESS
Charles L. Stevens	1501 Eutaw Pl

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02283

02283

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 Callow ave ST., 13-6 WARD)

2-FULL NAME Christina Bonday

(a) RESIDENCE NO. 201 Callow ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of James Bonday

6 DATE OF BIRTH (month, day, and year) Dec 29-1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	84	8	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Va.

PARENTS

10 NAME OF FATHER Wm White

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Hurst

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Va.

14 Informant Randolph Bonday
(Address) 201 Callow ave.

15 Filed ..... 19 ..... Registrar

7 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 24 1925, to Sept 25th 1925, that I last saw h~~e~~r alive on Sept 25th 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:
Bronchus Pneumonia

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
(duration) 12 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Balto —

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Eugen Douglas, M. D.
Sept 26 1925 (Address) 3043 St Paul St —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. — DATE OF BURIAL Sept 28 1925

20 UNDERTAKER Wm C. Black — ADDRESS 927 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 02284

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02284

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (Ward) 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Max ~~Stern~~ Stern

(a) RESIDENCE NO. 1113 Lawrence St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Stern

6 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
About 74				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired (?)

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Aaron Stern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Carlyn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. M. Levy

(Address) 1113 Laurens St

15 Filed 7 1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-24 , 1925 , to 9-25, , 1925.

that I last saw him alive on 9-25 , 1925.

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) M Borgardt M. D.

, 19 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem. DATE OF BURIAL: 9/27/1925

20 UNDERTAKER: David Sondheim ADDRESS: 118-20 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02285 E 02285

CERTIFICATE OF DEATH.

5-390

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3450 Reisterstown Road WARD)

2-FULL NAME Louis A. Hahn

(a) RESIDENCE No. 3450 Reisterstown Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Hahn

6 DATE OF BIRTH (month, day, and year) Feby 28, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Sales

(b) General nature of industry, business, or establishment in which employed (or employer) Agent. 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER — Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Ferdinand Hahn (Address) 3450 Reisterstown Rd.

15 Filed — , 19 Robert P. Harrison, Registrar

7 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/26/ 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 2, 1925 to Sept. 26, 1925. that I last saw him alive on Sept. 25, 1925 and that death occurred, on the date stated above, at 3 a m

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted If not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urine Analysis

(Signed) J. W. Kelly M. D.

, 19 (Address) 940 Brooks Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	9/27/ 1925
20 UNDERTAKER	ADDRESS
David Sondheim	1125 W. Mt. Royal Ave

E 02286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02286

1-PLACE OF DEATH

City of BALTIMORE. (No. 2505 Emerson St., 20-4 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Pocklington

(Residence in Baltimore: No. 2505 Emerson St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, Feb 7th 1866
(Month) (Day) (Year)

7-AGE, 59 yrs. 7 mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. John R. Pocklington

11-BIRTHPLACE OF FATHER, (State or Country). N.Y.

12-MAIDEN NAME OF MOTHER. Arabia Penny

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Pocklington

(Address) 2505 Emerson St.

15-

Filed ..... 192.....

Robert F. Harrison,
Burial Permit Clerk. Registrar.

27 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 26th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by Inquest, autopsy or inquiry, find that said deceased came to his death on the day stated above.

(Inquest, autopsy or Inquiry.)

(Inquest, autopsy or Inquiry.)

The CAUSE OF DEATH was as follows:

Apoplexy

or Duel

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. D. Norton M. D.
Coroner

Sept 26th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Sept 29 1925

20-UNDERTAKER, Wm Cook & Son ADDRESS E of Cre.

Spec.—1-10-21—M&T—1500 Bks.

E 02287 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02287

X 86-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen'l Hospt 24-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H Stinchcomb

(a) RESIDENCE NO. Millersville Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Stinchcomb 5866

6 DATE OF BIRTH (month, day, and year) Nov 26 80

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	~~45~~ 58	10 10	1 0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer necessarily

(b) General nature of industry, business, or establishment in which employed (or employer) Otto M Reinhardt

(c) Name of employer Maryland. 086

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Nelson Stinchcomb

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Annie Martin

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Robert O Stinchcomb (Address) Severn Md

15 Filed ....., 19 Robert P. Harrison, Registrar

2719

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1925 to Sept 26, 1925.

that I last saw him alive on Sept 26, 1925.

and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis.

(duration) yrs. mos 20 hrs. ds.

CONTRIBUTORY (Secondary) Middle Ear Abscess Otitis media Purulent.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? none

What test confirmed diagnosis? Exam Spinal fluid

(Signed) James Wilson M. D.

, 19 (Address) 1213 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stinchcomb Home Cemetery Butlersville age 2m

DATE OF BURIAL Sept 29 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 02288

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02288

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital 173

CITY OF BALTIMORE: (No. ~~2707 W Fairmount~~ ST., and 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Miller

(a) RESIDENCE NO. 2707 W. Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ✓ mos. ✓ ds. ✓ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Miller

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: Years 64; Months ✓; Days ✓; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ~~Germany~~ Germany

PARENTS

10 NAME OF FATHER: Geo Steitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: August Miller

(Address): 2707 W Fairmount Ave

15 Filed 1925

Robert P. Harrison

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1925 to Sept 26, 1925

that I last saw her alive on Sept 26, 1925

and that death occurred, on the date stated above, at 3:10 a m.

The CAUSE OF DEATH* was as follows:

hypostatic pneumonia

following cholecystectomy

for relief of cholelithiasis

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary): hypostatic pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Sept 6, 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) Louis Lindupuy, M. D.

, 19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 9/28/25 19

20 UNDERTAKER: Geo Leimbach & Son

ADDRESS: 647 W Pratt St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02289

CERTIFICATE OF DEATH.

43 E 02289

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Park Ave ST., 11-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis L. Walsh

(a) RESIDENCE NO. 1201 Park Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 21-1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48		1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Penn Bros

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Reynolder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Caroline Walsh (wife)

(Address) 1201 Park Ave

15 Filed Sept 24 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1924, to Sep 24, 1925.

that I last saw him alive on Sep 24, 1925,

and that death occurred, on the date stated above, at 7-15 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Tongue

(duration) yrs. 10 mos ... ds.

CONTRIBUTORY (Secondary) none

(duration) yrs ... mos. ... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm Pearce, M. D.

Sept 25, 1925 (Address) 1 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Sept 28 1925

20 UNDERTAKER ADDRESS

Mary A. Gawthrop 2139 Rayner Ave Baltimore Md

Robert P. Hartley

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 02290

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02290

CERTIFICATE OF DEATH.

148

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md General Hosp. St. 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Concetta Messina

(a) RESIDENCE No. 116 W. West Biddle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced, (write the word) M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Salvator Messina

6 DATE OF BIRTH (month, day, and year) July 25 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W. gm

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Italy
(State or country)

PARENTS

10 NAME OF FATHER Vincenzo Cloro

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Maria d'Antoni

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant Salvator Messina
(Address) 116 W. West Biddle Ave

15 Filed ....., 19 Robert P. Harris
Registrar

27 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25/25

17 I HEREBY CERTIFY, That I attended deceased from 9/25/25 19.... to 9/25/25 19....

that I last saw her alive on 9/25/25 19....

and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Sept 28 1925.

20 UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave.

spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02291

CERTIFICATE OF DEATH.

6-2 113 E 02291

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 115 N Castle ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George P Dausch

(a) RESIDENCE NO. 115 N Castel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 8 1925

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	8	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Anthony Dausch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Mary Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Anthony Dausch (Address) 115 N Castel

SEP 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 25, 1925, to Sept 26 1925, that I last saw him alive on Sept 25, 1925 and that death occurred, on the date stated above, at 10 h m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Mucous Colitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Marcus Ebbron M. D.

, 19 (Address) 1906 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept 28 1925
20 UNDERTAKER	ADDRESS
Wendell Dysel & Son	[illegible]

Spec.—1-12-23—M&T—500 Bks.

E 02292

HEALTH DEPARTMENT—CITY OF BALTIMORE

X183 E 02292

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp ST., 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Haines

(a) RESIDENCE NO. North Carolina ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, ~~Married, Widowed, or Divorced~~, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Mar 12-1907

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Colored

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Lincolnton N C

PARENTS

10 NAME OF FATHER W W Haines

11 BIRTHPLACE OF FATHER (city or town) (State or country): N C

12 MAIDEN NAME OF MOTHER Elizabeth Carney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N C

14 Informant W W Haines
(Address) Lincolnton N C

15 Filed FEB 28 1925, 19..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1925, to Sept 26, 1925, that I last saw h[e] alive on Sept 26, 1925 and that death occurred, on the date stated above, at 11 20 P.m.

The CAUSE OF DEATH* was as follows:

Old Gunshot wound of head, (Stray Bullet, origin undetermined)

(duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Post Operative Infection

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? North Carolina.

Did an operation precede death? No yes Date of Sept 22, 1925

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Julian D Hart, M. D.

19..... (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charlotte N C

DATE OF BURIAL: Sept 27 1925

20 UNDERTAKER: John Ulrich

ADDRESS: 2908 Greenmount

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02293 *1923 X65-002

1-PLACE OF DEATH Johns Hopkins Hospital. REGISTERED NO. E 02293

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. F. Strickler

(a) RESIDENCE NO. Key West Fla. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6a If married, widowed, or divorced (HUSBAND of or) WIFE of Ethel Strickler

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nursery Man.

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fla.

PARENTS

10 NAME OF FATHER Wm B. Strickler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fla.

12 MAIDEN NAME OF MOTHER Nellie L. Demaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fla.

14 Informant Records G.H.H.
(Address)

15 Filed SEP 28 1925 19 ROBERT A. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1925, to Sept 27, 1925, that I last saw him alive on Sept 27, 1925, and that death occurred, on the date stated above, at 10 35 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Influenza
with Leukemia

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Hodgkin's disease

(duration) 2 yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? Florida

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Histology.

(Signed) Louis E. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Key West Fla	9/27/25 19
20 UNDERTAKER Joseph Arens	ADDRESS 221 N Bway

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02294

CERTIFICATE OF DEATH.

6-3113

E 02294

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2930 E. Fayette ST.; (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm A. Creamer

(a) RESIDENCE. No. 2930 E. Fayette ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 15, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER David J. Creamer

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md.
(State or country)

12 MAIDEN NAME OF MOTHER Helen N. Delvaux

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

14 Informant David Creamer
(Address) 2904 E Fayette

15 [illegible] 19

SEP 28 1925

ROBERT P. KRAUTER
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 23 1925, to Sept. 26 1925,

that I last saw h— alive on Sept. 26 1925,

and that death occurred, on the date stated above, at 2.0 m.

The CAUSE OF DEATH* was as follows:

Ulc. Colitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No clinical

What test confirmed diagnosis?

(Signed) P Artigiani, M. D.

, 19 (Address) 2942 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL Sept. 28 1925

20 UNDERTAKER Philip H Ewig

ADDRESS 2016 Orleans st

Spec.—12-23—M&T—500 Blks.

18489

E 02295

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02295

CERTIFICATE OF DEATH

REGISTERED NO. 32

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) 2904 Jona Ter ST., 27 WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Schlutter

(a) RESIDENCE NO. 2904 Jona Ter ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Child.

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8/23

7 AGE Years 2 Months 3 Days 19 If LESS than 1 day, ...hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Geo. H. Schlutter

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Martha Bachstein

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address) Johns Hopkins Hospital

15 Filed SEP 28 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1925, to Sept 27, 1925, that I last saw him alive on Sept 27, 1925, and that death occurred, on the date stated above, at 1.45 12 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) ..... yrs. mos 15 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Am Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Elm

DATE OF BURIAL Sept 29 1925

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Spec.—1-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1846 58

E 02296

E 02296

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL CITY OF BALTIMORE (No. 16-6 ST., WARD)

REGISTERED NO. 40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Allen Hamilton

(a) RESIDENCE No. 1019 Bruce St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years: 50 years; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Joseph Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Eliza Linn.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Records (Address)

15 Date Received: SEP 28 1925 ROBERT R. KRAUTER, Registrar, Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1925, to Sept 24, 1925, that I last saw h[illegible] alive on Sept 24, 1925, and that death occurred, on the date stated above, at 3.45 a m.

The CAUSE OF DEATH* was as follows:

Myomata uteri sub-ovarian
Pulmonitis, subac. T.C. Abscess Lt.
Purulent Peritonitis

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary): Diabetes & Diabetic Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Sept 23, 25

Was there an autopsy? yes

What test confirmed diagnosis? operation autopsy Blood Chem

(Signed) Geo. H. Gardner, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 9/25/25

20 UNDERTAKER: David Easton

ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 02297 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02297

CERTIFICATE OF DEATH.

REGISTERED NO. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 Fremont ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Beatrice Sawyer

(a) RESIDENCE NO. 1147 Fremont Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 9, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	1	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frederick Sawyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Era Gullem

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Frederick Sawyer 1147 Fremont Ave.

15 Filed SEP 28 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1925, to Sept 27, 1925, that I last saw her alive on Sept 26, 1925, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Acute Ileo Colitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Wilbur Frey, M. D.

9/27 1925 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL 9/29/25

20 UNDERTAKER Dame Easton ADDRESS 916 Pa Ave

Spec—12-23-21—E.B.K.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02298

CERTIFICATE OF DEATH.

101-001

M-14

E 02298

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. Union Memorial Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucretia Da Rosa

(a) Residence No. 2430 Greenmount Ave St., Ward,
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 2, 1925

7-AGE. ..... yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED.
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Paul Da Rosa

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Mary Maggio

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14- (Informant) Paul Da Rosa
(Address) 2436 Greenmount Ave

15- Filed SEP 26 1925 19 ROBERT R. KRAMER Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 26 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 21, 1925 to Sept 26, 1925 that I last saw h.. alive on Sept 26, 19.. and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at home ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Clowell Howell, M. D.

, 19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Holy Redeemer Cemetery	Sept 28, 1925
20-UNDERTAKER,	ADDRESS
George J. Peet	1735 Hanford

Spec. 1-10-21 M&T 1500 Blks.

Wash. Pat. St

E 02299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

E 02299

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 11 South Castle ST., 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Tate Castle

(a) RESIDENCE NO. 11 South Castle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16-1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Tate

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Marie Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Marie Tate
(Address) 11 S Castle St

15 Filed SEP 28 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1925, to Sept 26, 1925, that I last saw him alive on Sept 26, 1925, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) acidosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas J Feinglass, M. D.

9/27, 1925 (Address) 2007 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Sept 29, 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02300

60-001

E 02300

CERTIFICATE OF DEATH.

Registered No. 15375

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Pita M. Howard

(a) Residence No. Elizabethan Apts.-Garrison & Bateman Aves. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles T. Howard

6-DATE OF BIRTH (month, day and year) Jan. 15th 1888

7-AGE, 37 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Charles M. Robinson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Sally Norris

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14-

(Informant) Chas. T. Howard

(Address) Garrison & Bateman Aves.

15-

SEP 28 1925

ROBERT R. KRAUTER

Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept. 26th 1925

17. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1925 to Sept. 26, 1925

that I last saw h.r alive on Sept. 26th 1925,

and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobarnus

following operation for

Uric Acid

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 24th 1925

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas A. Ott M. D.

, 19 (Address) Lewis Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Druid Ridge Cemetery	9/25/25
20-UNDERTAKER.	**ADDRESS**
Henry H. Mears & Son	805 N. Calvert St.

Spec.—1-10-21—M&T—1500 Bks.

02301

HEALTH DEPARTMENT—CITY OF BALTIMORE

02301

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1234 Bayard ST., 21-2 WARD)

REGISTERED NO. 1-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Mason

(a) RESIDENCE NO. 1234 Bayard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 22, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Water Boy)

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Curtis Bay Works Va.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Sandy Mason

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Annie Thomas

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Annie Thomas (Address) 1234 Bayard St

15 Filed SEP 28 1925 Registrar ROBERT A. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1925 to Sept 27, 1925, that I last saw him alive on Sept 27, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. 1 mos 13 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey M. D.

9/28, 1925 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 9/28 1925

20 UNDERTAKER — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02302 — 161-001 — E 02302

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. St., 14-1 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Clark

(a) RESIDENCE No. 1702 Druid Hill ave St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 27 1925

7 AGE — Years — Months — Days: — If LESS than 1 day, 7 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Robert H. Clark Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Isabel Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant

(Address) Johns Hopkins Hospital.

15 Filed SEP 28 1925 ROBERT RICKOUTER, Registrar

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27 1925

17

I HEREBY CERTIFY, That I attended deceased from 8-27, 1925, to 8-27, 1925

that I last saw h[illegible] alive on 8-27, 1925

and that death occurred, on the date stated above, at 11 00 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible] Beckham, M. D.

....., 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: SEP 28 1925 19

20 UNDERTAKER: [illegible] Commissioner Health.

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02303 161-001 E 02303

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital. REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Armstrong

(a) RESIDENCE NO. 1134 Druid Hill Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20, 1925

7 AGE — Years — Months — Days — If LESS than 1 day, ... hrs. or 1 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Joseph Armstrong

11 BIRTHPLACE OF FATHER (city or town) U.S.

(State or country)

12 MAIDEN NAME OF MOTHER Marion Carroll

13 BIRTHPLACE OF MOTHER (city or town) U.S.

(State or country)

14 Informant .....

(Address) Johns Hopkins Hospital.

15 Filed SEP 28 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-20, 1925, to 9-20, 1925, that I last saw h.. alive on 9-20, 1925 and that death occurred, on the date stated above, at 4 34 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Charles H Peckham, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL SEP 28 1925, 19

20 UNDERTAKER .....

ADDRESS .....

...ec.—1-12-23—M&T—500 Blks.

Shinkle

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

02304 E 02304

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospital

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 9-3 WARD)

2-FULL NAME Roland Shinkle

(a) RESIDENCE NO. 808 Gorsuch Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs E. E Shinkle

DATE OF BIRTH (month, day, and year) unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Veneer worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant (Address) Baltimore City Hospital

15 Filed ....., 19 ..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1925, to Sept 26, 1925, that I last saw h~~im~~alive on Sept 26, 1925 and that death occurred, on the date stated above, at 2:30 ~~P~~ m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Adynchosis & Paralysis Legs

(duration) ? yrs. ? mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms & Course

(Signed) Harry Goldsmith, M. D.

9/27 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Sept 30 1925

20 UNDERTAKER John Lucas

ADDRESS 2008 Orleans

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02305

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 02305

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 22 S. Payson ST. 70-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Wm. Offutt Sr.

(a) RESIDENCE. NO. 22 S. Payson St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Frances T. Offutt

6 DATE OF BIRTH (month, day, and year) Aug. 8-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Shirts, Underwear,

(c) Name of employer Nice Bros.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Wm. Offutt,

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Genevieve Stuber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Thomas Ledger, (Address) 916 Grove St. Elizabeth, N.J.

15 Filed SEP 28 1925 ROBERT R. [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/27 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1924, to Sept 25, 1925,

that I last saw him alive on Sept 25, 1925,

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ernest D. Rahn, M. D.

9/27, 1925 (Address) 3005 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Oct. 1 1925
20 UNDERTAKER	ADDRESS
Elmer S. Conklin,	924 Edgar St.

Spec.—1-10-21—M&T—1500 Blks.

E 02306

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02306

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4701 Reisterstown Road ST., 27-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Painter Armstrong

(a) RESIDENCE NO. 4701 Reisterstown Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. Noel O. Armstrong

6 DATE OF BIRTH (month, day, and year) Aug 19, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	35	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Harold C. Painter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Carrie Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant A. Noel O. Armstrong (Address) 4701 Reisterstown Road

15 Filed SEP 28 1925 ROBERT R. KRAUTER Burial Permit Clerk.

Undertaker 201 E North

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15th, 1923, to Sept. 26th, 1925, that I last saw her alive on Sept. 26th, 1925, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Sputum Examination

(Signed) Chas. C. Hebliston, M. D.

, 19 (Address) 201 E. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Garrison Forest Bath Co. DATE OF BURIAL Sept 28 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02307

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02307

CERTIFICATE OF DEATH.

X 129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Wellhams

(a) Residence No. Hanover A A Co Md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? 73 yrs. 10 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Cromwell

6-DATE OF BIRTH (month, day and year) Oct 28 1846

7-AGE. 78 yrs. 10 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)..... 886

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). A A Co Md

PARENTS.

10-NAME OF FATHER. John Wellhams

11-BIRTHPLACE OF FATHER (city or town) (State or Country). A A Co Md

12-MAIDEN NAME OF MOTHER. Rachael Warfield

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) A A Co Md

14- (Informant). Geo W. Wellhams Jr.

(Address) Hanover A A Co Md

15- ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

Filed SEP 28 1925 19?

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 27 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 25th, 1925 to Sept 27th, 1925 that I last saw h.(I.) alive on Sept 27th, 1925 and that death occurred, on the date stated above, at 7:00 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis - Uraemia

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cellulitis Hand

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? -

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Phy Exam

(Signed) J Cole Warfield Jr., M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Wellhams A A Co Md

DATE OF BURIAL. Sept 29, 1925

20-UNDERTAKER. John O Mitchell

ADDRESS 1201 W Fayette St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02308

CERTIFICATE OF DEATH.

90 ✓

E 02308

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hoffman Land & Hillen ST. 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Ann Hoffman

(a) RESIDENCE Hoffman Land & Hillen ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Daniel J Hoffman

6 DATE OF BIRTH (month, day, and year) Sept 26 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	81	-	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Michael Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Catherine Beery

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country)

14 Informant Clara Hoffman

(Address) 10 Brook Rd Mt Washington

15 Filed ....., 19 ROBERT R. KRAUTER, Registrar

SEP 28 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26 1925.

17

I HEREBY CERTIFY, That I attended deceased from August. 17, 1925, to Sept. 26, 1925.

that I last saw her alive on Sept. 26, 1925.

and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

& old age

(duration) yrs. 1. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) S. Lloyd Johnson, M. D.

, 19 (Address) Frederick & Augusta Aves.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Sept 29. 1925

20 UNDERTAKER	ADDRESS
John O Mitchell	1301 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

Quarles.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02309

CERTIFICATE OF DEATH.

40

E 02309

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 22 ST., WARD)

2-FULL NAME Hilda Quarles.

(a) RESIDENCE NO. 815 Lewis St. ST., WARD 7

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 29. 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Roberts

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mary Robert

(Address) 706 Eden Street

15 Date SEP 28 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1925

17 I HEREBY CERTIFY, That I attended deceased from 9:8:25, 19 , to Sept. 25, 1925.

that I last saw her alive on Sept 25, 1925,

and that death occurred, on the date stated above, at 5.20 p. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia.

(duration) yrs. mos 5 days

CONTRIBUTORY (Secondary) Chronic Salpingitis.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes. Date of 9:16:25

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Louis Antopol, M. D.

, 1925 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt auburn Sept 28 1925

DATE OF BURIAL ~~Oct 15 1925~~

20 UNDERTAKER R L Parham

ADDRESS 906 Leadenhall st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02310

CERTIFICATE OF DEATH.

135 E 02310

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital (Street) 529 WARD 5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Karl L. albert Dellmann

(a) RESIDENCE NO. 1420 Darley ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Elisabeth Strantz-Dellmann

6 DATE OF BIRTH (month, day, and year) April 10/1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet-worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 014

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Elizabeth A. Dellmann (Address) 1420 Darley Ave

15 Filed SEP 28 1925, 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from June 21 1925 to Sept 27 1925 that I last saw him alive on Sept 26 1925 and that death occurred, on the date stated above, at 2.50 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
Myocarditis
Hypertension

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date? June 26-1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Joseph Toohey, M. D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Sept 29 1925

20 UNDERTAKER: George J. Smith — ADDRESS 153 Hollins

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 02311

CERTIFICATE OF DEATH.

90

E 02311

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 Calvert Hts ST.; 16-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John O. Richter

(a) RESIDENCE. No. 2409 Calvert Hts ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Mar.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Geo L Richter 2409 Calvert Hts

15 Filed SEP 26 1925, 19... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1924, to Sept 27, 1925, that I last saw h alive on Sept 27, 1925, and that death occurred, on the date stated above, at 8 PM.

The CAUSE OF DEATH* was as follows:

Organic Diseases of Heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Norwood, M. D.

Sept. 27 1925 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Sept 30 19
20 UNDERTAKER George L Smith	ADDRESS 153 Hollins

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02312 E 02312

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Ensor ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Thomas Saulsbury

(a) RESIDENCE NO. 714 Ensor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Maried

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa C. Saulsbury

6 DATE OF BIRTH (month, day, and year) May 18 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Hardware

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER Elijah Saulsbury

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hume

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Louisa C. Saulsbury (Address) 714 Ensor St

15 Filed ....., 19 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

SEP 28 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 23 1925 to Sept. 25 1925. that I last saw him alive on Sept. 25 1925. and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 2 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. J. W. Bernard M. D.

9-26 1925 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
White Hall Md.	Sept. 28 1925
20 UNDERTAKER	ADDRESS
Mrs. R.C. Elliott	1325 Eutaw ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02313

CERTIFICATE OF DEATH.

16-002

E 02313

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 N. Gladania ST., 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjiman Ernest Jr.

(a) RESIDENCE NO. 704 N. Washington ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: Colored

5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 18-1924

7 AGE: Years 1; Months 4; Days 8

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Benjiman Ernest.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cambridge

12 MAIDEN NAME OF MOTHER: Henrietta Leonard.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Winfield Leonard.

(Address) 704 N. Washington St

Filed SEP 28 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1925

17 I HEREBY CERTIFY, That I attended deceased from September 21, 1925, to Sept 26, 1925, that I last saw him alive on September 26, 1925, and that death occurred, on the date stated above, at 5:05 A.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia 1 day —

Dysentery — (8 days).

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis F. Krumm, M. D.

(Address) 722 N. Kenwood Ave —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Colm — DATE OF BURIAL: Sept 28, 25

20 UNDERTAKER: Jno C. Miller & Son — ADDRESS: 334 Oliver St

Spec.—1-12-23—M&T—500 Blks.

02314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 90 ✓ E 02314

1-PLACE OF DEATH U. S. Marine Hospital No 1. Baltimore, Md.

CITY OF BALTIMORE: (No. ..... ST., 12-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Evans

(a) RESIDENCE No. West St. Annapolis Md. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) June 25 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman. 086

(b) General nature of industry, business, or establishment in which employed (or employer) Deck hand

(c) Name of employer Schr. May Brown

9 BIRTHPLACE (city or town) (State or country) Annapolis, Md

PARENTS

10 NAME OF FATHER — Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown JE

14 Informant Self. (Address) ROBERT R. KRAUTER Burial Permit Clerk

15 Filed SEP 28 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1924. to Sept 27 1925, that I last saw him alive on September 27, 1925 and that death occurred, on the date stated above, at 9 0 m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart mitral and aortic lesions

(duration) 2 yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis general (duration) 2 yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical findings & Laboratory tests.

(Signed) D. G. Prather, M. D.

M. , 19 (Address) U S Marine Hospital #1.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md. DATE OF BURIAL Sept 30 1925

20 UNDERTAKER Taylor & Sons ADDRESS Annapolis Md

E 02315

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02315

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 709 Fort Bentalon St., Ward) 19-24-001

2-FULL NAME. John Walsh

(Residence in Baltimore: No. 1852 Wilkens ave St.; (yrs., 30) mos.....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. Aug 1st, 1872 (Month) (Day) (Year)

7-AGE. 53 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. B & O
(b) General nature of industry, business, or establishment which employed (or employer). Repair man

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Walter Walsh

11-BIRTHPLACE OF FATHER, (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Bridget Kenny

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John Walsh

(Address) 1852 Wilkens Ave

15- SEP 28 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 26th, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at once

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Thos. O. Horton M. D.

Sept 26 1925. (Coroner.) (Address) Curtis Bay.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Fall to cmt

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL. Sept 29 19 25

20-UNDERTAKER. Margaret E. Flynn ADDRESS. 1422 Light St

Spec. 1-10-21 M&T 1500 Bks.

E 02316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118 E 02316

1-PLACE OF DEATH St Josephs Hospital
CITY OF BALTIMORE: (No. Caroline & Oliver ST., 22-2 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. Clarke

(a) RESIDENCE NO. 206 Warren Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Tiernan Clarke

6 DATE OF BIRTH (month, day, and year) June 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman 86
(b) General nature of industry, business, or establishment in which employed (or employer) American Ice Co.
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Ireland

PARENTS

10 NAME OF FATHER Jno Clarke
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Ellen Higgins
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs Jno Clarke
(Address) 206 Warren Ave.

15 Filed SEP 28 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26. 1925

17 I HEREBY CERTIFY, That I attended deceased from September 23 1925 to Sept. 26. 1925,
that I last saw him alive on Sept. 26 1925,
and that death occurred, on the date stated above, at 9:05 a. m.

The CAUSE OF DEATH* was as follows:
Cardiac Dilatation —

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Strangulated femoral Hernia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? home
Did an operation precede death? yes Date of Sept 23-25
Was there an autopsy? no -
What test confirmed diagnosis? Clinical.

(Signed) H. R. McConnell M. D.
, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.
DATE OF BURIAL Sept 28 1925
20 UNDERTAKER Margaret G. Flynn
ADDRESS 1422 Eutaw

Spec. 1-12-23—M&T—500 Bks.

02317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13X E 02317

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Felix W. Toodles

(a) RESIDENCE NO. Upper Falls Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Child.

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 13 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 mos	14	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

8 BIRTHPLACE (city or town) (State or country) Baltimore. Md.

PARENTS

10 NAME OF FATHER Felix Toodles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lindy Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) Johns Hopkins Hosp

15 Filed ..... 19 .....

ROBERT R. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 24 1925 to Sept 27 1925 that I last saw h alive on Sept 27 1925 and that death occurred, on the date stated above, at 5-43 A. m.

The CAUSE OF DEATH* was as follows:

Acute Toxic Intestinal Indigestion (Enterocolitis)

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Upper Falls, Md.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. E. Davison, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mountain Cemetery — DATE OF BURIAL: Sept 29 1925

20 UNDERTAKER: David Davidson — ADDRESS: Upper Falls Md

Spec—12-23-21—E.B.R.S.—400 Bks.

Yonge.

E 02318

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 118-002

E 02318

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. University Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Estelle B. Yonge

(a) Residence No.... Tallahassee Fla. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of J. Ernest Yonge

6-DATE OF BIRTH (month, day and year) 1861

7-AGE. 64 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country), Tallahassee Fla

PARENTS.

10-NAME OF FATHER. Robt H. Gamble

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Va.

12-MAIDEN NAME OF MOTHER. Martha Chaires

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Fla.

14-

(Informant) Robert G. Gamble

(Address) Havenford Rema

15-

Filed SEP 28 1925 HUBERT R. KRAMER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 27, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 20th, 1925, to Sept. 27th, 1925, that I last saw h.e.r. alive on Sept. 27th, 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction (partial) —

Myocardial Insufficiency

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Pelvic Peritonitis - Abdominal

(Duration) ... yrs. ... mos. 7 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Sept. 20th

Was there an autopsy? No

What test confirmed diagnosis? Phy. Exam. & operation

(Signed) J. Clyde Warfield, Jr., M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Green Mount Cem — DATE OF BURIAL, Sept. 29th, 1925

20-UNDERTAKER, Henry Hankins Sons (Inc.) — ADDRESS McCulloh & Eccleston

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02319

CERTIFICATE OF DEATH. X 90

E 02319

1-PLACE OF DEATH St. Joseph's Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 9-7 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Juliette Umbaugh

3-RESIDENCE NO. 1232 Melvale, Md. ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. ? mos. ? ds. How long in U. S., If of foreign birth? 61 yrs. 3 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	61	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Matron of Training School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs. Alice Pennington

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER M. H. Umbaugh

11 BIRTHPLACE OF FATHER (city or town) Weaverton (State or country) Virginia

12 MAIDEN NAME OF MOTHER E. K. Mifsel

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mrs. Helen Gordon

(Address) 224 W. Monument St

Filed SEP 28 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/28/1925

17 I HEREBY CERTIFY, That I attended deceased from 9/21, 1925, to 9/28, 1925, that I last saw h alive on 9/28, 1925, and that death occurred, on the date stated above, at 1.50 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & Endocarditis.

(duration) yrs. 1 mos 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Melvale, Md.

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical findings

(Signed) B. M. Rowles, M.D.

, 19 (Address) Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland, Md

DATE OF BURIAL Sep. 29, 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

Dr Houck, Appleton & Hoch Cor

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02320

CERTIFICATE OF DEATH.

46 E 02320

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2700 Howard Place ST., 15-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene V Christie

(a) RESIDENCE No. 2700 Howard Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 8 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	51	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER James Christie

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Emily Rider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant (Address) Samuel Lehr 2 N Harford Road

15 Filed SEP 28 1925, 19... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jun 2 ..., 19..., to Sept 26 ..., 19 25, that I last saw h... alive on Sept 26 ..., 19..., and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

a Carcinoma Uteri

b Nephritis

(duration) Hyst for ca 3 yrs 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.

..... 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Sept 30 1925
20 UNDERTAKER Wm Cook	ADDRESS 502 E North Ave

pec.—1-12-23—M&T—500 Bks.

E 02321 E 02321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20-91 202

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Becks Lane ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Fischer Sr.

(a) RESIDENCE NO. 2307 Becks Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine

7 DATE OF BIRTH (month, day, and year) Dec. 4, 1855

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	24	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Katherine Mack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Fischer

(Address) 2307 Becks Lane

15 Filed SEP 28 1925 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28 19 25

17 I HEREBY CERTIFY, That I attended deceased from Sept. 26, 19 25, to Sept. 28, 19 25,

that I last saw her alive on Sept. 28, 19 25

and that death occurred, on the date stated above, at 9 A M m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis 5 yrs ?

Gangreen of External Genitals

(Phimosis)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan M. D.

, 19 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
MX West Cemetery	Sept 30 1925
20 UNDERTAKER	ADDRESS
Meekins Cook	502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 02322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105

E 02322

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N Caroline ST., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie Perry

(a) RESIDENCE NO. 207 N Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 16, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Annie Jolly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Blanche Perry sister

(Address) 207 N Caroline

SEP 28 1925

ROBERT R. KRAUTER

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 20, 1925, to Sept 26, 1925, that I last saw h[illegible] alive on Sept 26, 1925, and that death occurred, on the date stated above, at 2.20 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

9/27 1925 (Address) 1426 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury	Sept 28 25
20 UNDERTAKER John W Henderson	ADDRESS 1624 E mount

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02323

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02323

CERTIFICATE OF DEATH.

14-1 113

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Dolores Thomas

(a) Residence No. St. Vincents Infant Asylum St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 14-1925

7-AGE. ..... yrs. 3 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-(Informant) Hospital Records

(Address).....

15-Filed SEP 28 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-28-25

17- I HEREBY CERTIFY, That I attended deceased from 9-27-25, 19..., to 9-28-25, 19...,

that I last saw her alive on 9-28-25, 19...,

and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-enteritis

(Duration) ... yrs. ... mos. 1½ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? St Vincents

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lee K. Egan M. D.

, 19 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral — DATE OF BURIAL, Sept 28 1925

20-UNDERTAKER, Sparrow Tabler & Co — ADDRESS 1527 North ave

Spec.—1-12-23—M&T—500 Blks.

E 02324 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02324

CERTIFICATE OF DEATH. + 135

1-PLACE OF DEATH Colonial Hospital 16-6 REGISTERED NO.....

CITY OF BALTIMORE: (No. 1122 N Mount ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Andrew Beitler

(a) RESIDENCE NO. Hulethorpe, Md ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred X yrs. X mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie A. Beitler

7 DATE OF BIRTH (month, day, and year) March 20, 1860

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	6	7	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocerman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

10 BIRTHPLACE (city or town) (State or country) Penna.

11 NAME OF FATHER Peter Beitler

12 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

13 MAIDEN NAME OF MOTHER Emma Schriver

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

Information given by Dr. H. D. Beitler

(Address) Francis Ave Hulethorpe

15 Filed 2 8 1925, 19 ..... Registrar

Robert P. Hartman
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1925 to Sept 27, 1925, that I last saw him alive on Sept 26, 1925 and that death occurred, on the date stated above, at 12 33 A m.

The CAUSE OF DEATH* was as follows:

Hypertrophied prostate gland.
Cardiac

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Coronary embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Sept 15, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clin data

(Signed) G. G. Rythma, M. D.

, 19 (Address) 330 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Sept 29 1925
20 UNDERTAKER Wm Fickus Sons	ADDRESS Norfolk Va

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02325

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02325

CERTIFICATE OF DEATH.

4 100-001

4-1

Registered No.....

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jonathan Elways

(a) Residence No. Laurel, Md St., Ward Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Hannah L. Elways

6-DATE OF BIRTH (month, day and year) Mar. 12, 1855

7-AGE. ~~72~~ 70 yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoe Salesman
(b) General nature of Industry, business, or establishment in which employed (or employer) 66
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Illinois

PARENTS.

10-NAME OF FATHER, Jonathan Elways

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, Elizabeth Rankin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

14- (Informant) Univ. Hospital Records

(Address)

15- Filed SEP 28 1925 192 Robert P. Harrison Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 26-1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1925 to Sept 26 1925 that I last saw h im alive on Sept 26 1925 and that death occurred, on the date stated above, at. 5.45 P. m.

The CAUSE OF DEATH* was as follows:
General Dysfunction Chronic, Sepsis Dysentia, Thrombo phlebitis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph Warfield Jr., M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N.Y. DATE OF BURIAL, Sept 29, 1925

20-UNDERTAKER Wm J. Mitchell Sons ADDRESS North x Pa

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02326

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 9-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert McCarthy

(a) Residence No. 1503 Montpelier St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April - 1925

7-AGE, ...yrs. 5 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Chadwick McCarthy

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Estelle Miller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), New York

14- (Informant) Hospital Records.

(Address)

15- Filed 19.. Robert P. Harrison, Registrar.

Assistant Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-27-25

17- I HEREBY CERTIFY, That I attended deceased from 9-26-25, 19.. to 9-27-25, 19..,

that I last saw him alive on 9-27-25, 19..,

and that death occurred, on the date stated above, at 8.40 a.m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Intoxication

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M.P. Byerly, M. D.

, 19 (Address) Mt. Wendig Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Cathedral — DATE OF BURIAL, 9-29-1925

20-UNDERTAKER, H.C. Branning Son — ADDRESS 511 N Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

E 02327

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02327

CERTIFICATE OF DEATH.

129

17 - 4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2948 Freemont Ave ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William August Rick

(a) RESIDENCE No. 2948 Freemont Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Rick.

6 DATE OF BIRTH (month) June 26th 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Police Officer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) Salem
(State or country) Mass.

PARENTS

10 NAME OF FATHER Charles F. Rick

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mary A Rick
(Address) 2948 Freemont

15 8 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month) September 26th 19 25

17

I HEREBY CERTIFY, That I attended deceased from Sept 17th, 19 25, to Sept 26th 19 25, that I last saw him alive on Sept 26th, 19 25, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY —
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo W. Montgomery M. D.

9/26/25 (Address) 4012 Erdman Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bells Cemetery

DATE OF BURIAL Sept 29 1925

20 UNDERTAKER W. M. Roulson

ADDRESS 2238 W North

pec.—6-9-19—H. P. Co.—1000 Blks.

02328

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02328

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2648 St Benedicts ST.; 70-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abbie Virginia Adams

(a) RESIDENCE. NO. 2519 Delaney ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

6a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John E Adams

6 DATE OF BIRTH (month, day, and year) Mar. 26 - 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Benjamin Creamer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Maccabee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John E. Adams
(Address) 2648 St. Benedicts Av.

15 Filed 8 1925, Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 26 Sept 1925

17 I HEREBY CERTIFY, That I attended deceased from 21 Sept, 1926, to 26 Sept, 1925, that I last saw h alive on 26 Sept, 19..., and that death occurred, on the date stated above, at 10 10 P m.

The CAUSE OF DEATH* was as follows:
Chronic Pyelonephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hernia
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis.

(Signed) Isaac Harper M. D.

19 (Address) 2565 Fredk Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Sept. 29 1925
20 UNDERTAKER George L. Schwab	ADDRESS 1101 Cath. Ave

Spec.—1-10-21—M&T—1500 Bks.

02329

HEALTH DEPARTMENT—CITY OF BALTIMORE

02329 E

CERTIFICATE OF DEATH.

11-002

REGISTERED NO. 76-2

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1203 Bolair Rd ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Humanity Patterk

(a) RESIDENCE NO. 1203 Bolair Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced (or) WIFE of Bertha Olga Patterk

6 DATE OF BIRTH (month, day, and year) Mar. 9. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter & Builder

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Patterk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hermann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mary Olga Patterk 1203 Bolair Rd

15 Filed 2 8 1925, 19 Robert P. Harrison, Registrar

(Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1924 to Sept 27, 1925

that I last saw Living on Sept 26, 1925

and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) Weeks

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas D Fearse, M. D.

19 (Address) Fearse & Southerson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL Sept 29 1925

20 UNDERTAKER Mackes John H. Penfold & Son ADDRESS 201 W. Fayette St.

Spec.—1-12-23—M&T—500 Bks.

02330

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02330

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 164

CITY OF BALTIMORE: (No. 3523 Liberty Hghts Ave ST.) WARD 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Rebecca Duvall

(a) RESIDENCE No. 3523 Liberty Hghts ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND of or) WIFE of: Grafton Duvall

6 DATE OF BIRTH (month, day, and year): Sept 29 1840

7 AGE: Years 84 Months 11 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jno Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Brydock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs Mary A Duvall 3523 Liberty Hghts Ave

15 Filed ....., 19..... Registrar: Robert P. Harrison

8 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1925, to Sept 26, 1925, that I last saw h[er] alive on Sept 24, 1925, and that death occurred, on the date stated above, at 6.30 [a.m.] m.

The CAUSE OF DEATH* was as follows:

Senile Debility.

No other cause

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No disease

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination.

(Signed) A W Hoffman, M. D.

19 (Address) 2156 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Margaret's Chm

DATE OF BURIAL: Sept 29 1925

UNDERTAKER: H. H. Sumwalt Sons

ADDRESS: Norfolk

Spec.—1-12-23—M&T—500 Bks.

E 02331

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02331

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Marshall ST., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Kamphaus

(a) RESIDENCE No. 1712 Marshall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 4-1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	9	22	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Geo Waldkoenig

8 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Henry Kamphaus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eliz Krogmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Ang Kamphaus

(Address) 1712 S. Charles St

15 Filed ..., 19 ... Registrar

Robert P. Harrison,

28 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Sept 26, 1925, that I last saw h[illegible] alive on Sept 26, 1925, and that death occurred, on the date stated above, at 1.47 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. F. Kaffenburgh M. D.

1925 (Address) 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery A. A. Co. mds.

DATE OF BURIAL: Sept 30, 25

20 UNDERTAKER: F. A. Krause & Son.

ADDRESS: 703 Hanover St.

Spec.—1-10-21—M&T—1500 Bks.

02332

HEALTH DEPARTMENT—CITY OF BALTIMORE

02332

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N. Hilton St. 20-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J Schafer

(a) RESIDENCE NO. 122 N Hilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 21 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Schafer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Barbara Derr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Henry Schafer

(Address) 122 N Hilton St

15 Filed 8 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1925

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1925, to Sept 26, 1925, that I last saw her alive on Sept 26, 1925, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(duration) yrs. 14 mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mac Neill, M. D.

9/28 1925 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 9/29 1925

20 UNDERTAKER Geo A Farley

ADDRESS Fulton & Fayette

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Blks.

E 02333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 02333

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 W. Lanvale ST. 16-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hanna M. Boyer,

(a) RESIDENCE NO. 2331 W. Lanvale ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W. James Boyer

6 DATE OF BIRTH (month, day, and year) March 6, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ... (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Carson

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Tait

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Maryland

14 Informant Murry H. Boyer (Address)

15 Filed 8 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to Sept. 27, 1925, that I last saw h[illegible] alive on Sept. 27, 1925, and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) ... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tb. Diabetes Mel. Eczema

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis Physical signs

(Signed) Frank H. Mackey, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sudlersville, Md.	Sept. 30 1925
20 UNDERTAKER E. LeRoy Stiffler	ADDRESS 125 E. North Ave.

Spec. 1-12-23—M&T—500 Bks.

(Dusinski)

E 02334

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02334

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital. REGISTERED NO. 90

CITY OF BALTIMORE: (No. 7-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Juliet Dusenski

(a) RESIDENCE NO. Appleton, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Unknown

7 DATE OF BIRTH (month, day, and year): 1878

8 AGE: 47 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Geo. Rudolph.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria.

12 MAIDEN NAME OF MOTHER: Balarinec Paschatz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria.

14 Informant (Address): Records

15 Filed ..... , 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 27 25

17 I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1925, to Sept. 27, 1925, that I last saw her alive on Sept. 27, 1925, and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Peritonitis c Toxemia

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Mesenteric Thrombosis

(duration) ..... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Upper Falls Md

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Bacteriology & Histology

(Signed) Louis C. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem — DATE OF BURIAL: Sept 29 1925

20 UNDERTAKER: John M Weber — ADDRESS: 1803 Bank St

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02335

CERTIFICATE OF DEATH.

169-002 E 02335

REGISTERED NO. 24-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospl ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie Sylvester

(a) RESIDENCE NO. 1144 Cookside ST., WARD a
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John Sylvester

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Joseph Wojciechowski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Records
(Address)

15 Filed ....., 19 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-22, 1925, to 9-28, 1925, that I last saw h.. alive on 9-28, 1925, and that death occurred, on the date stated above, at 520 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Septic Throat.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas. S. Wilson, M. D.

, 19 (Address) 1213 Light St..

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Oct 1 1925
20 UNDERTAKER	ADDRESS
John M. Weber	1803 Bank 20

pec.—1-12-23—M&T—500 Bks.

(Gronski)

E 02336

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 801 E 02336

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S. Wolfe ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Gronski

(a) RESIDENCE NO. 320 S. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

17 If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 20-25

7 AGE — Years: — Months: 6 — Days: 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Walter Gronski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: M Chojacki

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Walter Gronski 320 S. Wolfe St

Filed , 19 Robert P. Harrison Registrar

8 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 28 1925

I HEREBY CERTIFY, That I attended deceased from Sep 28, 1925, to Sep 28, 1925, that I last saw h in alive on Sept 28, 1925, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. , mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H Kadry M. D.

, 19 (Address) 2306 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem

DATE OF BURIAL: Sept 29 1925

20 UNDERTAKER: John W Weber

ADDRESS: 1823 Bond St

spec.—1-12-23—M&T—500 Blks.

E 02337 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 E 02337

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 22-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Pierce

(a) RESIDENCE No. 2022 Fleet St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

6a If married, widowed, or divorced HUSBAND of or (b) WIFE of

7 DATE OF BIRTH (month, day, and year): May 7-1925

8 AGE: Years | Months: 4 | Days: 20 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Martin Pierce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ind.

12 MAIDEN NAME OF MOTHER: Bertha Wasilj

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Records
(Address)

15 Filed 8 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Sept 27-25 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 19 25, to Sept. 27, 19 25, that I last saw h[illegible] alive on Sept. 27, 19 25, and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Meningitis, acute meningococcus

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem | DATE OF BURIAL: Sept 29 1925

20 UNDERTAKER: John M Weber | ADDRESS: 1503 Bank

Spec.—1-10-21—M&T—1500 Bks.

(Gross)

E 02338

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02338

CERTIFICATE OF DEATH.

99-001

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 14 9th St Fairfield ST., 25-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilson Theo Grace

(a) RESIDENCE NO. 14-9th St Fairfield ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) July 23 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Fairfield
(State or country) Ala

PARENTS

10 NAME OF FATHER Robt Grace

11 BIRTHPLACE OF FATHER (city or town) Ga
(State or country)

12 MAIDEN NAME OF MOTHER Myrtle Grace

13 BIRTHPLACE OF MOTHER (city or town) Ala
(State or country)

14 Informant Mrs Theo Grace
(Address) 9 Gorsuch St

15 Filed 1925, 19 Registrar Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 25

17 I HEREBY CERTIFY, That I attended deceased from 9/25, 1925, to 9/26, 1925, that I last saw h[illegible] alive on 9/25/25, 19, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Duration Acute Bronchitis

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H Hunter, M. D.

, 19 (Address) 1040 S Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairview Cem

DATE OF BURIAL 9/27 1925

20 UNDERTAKER [illegible]

ADDRESS 735 Dolphin

E 02339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02339

CERTIFICATE OF DEATH.

188 003

1-PLACE OF DEATH
City of BALTIMORE: (No.) Pronounced dead at Franklin Square Hospital (Street)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fulton Tondi

(Residence in Baltimore: No. 29 So. Calhoun St., yrs. 19 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-DATE OF BIRTH. February 26th 1917
(Month) (Day) (Year)

7-AGE. 8 yrs. 7 mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Vincent Tondi

11-BIRTHPLACE OF FATHER. (State or Country) Italy

12-MAIDEN NAME OF MOTHER. Tresa Meli

13-BIRTHPLACE OF MOTHER. (State or Country) Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Vincent Tondi
(Address) 29 So. Calhoun St

15- Filed SEP 29 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 26th 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull a few minutes (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Auto accident (Duration) yrs. mos. ds.

(Signed) Thos. B. Kirby M. D. Coroner.

Sept 28 1925. (Address) Curtis Bay, Balto

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. 9-28 1925

20-UNDERTAKER. ROBERT BROOKS & SON ADDRESS Calhoun & Hollins sts

Spec.—1-12-23—M&T—500 Blks.

E 02340 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

25-90

E 02340

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 Hillsdale Ave St., 25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Alvin Poirier

(a) RESIDENCE No. 4001 Hillsdale Ave St. 25 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma F. Poirier

6 DATE OF BIRTH (month, day, and year) Nov 9 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	18	

8 OCCUPATION OF DECEASED Retired

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Locomotive Manufacturing

(c) Name of employer B & O RR

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Poirier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md ?

12 MAIDEN NAME OF MOTHER Mary C Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md ?

14 Informant Emma F. Poirier

(Address) 4001 Hillsdale Ave

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from July, 1924, to Sept 27, 1925, that I last saw h alive on Aug 5, 1925 and that death occurred, on the date stated above, at 6 PM

The CAUSE OF DEATH* was as follows:

Endarteritis obliterans

Hypertrophy.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Sen. debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. Savage Jan Dickey, M. D.

, 19 (Address) 1049 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	9/30 1925
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun Hollins

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02341

CERTIFICATE OF DEATH.

96 E 02341

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Forest St., 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Colvin

(a) RESIDENCE NO. 1023 Forest ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel M Colvin

6 DATE OF BIRTH (month, day, and year): Nov 22 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	10	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Ticket Office
(b) General nature of industry, business, or establishment in which employed (or employer): Md. Theatre
(c) Name of employer

9 BIRTHPLACE (city or town) ... (State or country): Penn.

PARENTS

10 NAME OF FATHER: Geo F. Phillips

11 BIRTHPLACE OF FATHER (city or town) ... (State or country): Penn

12 MAIDEN NAME OF MOTHER: Magda Spencer

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country): Penn

14 Informant: Halbert Calvin
(Address) 1023 Forest St

15 Filed SEP 29 1925, 192... Registrar

ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:

Kidney Disease Contributory

(duration) ... yrs. Cause 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Accidental

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

Sept. 28, 1925 (Coroner) (Address) 1023 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. Wash. D.C.

DATE OF BURIAL: 9-30 1925

20 UNDERTAKER: E & B Hasler

ADDRESS: 115 E West St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02342

CERTIFICATE OF DEATH.

24-190

E 02342

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Battery Ave ST., 24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angela M Boland

(a) RESIDENCE No. 1236 Battery Ave ST., WARD 24

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A Boland

6 DATE OF BIRTH (month, day, and year) March 15 1854

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nothing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Andrew Fritz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER B. Enkleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rosa Boland (Address) 1236 Battery

15 Filed SEP 29 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 1925, to Sept 26 1925.

that I last saw her alive on Sept 26 1925

and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Senile debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm Lucke, M. D.

Sept 26, 1925 (Address) 845 S Warwick

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A.A. Co	9-30 1925
UNDERTAKER	ADDRESS
E H B Harle	1156 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

02343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 E 02343

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 12-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Joffe.

(a) RESIDENCE NO. 2135 N. Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Joffe

6 DATE OF BIRTH (month, day, and year) Sept 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Freida Joffe (Address) 2135 N. Pulaski Street

15 Filed SEP 26 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/26, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1925, to Sept. X, 1925, that I last saw him alive on Sept. X, 1925, and that death occurred, on the date stated above, at 11:55 a.m.

The CAUSE OF DEATH* was as follows:

(1) Myocardial Failure

(3) ~~Pneumonia~~ Acute Illness

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy of prostate (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 9/21/25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy + operation.

(Signed) Samuel N. Siegel, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herman Rm

DATE OF BURIAL 9/29 1925

20 UNDERTAKER Jack Lewis

ADDRESS 1439 Eutaw St

E 02344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23-7 001

E 02344

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. in front of 923 Leadenhall St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Alfred Rhodes.(C)

40 ----

(Residence in Baltimore: No. 923 Leadenhall St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	Colored	Widower.

6-DATE OF BIRTH. Do not know. (Month) (Day) 1..... (Year)

7-AGE. about 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Calvert Co. Md.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER, (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriett Minor.(C)

(Address) 923 Leadenhall St.

15- Filed SEP 29 1925 192..... ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 26, 1925. (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Sep. 28, 1925 (Address) 1010 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Zion	Sept 29 1925
20-UNDERTAKER, John H. Toadvine	ADDRESS 1027 Hanover St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02345

CERTIFICATE OF DEATH. 5-2 183

REGISTERED NO. E 02345

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST., 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma Myers

(a) RESIDENCE NO. 1100 Thompson St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Apr. 7-1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	5	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Nellie Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Nellie Myers

(Address): 1100 Thompson St

Filed SEP 29 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 28-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Wound in Rt. Side head
(Pistol discharged by 7 yr old brother, while playing with same)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Kaes, M. D.
(Coroner)

9-28-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: [illegible] 1925

20 UNDERTAKER: Mrs Ida Snowden — ADDRESS: [illegible]

Cor.—1-12-23—M&T—100 Bks.

E 02346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7-1 90

E 02346

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., WARD)

2-FULL NAME Caeser Blye

(a) RESIDENCE NO. 1734 E. Madison St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	Marr ied

If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Blye

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) S. C.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mrs R.A. Elliott
(Address) 1725 Ashland Ave

Filed ..... 192 ..... ROBERT H. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Autopsy at Hospital)

(duration) yrs. mns ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Watkins M.D., M. D.
(Coroner.)

9-28-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL Sept 29 1925

20 UNDERTAKER Mrs R.A. Elliott ADDRESS 1725 Ashland Ave

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02347 E 02347

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 709 W. Redwood St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalen Grybe

(a) Residence No. 709 W. Redwood St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., If of foreign birth? 11 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or ~~divorced~~
HU~~SBAND of~~ (or) WIFE of Joseph Grybe

6-DATE OF BIRTH (month, day and year) 9th - 1893

7-AGE.	If LESS than 1 day,
32 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 031
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Lithuania

PARENTS.

10-NAME OF FATHER, Augustine Jevoska

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Lithuania

12-MAIDEN NAME OF MOTHER, Catherine Pakievich

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Lithuania

14- (Informant) Joseph Grybe
(Address) 709 W. Lombard St.

SEP 29 1925 ROBERT R. KRAUTER
Filed ..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 27, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 27 1925 to Sept 27 1925 that I last saw her alive on Sept 27 1925 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Para Typhoid Fever

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Incompetency

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death? Shore near River View

Did an operation precede death? No Date of

Was there an autopsy? No Findings

What test confirmed diagnosis? Clinical & Laboratory

(Signed) John A. Buchness M. D.

, 19 (Address) 375 S. Stricker St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Holy Redeemer	Sept 30 1925
20-UNDERTAKER.	**ADDRESS**
John Grebliunas	425 S. Poca St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02348

E 02348

CERTIFICATE OF DEATH.

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 E Lombard ST., 3-1 WARD)

2-FULL NAME Anna Levin

(a) RESIDENCE No. 1036 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Levin

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework (Home)
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer: Eliza

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Eliza Konnevalyn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Benjamin Levin

(Address): 1506 E Baltimore St

Filed ..... 192 ..... Registrar

SEP 29 1925 ROBERT R. KRAMER Asst. Record Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage (duration) 2 hrs. mos. ds.

(Signed) Jas. M. Hinton, M. D. (Coroner.)

Sept 29, 1925 (Address) Post Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Ave

DATE OF BURIAL: 9/29 1925

20 UNDERTAKER: Sol Levinson Bro

ADDRESS: 1127 E Baltimore St

Spec.—1-10-21 M&T 1500 Blks.

E 02349

HEALTH DEPARTMENT—CITY OF BALTIMORE

44

E 02349

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 W Lafayette Ave ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Smith

(a) RESIDENCE NO. 535 W Lafayette Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Emma Smith

6 DATE OF BIRTH (month, day, and year) Unknown 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Small Apt Houses

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) St Marys Co. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Joseph F. Smith

(Address) 2704 Druid Hill Av

Filed SEP 29 19— ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to Sept 26th, 1925.

that I last saw him alive on Sept 24th, 1925.

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Gen'l Anaemia x Jaundice (duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms & X ray

(Signed) Edward E Mackenzie M. D.

Sept 26th, 1925 (Address) 1339 W Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Sept 30 1925
20 UNDERTAKER	ADDRESS
Wm W. Evans & Son	1100 Mosher

02350

HEALTH DEPARTMENT—CITY OF BALTIMORE

02350

CERTIFICATE OF DEATH.

100-04

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 914 Jordan alley St., 11-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Worthington Johnson

(Residence in Baltimore: No. 914 Jordan alley St.; yrs., 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Aug. (Month) 17- (Day) 1925 (Year)

7-AGE: yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Graham Johnson

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Lalester Powell

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Graham Johnson

(Address) 914 Jordan St.

15-

Filed SEP 29 1925 19.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 27, (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Sept. 29, 1925 (Address) 802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Vesp

DATE OF BURIAL: Sept 29 1925

20-UNDERTAKER: Samuel Hawley

ADDRESS: W Baltimore St

E 02351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02351

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital. 24-Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1&2.)

2-FULL NAME Joseph Kuntz. 8

(Residence in Baltimore: No. 122 E. Barney St. St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. Do not know. ....., 1.....
(Month) (Day) (Year)

7-AGE. 43 yrs. ------- mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Stable boss.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE. (State or Country.) Bohemia.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER. (State or Country.) Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER. (State or Country.) Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Lucas.

(Address) 122 E. Barney St.

15- SEP 29 1925 ROBERT B. KRAUTER, Registrar. Bureau of Vital Statistics Chief.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 27, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of a Gastric Ulcer.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

Sep. 28, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 122 E. Barney St. Sept. 27, 1925.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	9-30 1925

20-UNDERTAKER. E. & B. Hale ADDRESS 115 E. Mad St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02352 E 02352

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., 15-13 Ward) Registered No. 16001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Curry

(a) Residence No. 1360 Fremont St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, ~~Married, Widowed, or Divorced~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 9/26/25

7-AGE, 2 hrs 45 min. yrs. mos. ds. If LESS than 1 day, 2 hrs. 2nd 45 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Clifford Curry

11-BIRTHPLACE OF FATHER (city or town) West (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Bertha Tamboro

13-BIRTHPLACE OF MOTHER (city or town) Virginia (State or Country),

14- (Informant) Bertha Curry

(Address) 1360 Fremont Ave.

15- Filed SEP 29 1925 HUBERT R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 9/26/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 26, 1925, to Sept 26, 1925, that I last saw h[illegible] alive on Sept 26, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pre-Maturity

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Frederick A. Snyder M. D.

Sept 26 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL SEP 29 1925 19

20-UNDERTAKER, ADDRESS

Per H.R. Krauter

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02353

CERTIFICATE OF DEATH.

44

E 02353

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 935 (Ridgley) ST., 71-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob. Troeger

(a) RESIDENCE NO. 935 Ridgley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate Troeger

6 DATE OF BIRTH (month, day, and year): May-7-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	74	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 062

(c) Name of employer: City

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Willard Kestler

(Address): 935 Ridgley St

15 Filed: P 29 1925

ROBERT R. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1925, to Sept 27, 1925

that I last saw h... alive on ..., 19...,

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) Dodefinite

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Jeff R.R. Campbell M. D.

Sept 28, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: Sept. 30 1925

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02354

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 02354

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 N Carolton St St., 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Wooden

(a) Residence No. 7 N. Carlton St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2hrs ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Single Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 9-28-25

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 2h hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore Md. (State or Country),

PARENTS.

10-NAME OF FATHER, Harry Wooden

11-BIRTHPLACE OF FATHER (city or town) Baltimore Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Beatrice Nick

13-BIRTHPLACE OF MOTHER (city or town) Balto. Md. (State or Country),

14-

(Informant) Beatrice Wooden

(Address) 7 N. Carlton St.

15-

Filed SEP 29 1925 ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 9-28-25

17- I HEREBY CERTIFY, That I attended deceased from Sept 28, 1925, to Sept 28, 1925, that I last saw him alive on Sept 28, 1925, and that death occurred, on the date stated above, at 4 AM a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.

9-28, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Sept 29, 1925

20-UNDERTAKER, Chas G. Hughes — ADDRESS 406 W. Conway St

Cor.—1-12-23—M&T—100 Bks.

E 02355

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02355

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Milton ave & Penna R.R St., 12-6 WARD)

REGISTERED NO. 86

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Webster

(a) RESIDENCE NO. 1819 Guilford Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Silas Webster

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	48	over		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Henry Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Dell Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Cora Johnson

(Address) 526 Laurems St.

Filed SEP 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull & other injuries

Struck by R.R. train sometime night of Sept 26-27

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. K. V. Oates, M. D.

(Coroner)

9-8-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 9/28/25

20 UNDERTAKER Dame Easton

ADDRESS 916 Park

E 02356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02356

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 934 Druid Hill Ave St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Bettie Wynne

(Residence in Baltimore: No. 934 Druid Hill Ave, 3 St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	widow

6-DATE OF BIRTH, about 1856
(Month) (Day) (Year)

7-AGE. 57 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 670

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Everglen Wynne

(Address) 934 Druid Hill Ave

15- Filed SEP 29 1925 192.. ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 26, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(Duration).....yrs.....mos.....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Sept. 27, 1925 (Address) 202 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Black Stone Va	9/29/1925
20-UNDERTAKER Daniel Easton	ADDRESS Pa ave

Spec. 1-10-21 M&T 1500 Mks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02357 — 58-001 — 58 E 02357

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Overland Av ST., Longville 27-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis J. Meister

(a) RESIDENCE NO. 2906 Overland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Meister

6 DATE OF BIRTH (month, day, and year) 9/6/1896

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
29		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Hamman + Levin Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ernest W. Meister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kath Greiener

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Greiener

(Address) 2906 Overland Ave

15 Filed SEP 29 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to Sept 27, 1925, that I last saw him alive on Sept 27, 1925 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows: Exhaustion + Toxaemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anaemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood Smear

(Signed) Claud Evans, M. D.

9/29/25 (Address) 4702 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	10/1 1925
20 UNDERTAKER	**ADDRESS**
George J Ruth	1730 Harford Ave

E 02358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02358

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1108-6th St. Morrell Park Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John J. Allick

(Residence in Baltimore: No. 1108-6th St. Morrell Park ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Sept 7th 1925
(Month) (Day) (Year)

7-AGE. — yrs. — mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Andrew J. Allick

11-BIRTHPLACE OF FATHER. (State or Country). Balto, Md

12-MAIDEN NAME OF MOTHER. Carrie Dantony

13-BIRTHPLACE OF MOTHER. (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew J. Allick

(Address) 1108-6th St Morrell Park Balto

15- (Filed) SEP 29 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 28th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Indigestion

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Thos. B. Horton M. D.
(Coroner)

Sept 28 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL. St Vincent's Cem - DATE OF BURIAL. Sept 29, 1925

20-UNDERTAKER. John Leroy ADDRESS 1107 E. Monument

Spec.—1-10-21—M&T—1500 Bks.

E 02359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02359

CERTIFICATE OF DEATH. 1 84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. My Gen Hosp't. ST., 12 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert B Harrison

(a) RESIDENCE NO. 370 Chestnut Av Rd Walbrook ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Mueller

6 DATE OF BIRTH (month, day, and year) Jan 16-1879

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chas Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Bragg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant R B Harrison

(Address) 370 Chestnut Ave

15 Filed SEP 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28-1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1925, to 9-28-1925, that I last saw h living on 9-28-25 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows: Cerebral Hem

(duration) yrs. 2 mos 24 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 9/24/25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical, Symptoms

(Signed) Jno A Gordon Jr, M. D.

, 19 (Address) Md Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cem

DATE OF BURIAL Oct 1925

20 UNDERTAKER John Meerdt

ADDRESS 2008 Aliceanna

Spec.—1-1[illegible]—M&T—500 Blks.

1896 02360

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02360

X161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. Ward 7-1)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Hunter

(a) RESIDENCE No. Turners St S parrows Pt. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	child.

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or....min.
			13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— Dau

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) ... (State or country) Md

PARENTS

10 NAME OF FATHER Douglas Hunter

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Va.

12 MAIDEN NAME OF MOTHER Emma Thornhill

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) ———

14 Informant Ricardo (Address) JOHNS HOPKINS HOSPITAL

15 Filed ... 29 1925, 19 ... Registrar

Burial Permit 91[illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1925, to Sept. 25, 1925, that I last saw her alive on Sept. 25, 1925, and that death occurred, on the date stated above, at 9 28 P. m.

The CAUSE OF DEATH* was as follows:

Haemorrhagic disease of newly born

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) ... yrs. ... mos. 13 ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? No Date of ———

Was there an autopsy? Yes

What test confirmed diagnosis? ———

(Signed) W Jacobsen, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL SEP 29 1925, 19

20 UNDERTAKER Fur. Wm. E. WOODALL

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 02361

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 02361

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marcy Hospital St., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Roberts.

(a) RESIDENCE NO. 510 N. Washington Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Roberts

6 DATE OF BIRTH (month, day, and year) Feb 19 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76.	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Isaac G. Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. Herbert

(Address) 510 N Washington

15 Filed ..... 19 ..... Registrar

9 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-29 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-5 , 1925 , to 9-29 , 1925 , that I last saw him alive on 9-29 , 1925 , and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Senile)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure.

(duration) yrs. mos. 20 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Bogard M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery DATE OF BURIAL Oct 1 1925

20 UNDERTAKER Henry Lutz ADDRESS 203 N. Broadway

Robert F. Harris (M.D.)

Burial Permit Clerk.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 02362

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02362

CERTIFICATE OF DEATH.

10-2 90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 713 E. Biddle St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann O'Meara

(a) Residence No. 713 E. Biddle St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., If of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE.	If LESS than 1 day,
About 85 yrs. -- mos. -- ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Miss Sallie A. Dean

(Address) 713 E. Biddle St.

15- Filed SEP 29 1925 19.. Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 27 25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1924 to Sept 27 1925

that I last saw her alive on Sept 27, 1925

and that death occurred, on the date stated above, at 10.15 P.m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis.

Tomy knowledge (Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

Unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Signs & Symptoms

(Signed) Mary F. Vaeglem M. D.

9.29. 1925 (Address) 1028 Valley St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	9/30 1925

20-UNDERTAKER.	ADDRESS
Henry U. Myers and Son	805 N. Calvert

Spec.—1-12-23—M&T—500 Blks.

E 02363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02363

CERTIFICATE OF DEATH.

128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Battery ave ST. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Meyers

(a) RESIDENCE NO. 1212 Battery ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph H. Meyers

6 DATE OF BIRTH (month, day, and year): Feb. 14. 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	34	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md

PARENTS

10 NAME OF FATHER: John Kellenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Joseph H. Meyers 1212 Battery ave

15 Filed 29 1925, 19 Robert P. Harrison, Registrar [Burial Permit Clerk]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1925, to Sept 27, 1925, that I last saw h[illegible] alive on Sept. 27, 1925 and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Urinary

(Signed) C. P. Eberenbrack, M. D.

, 19 (Address) 1412 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: Sep 30 1925

20 UNDERTAKER: Margaret G. Flynn — ADDRESS: [illegible] Light St

Spec—12-23-21—E.B.R.S.—400 Eds.

02364

HEALTH DEPARTMENT—CITY OF BALTIMORE

02364

CERTIFICATE OF DEATH.

6-24

1-PLACE OF DEATH

City of BALTIMORE: (No. 1926 Arlington St., 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Robert Douglass

(a) Residence No. 1926 Arlington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~. (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Emma Douglass

6-DATE OF BIRTH (month, day and year) April 9 1838

7-AGE. 87 yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Not Known

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Not Known

14- (Informant) Mrs Emma Johnson

(Address) 1926 Arlington

15- Filed 19 Robert P. Harrison Registrar.

29 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 26-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 19 25 to Sept 26 19 25 that I last saw h... alive on Sept 27 19 25 and that death occurred, on the date stated above, at 4.30 A.M. The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Cox M. D.

9/28 19 25 (Address) 413 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery — DATE OF BURIAL. Sept 30 1925

20-UNDERTAKER. John P. Denny — ADDRESS 715 Light St

Spec—12-23-21—E.B.R.S.—400 Blks.

E 02365 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02365

CERTIFICATE OF DEATH. 72-71-001

1-PLACE OF DEATH Union Memorial Hospital Registered No.....

City of BALTIMORE: (No. 33d St & Calvert St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Adele Smith

(a) Residence No. Catonsville Md. Idlewild Ave. St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-Single, ~~Married~~, Widowed, or Divorced. (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 3, 1925

7-AGE. 0 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... baby girl

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Md

PARENTS

10-NAME OF FATHER, F. Bowie Smith

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Irma Kabler

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Maryland

14-(Informant) F. Bowie Smith

(Address) Idlewild Ave. Catonsville Md.

15-Filed 9-1925 Robert P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 29 1925

17- I HEREBY CERTIFY, That I attended deceased from April 19 19 25 to September 29 19 25

that I last saw h.. alive on. September 29 19 25

and that death occurred, on the date stated above, at 12 20 P m.

The CAUSE OF DEATH* was as follows:

chronic basal meningitis (pyogenic)

atleast 6 mos. ds.

(Duration) yrs.

CONTRIBUTORY (Secondary) Malnutrition (Duration) yrs. 4 mos. ds.

18-Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? yes autopsy

What test confirmed diagnosis? Clinical, Laboratory, autopsy

(Signed) Fauntl Smith Jr. M. D

. 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Sept 30 19 25
20-UNDERTAKER	ADDRESS
Joseph B. Cook	1003 W Balto St

Spec.—1-12-23—M&T—500 Bks.

18 3588 E 02366

HEALTH DEPARTMENT—CITY OF BALTIMORE E 02366

CERTIFICATE OF DEATH.

36-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. WARD 8-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Fletcher

(a) RESIDENCE No. 1613 N. Regester St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Katherine Fletcher

6 DATE OF BIRTH (month, day, and year) March 10th 1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Fletcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Hiesbrod

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records Johns Hopkins Hosp

15 Filed Sept 29 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925, to Sept. 28, 1925; that I last saw h alive on Sept 28, 1925; and that death occurred, on the date stated above, at 12 45 p m.

The CAUSE OF DEATH* was as follows:

Ibc. Osteomyelitis, Head 3 Jaws, Rt
Ulcer oesophagus with
Hemorrhage & secondary
Anemia — (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pericarditis - Colds (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Aug. 8 - 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & P.M. findings

(Signed) L. W. Saunders, M. D.

, 19 (Address) Johns Hopkins Hosp -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Oct 1st 1925

20 UNDERTAKER E. Ackleman & Son — ADDRESS 1024 Monroe

Spec.—1-12-23—M&T—500 Blks.

E 02367

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02367

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 S Washington St. W-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gordon Adalhardt

(a) RESIDENCE NO. 231 S Washington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant.

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23. 1922

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3.	4.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Adalhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Bertha Kaposcak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) John Adalhardt 231 S Washington St.

15 Filed 9 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29-25

17

I HEREBY CERTIFY, That I attended deceased from Sept 26-25, to Sept 29-25,

that I last saw h[illegible] alive on Sept 28-25

and that death occurred, on the date stated above, at 12 50 A m.

The CAUSE OF DEATH* was as follows:

Acute Encephalitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) + reduced H. Herrmann M. D.

19 (Address) 1913 E. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Sept 30 1925.
20 UNDERTAKER	ADDRESS
Wendell Hopper & Son	37 Lanvale St

Cor.—1-12-23—M&T—100 Bks.

E 02368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-04 E 02368

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1107 ASHLAND Ave ST. 10-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Cole

(a) RESIDENCE No. 1107 Ashland Ave ST., WARD

(Usual place of abode) Unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Wm. Cole

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 870
(c) Name of employer Carrie White

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Carrie White
(Address) 1107 Ashland Ave

15 Filed 29 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown (Arteriosclerosis)

(duration) yrs. mos. ds.

(Signed) J. S. H. Polkinhorn M. D.
(Coroner)

9-29-25, 192 (Address) 508 E Northline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Oct 1 1925

20 UNDERTAKER Robert Williams ADDRESS 1515 McCulloh St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02369

CERTIFICATE OF DEATH.

65-001 E 02369

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3351 Cedar Ave. ST., 13 (WARD)

2-FULL NAME Harold R. Gudeman

(a) RESIDENCE NO. 3351 Cedar Ave. ST., 13 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah V. Gudeman

6 DATE OF BIRTH (month, day, and year) Nov. 8-1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profesalon or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Industrial Alcohol Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10 NAME OF FATHER E. Robert Gudeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Florence Standing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Illinois

14 Informant Mrs. Sarah V. Gudeman
(Address) 3351 Cedar Ave

15 Filed Sep 29 1925, 19..... Registrar

Robert P. Harrison
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1925, to Sept 28, 1925, that I last saw h. alive on Sept 28, 1925, and that death occurred, on the date stated above, at 3.58 A. m.

The CAUSE OF DEATH* was as follows:

Myeloid Leukemia

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) ..... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood exam

(Signed) Wilson Smith, M. D.

9/28 1925 (Address) 342 W Chesterfield Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Sept. 30 1925

UNDERTAKER Horace F. Burgee

ADDRESS 3631 Falls Rd

Spec.—1-10-21—M&T—1500 Blks.

E 02370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02370

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 4020 Falls Road ST., 13-2 WARD)

2-FULL NAME Martha J. Gray

(a) RESIDENCE NO. 4020 Falls Road ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Gray

6 DATE OF BIRTH (month, day, and year) March 24-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER Martin Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Catherine Reid

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Walter L. Gray

(Address) 4020 Falls Road

15 Filed 29 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1925, to July 28, 1925, that I last saw h— alive on July 26, 1925, and that death occurred, on the date stated above, at 12 10 P. m.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis of Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Wm. Osler M. D.

19 (Address) 814 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Goodwill Cem. Rutledge Harford Co.	Oct. 1925

20 UNDERTAKER Horace H. Burgee ADDRESS 3631 Falls Rd

Rec.—1-10-21—M&T—1500 Blks.

E 02371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 89 E 02371

1-PLACE OF DEATH Bellona Ave & York Road

CITY OF BALTIMORE: (No.) Edgewood Home St. 27 WARD 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin Selby Zell

(a) RESIDENCE NO. 422 Fairfax Ave St. WARD Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of M. Rheta Zell

6 DATE OF BIRTH (month, day, and year) Feb 14 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Not in active business

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Gen~~

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Oliver C Zell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Annie Selby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pittsville Md

14 Informant (Address) M. Rheta Zell 422 Fairfax Ave

15 Filed SEP 29 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-20 1925 to 9-27 1925.

that I last saw him alive on 9-27 1925.

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller M. D.

9-27 1925 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Sept 30 1925

20 UNDERTAKER Ehrenwerth Son & Ehrenwerth ADDRESS 5617

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 02372.

CERTIFICATE OF DEATH.

44 E 02372
Registered No.....

1-PLACE OF DEATH Union Memorial Hospital
City of BALTIMORE: (No. 3328 Calvert, St., 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Louise Graf.

(a) Residence No. Manchester, Carroll Co., Md. Ward.....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of William Graf.

6-DATE OF BIRTH (month, day and year) April 7, 1863

7-AGE 62 yrs. ——— mos. ——— ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Manchester, Md

PARENTS.
10-NAME OF FATHER, Herman Keck
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany
12-MAIDEN NAME OF MOTHER, Mary Louis Keck
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Edw. C. Tipton
(Address) Hampstead Md

15- Filed SEP 30 1925 19... ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 29/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925 to Sept 29 1925
that I last saw her alive on Sept 29 1925
and that death occurred, on the date stated above, at 6.35 P.M.
The CAUSE OF DEATH* was as follows:
Carcinoma of Gall Bladder

(Duration) several mos. ds.
CONTRIBUTORY (Secondary) Anhydremia + Atrophosis
(Duration) 2 yrs. 2+ mos. ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Sept 20
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy
(Signed) ~~R. Krauter~~ Frank R. Smith Jr M. D.
, 19 (Address) Union Memorial Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Manchester Md
DATE OF BURIAL, Oct 1 19 25
20-UNDERTAKER W. L. & F. Bergman
ADDRESS Manchester Md

E 02373

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Carrollton Ave. ST.; 16-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgie Mc Gruder

(a) RESIDENCE. NO. 1067 N Carrollton Ave WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Henry McGruder

6 DATE OF BIRTH (month, day, and year): Sept 18 1883.

7 AGE: Years 42 | Months | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Saml. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Stella Smallwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Julia Jenkins

(Address): 621 Aisquith St

Filed SEP 30 1925 ROBERT R. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 26th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 21 1925, to Sept 26th 1925

that I last saw her alive on Sept 26 1925

and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Regular

(Signed) F. C. Smith M. D.

Sept 28th (Address) Balto Co Health Director

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Sept 30 1925
20 UNDERTAKER	ADDRESS 1021 Pennsylvania
John H. Toadvine	

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02374

CERTIFICATE OF DEATH.

185 E 02374

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry. Stuttle

(a) RESIDENCE NO. 2406 Pennsylvania Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years 64. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Artist.

(b) General nature of industry, business, or establishment in which employed (or employer) R. R.

(c) Name of employer United R. R.

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant W. W. Ruby Co. United (Address) Railway Co. Druid Hill Ave & Fulton Ave

15 Filed SEP 30 1925, 19 ROBERT R. KRAUTZ Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28- 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-22-, 1925, to 9-28-, 1925, that I last saw h— alive on 9-28-, 1925, and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Fractured Femur. Rt.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Total Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Office. Yard. Corner

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) W. Bryan D. M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Oct 1 1925

20 UNDERTAKER W. H. Cook ADDRESS 502 E. South Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02375

CERTIFICATE OF DEATH.

31 E 02375

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 710-4 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Kattaling

(a) RESIDENCE No. 2527 Boyd st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Kattaling

6 DATE OF BIRTH (month, day, and year) June 15 1875 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50 ?	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lavin Frazier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Martha Frazier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed SEP 30 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1925, to Sept. 28, 1925, that I last saw her alive on Sept. 28, 1925, and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. Unknown mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. [illegible] ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. D. McFarland M. D.

9-29, 1925 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Oct 1 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Lombard

HOW IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02376

CERTIFICATE OF DEATH.

44 E 02376

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Fleckymer.

(a) RESIDENCE NO. 221 S. Spring st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where died Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1858

AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ... min.
67.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer 940

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Fleckymer.

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Martha Fleckymer

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Hospital Records Baltimore City Hospitals

15 Filed SEP 30 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27-1925

17 I HEREBY CERTIFY, That I attended deceased from 9-8-25, 19... to 9-27-, 19 25.

that I last saw him alive on 9-27-, 19 25.

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma of Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes partial

What test confirmed diagnosis? Clinical & Lab

(Signed) Dr. P. Chaney Jr. M. D.

Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery DATE OF BURIAL Sept 30 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E York Ave

SUB-REGISTRAR

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02377

CERTIFICATE OF DEATH.

46

E 02377

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. Ann ST., 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nora Steeples

(a) RESIDENCE No. 423 N Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Steeples

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lynchburg Va.

PARENTS

10 NAME OF FATHER George Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Nora Brown

13 BIRTHPLACE OF MOTHER (city or town) ~~Lynchburg~~ (State or country) unknown

14 Informant Susie H. Hall

(Address) 1812 Orleans St

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

SEP 30 1925 Burial Permit Date.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 3 — 1925 to Sept 28 1925 that I last saw h[illegible] alive on Sept 28 1925 and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Carcinoma of Uterus (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of (duration) yrs. 6 mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. W. Kennedy M. D.

9-29 1925 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 9 30 1925

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry St

Spec.—12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02378

CERTIFICATE OF DEATH.

E 02378

1-PLACE OF DEATH Johns Hopkins Hospital REGISTERED NO. 37-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 3-26 WARD)

2-FULL NAME Rebecca Robinson

(a) RESIDENCE No. 73 S. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE Col. | 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Clarence Robinson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Rebecca

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Records Johns Hopkins Hosp (Address)

SEP 30 1925 Filed ... 19... ROBERT R. KRAUTER, Registrar

Special Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1925

17 I HEREBY CERTIFY, That I attended deceased from June 11 .1923. to Sept. 28 .1925. that I last saw her alive on Sept. 28 .1925. and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Wm Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery | DATE OF BURIAL Sept 30 1925

20 UNDERTAKER Edward Bryan | ADDRESS 1691 Orleans st

Cor.—1-12-23—M&T—100 Bks.

Jno. P McCabe.

E 02379

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02379

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 145-N. Gay ST., H-3 WARD 112

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno. P. McCabe

(a) RESIDENCE NO. 145-N. Gay ST., WARD

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchmaker
(b) General nature of industry, business, or establishment in which employed (or employer) factory
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER James McCabe.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER R. Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant James McCabe. (Address) 1216 Guilford Ave

15 Filed SEP 30 1925 192 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastritis

Acute Mania - pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Edema

(duration) yrs. mos. ds.

(Signed) [illegible], M. D. (Coroner.)

Sept 29, 1925 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Octbr 2 1925

20 UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002

E 02380

Registered No.

1-PLACE OF DEATH

City of BALTIMORE, No. 659 W Lee St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby White

(a) Residence No. 659 W. Lee St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 28-25

7-AGE, ...yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Richard White

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Florida

12-MAIDEN NAME OF MOTHER, Helen Bailey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pa

14- (Informant) Helen White

(Address) 659 W Lee St

15- Filed SEP 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9-28-25

17- I HEREBY CERTIFY, That I attended deceased from — 19— to — 19—, that I last saw h[illegible] alive on Sept 28 19 25, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) S. A Coodle M. D.

, 19 (Address) 655 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Zion ch Sept 30 19 25

20-UNDERTAKER, S. A Brown & Son ADDRESS Valley Mount St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02381

CERTIFICATE OF DEATH.

100-001

E 02381

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 9 W. Barney St., 23-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul W. Timanus

(a) Residence No. 9 W. Barney St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 7-12-23

7-AGE, ... yrs. 2 mos. 17 ds. If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jacob H. Timanus

11-BIRTHPLACE OF FATHER (city or town) Balto
(State or Country), Md.

12-MAIDEN NAME OF MOTHER, Anna Schneider

13-BIRTHPLACE OF MOTHER (city or town) Balto
(State or Country), Md.

14-(Informant) Mr. Timanus

(Address) 9 W. Barney

15-Filed SEP 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 29, 1925

17-I HEREBY CERTIFY, That I attended deceased from Sept 11, 1925, to Sept 29, 1925, that I last saw him alive on Sept 08, 1925, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ... yrs. mos. 9 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) Wm E Stigler M. D.

9/30, 1925 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL London Park. DATE OF BURIAL, 10/1, 1925

20-UNDERTAKER, J. Fred McCully ADDRESS 130 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02382

CERTIFICATE OF DEATH.

46

E 02382

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospl 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sarah. Shelton

(a) RESIDENCE No. 706 Hanover St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W Lite	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John. Shelton

6 DATE OF BIRTH (month, day, and year) May. 28- 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	69	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic Servant

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Leonardtown Md.

PARENTS

10 NAME OF FATHER John McElkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md.

12 MAIDEN NAME OF MOTHER Eliza Briget

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Stevens

(Address) Elkridge Md.

15 Filed SEP 30 1925, 19 ROBERT R. KRAMES, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-21- 1925 to 9- 28 1925, that I last saw her alive on 9-28 1925, and that death occurred, on the date stated above, at 5 45 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James Wilson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem — DATE OF BURIAL 10/1 1925

20 UNDERTAKER J. Fred McCully — ADDRESS 130 E. Fay

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02383

CERTIFICATE OF DEATH.

13-6 129 E 02383

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Park Av St. 13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Isabel Bevans

(a) RESIDENCE NO. 1912 Park Av ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 9 mos. 8 ds. How long in U. S., If of foreign birth? 62 yrs. 9 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar Slade Bevans

6 DATE OF BIRTH (month, day, and year) Dec-21-1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Moore

11 BIRTHPLACE OF FATHER (city or town) Not known (State or country) Ireland

12 MAIDEN NAME OF MOTHER Alverta Caughy

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland.

14 Informant Mrs. Elizabeth S. Thompson (sister) (Address) 1902 Park av

15 Filed SEP 30 1925, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29th, 25

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1925, to Sept 29th, 1925, that I last saw h[illegible] alive on Sept 28th, 1925 and that death occurred, on the date stated above, at 2.00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos da.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. 6 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Vann H Gordon, M. D.

, 19 (Address) 750 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery — DATE OF BURIAL Oct 1 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEY, Successor) — ADDRESS 108 W. NORTH AVE.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02384

CERTIFICATE OF DEATH.

113 ✓

E 02384

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2052 Eastern Ave ST., V-1 WARD)

2-FULL NAME ~~Morris~~ Maurice Seitz

(a) RESIDENCE NO. 2052 Eastern Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 21 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Seitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Vergie. Bronek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hoopersville Md.

14 Informant Mr. Henry. Seitz (Address) 2052 Eastern Ave

15 Filed SEP 30 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/29/25

17 I HEREBY CERTIFY, That I attended deceased from 9/25, 19 25, to 9/29, 19 25, that I last saw h alive on 9/25, 19 25 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Acute Thrombosis
Broncho Pneumonia

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Near Wilmington Del

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Samuel L Brahm, M. D.

, 192 (Address) 226 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. DATE OF BURIAL: Sep 30 1925

20 UNDERTAKER: John M Weber ADDRESS: 1803 Bank St

Cor.—1-12-23—M&T—100 Bks.

E 02385 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. Y 113 E 02385

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital WARD) 2-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maurice Richard Johnson

(a) RESIDENCE NO. Coast Gaurd. A & C Co Md STR. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 20/1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none gd
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Coast Gaurd Anna Arundel Co Md

PARENTS

10 NAME OF FATHER Charles H Johnson

11 BIRTHPLACE OF FATHER (State or country) Hampshire Grnt a a Co md

12 MAIDEN NAME OF MOTHER Jane Jenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Brooklyn Md

14 Informant Mrs Johnson (Address) Coast Gaurd a&c co md

15 Filed SEP 30 1925 19 ROBERT R. KRAHL Registrar, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal Indigestion

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J St Vallin, M. D. (Coroner)

9-30-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Sept 30 1925

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02386 E 02386

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. 27-2 16003

CITY OF BALTIMORE: (No. ..... ST. ..... WARD ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Theresa Downes

(a) RESIDENCE NO. 8 Bellevedere Apt. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? 8 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) January 25 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Austin Downes

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Theresa Feeley

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Mrs Theresa Downes
(Address) St Vincent Orphan Asylum

15 Dec 1925 Robert P. Harrison, Registrar
(Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/29 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Sept 29, 1925, that I last saw h[illegible] alive on Sept 29, 1925 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Dysentery 1 day

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

9/30, 1925 (Signed) C. B. Cochran M. D.
(Address) 2927 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Oct 3 1925
20 UNDERTAKER Henry Hoech Sons	ADDRESS 1211 E Eager

Cor.—1-12-23—M&T—100 Bks.

E 02387

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at 76-7 REGISTERED NO. .....

CITY OF BALTIMORE: (No Bald City Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harvey Kimball

(a) RESIDENCE No No Permanent address ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ca 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barkeeper
(b) General nature of industry, business, or establishment in which employed (or employer) 644
(c) Name of employer unknown

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Kimball

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER Louise Steinler

13 BIRTHPLACE OF MOTHER (city or town) Georgetown
(State or country) Caroline Co Md

14 Informant .....
(Address) Robert F. Harrison, Department of Health

15 Filed SEP 30 1925, 192 ..... Registrar

Burial Permit Clerk

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Alcoholism

..... (duration) sudden yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (duration) 1 yrs. ..... mos. ..... ds.

(Signed) James M Hanlon, M. D.
(Coroner.)

Sept 27, 1926 (Address) 700 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	SEP 30 1925
20 UNDERTAKER	ADDRESS
Sol Levinson & Bro 1122 E. Pratt St	

Cor.—1-12-23—M&T—100 Bks.

E 02388

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02388

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found dead

CITY OF BALTIMORE: (No. 911 E Stiles ST., 3-1 WARD)

REGISTERED NO. 66

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Stirrel

(a) RESIDENCE NO. 911 E Stiles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 087

9 BIRTHPLACE (city or town) unknown
(State or country)

PARENTS

10 NAME OF FATHER — Stirrel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant
(Address)

15 Filed SEP 29 1925, 192 Registrar

THE MORGUE.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found dead Sept 29 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) James M Fenton, M. D.
(Coroner.)

Sept 29, 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. DATE OF BURIAL SEP 30 1925

20 UNDERTAKER Bur. of Health. ADDRESS

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02389

E 02389

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 East Colvin ST., 3-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno. Bordell

(a) RESIDENCE NO. 307 Colvin ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant (Address) Robert P. Harrison.

15 Filed Sep 20, 1925 192 Burial Permit Clerk
Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

.....(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. W. Riley, M. D.
(Coroner.)

Sept 24, 1925 (Address) 1039 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL Sept 20 1925

20 UNDERTAKER Commissioner Health,

ADDRESS

Spec.-1-10-21-M&T-1500 Blks.

E 02390

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02390

CERTIFICATE OF DEATH.

S 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3-2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Hargrave

(a) RESIDENCE NO. 3 Block Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred not known ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	50?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) not known

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Mundy Hargrave

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Agnes Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant City Hospital Records (Address)

15 Filed SEP 30 1925, 19 THE MORGUE Registrar

City Morgue

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 19 1925

17 I HEREBY CERTIFY, That I attended deceased from September 15, 1925, to September 19 1925, that I last saw him alive on September 19, 1925, and that death occurred, on the date stated above, at 2 40 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis (chronic)
Chronic Nephritis
Pleurisy with effusion (left side)
Pericarditis (duration) not known ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia
Myocardial Failure (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Harper Smith, M. D.

Sept 20 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL SEP 30 1925 19

20 UNDERTAKER Com. Commissioner Health,

ADDRESS

Cor.—1-12-23—M&T—100 Blks.

E 02391 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02391

CERTIFICATE OF DEATH.

161-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Boy Perry

(a) RESIDENCE NO. 1742 E. Madison St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Sept 8-25

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER W. R. Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Lula---

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hopkins Hospital

(Address) 240 JOHNS HOPKINS HOSPITAL

15 Filed SEP 30 1925, 192 Robert P. Harrison Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10-25 '02

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage Base of Brain
(Birth Injury- Autopsy at Hospital

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. Sybert Rees, M. D.
(Coroner)

Sept 27-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL 192

20 UNDERTAKER Bureau of Health. ADDRESS SEP 30 1925

Burial Permit Clerk

Spec. 1-10-21 MAT 1500 Blks.

E 02392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02392

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 22-2 WARD) 90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Weiss

(a) RESIDENCE NO. 309 S. Sharp ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl Weiss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant City Hospitals Records (Address)

15 Filed SEP 17 1925 19 Robert P. Harrison, by ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 3, 1925, to Sept 15, 1925, that I last saw him alive on Sept 15, 1925, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? General Laboratory Exams

(Signed) R. Hooper Smith, M. D.

Sept 16 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 30 19 25

20 UNDERTAKER Commissioner Health,

ADDRESS

THE MORGUE, by ..... Registrar

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02393 | CERTIFICATE OF DEATH. | E 02393

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ..... ST., 26-7 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Thompson

(a) RESIDENCE NO. City Hospitals ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred not yrs. known mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	not known

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) 0/4

(c) Name of employer not known

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant City Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

1925 Robert P. Harrison, Deputy Clerk

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 10 1925

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to September 10, 1925,

that I last saw him alive on September 7, 1925,

and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Cerebral Sclerosis

Mitral Insufficiency

(duration) not yrs. known mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage and Heart Failure (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Laboratory Exam.

(Signed) R. Hooper Smith, M. D.

Sept 11 1925 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	19
20 UNDERTAKER	ADDRESS

Spec.—1-10-21—M&T 1500 Blks.

E 02394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02394

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 22-1 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Clempson

(a) RESIDENCE NO. 520 Barre st. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 040

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER Edwin Clempson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Henrietta ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant Hospital Records

(Address) Robert P. Harrison

Filed 9-30 1925, 19 ..... Registrar

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1925, to Sept. 25, 1925,

that I last saw him alive on Sept. 25, 1925,

and that death occurred, on the date stated above, at 9.50 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McFaul M. D.

9-25, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY — DATE OF BURIAL 19

20 UNDERTAKER ..... — ADDRESS .....

Spec.—1-10-21—M&T—1500 Bks.

E 02395

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02395

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 Woodlawn Rd.) (WARD 27)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Jordan Frey.

(a) RESIDENCE No. 223 Woodlawn Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank G. Frey.

6 DATE OF BIRTH (month, day, and year) March 25 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Edward Jordan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Julidna Sutro

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Mrs Frank Frey
(Address) 223. Woodlawn Rd

15 Filed OCT 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1925, to Sept 29, 1925, that I last saw her alive on Sept 28, 1925, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy - 6 hrs.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage
(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & blood

(Signed) A. N. McKay M. D.

, 19 (Address) 1430 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. — DATE OF BURIAL Oct 1 1925

20 UNDERTAKER John O. Mitchell — ADDRESS 1201 W Fayette

E 02396 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02396

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 316 N. Arlington Ave. St., (or Ward) 18-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha C. Sanders

(Residence in Baltimore: No. 316 N. Arlington Ave St., yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: March 8 (Month) (Day) 1862 (Year)

7-AGE: 63 yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Sophia Brand

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Bessie Sanders

(Address) 316 N. Arlington Ave

15- Robert P. Harrison, Registrar.

Filed ..... 192.....

SEP 29 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 28th (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and find that said deceased came to ... (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at dn

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Norton M. D.

(Coroner.)

Sept 29 1925 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Oct 2 1925

20-UNDERTAKER: George J. Smith — ADDRESS 1532 Hollins St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02397

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02397

CERTIFICATE OF DEATH.

70-6 H1

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 507 S Pulaski ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Martha Vitkowski

(a) RESIDENCE. No. 507 S. Pulaski ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Charles Vitkowski

6 DATE OF BIRTH (month, day, and year): Nov 10, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Anne Arundel Co. Maryland.

PARENTS

10 NAME OF FATHER: Samuel L. Dacan

11 BIRTHPLACE OF FATHER (city or town) (State or country): A. A. Co. Maryland.

12 MAIDEN NAME OF MOTHER: Martha Bidus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): A. A. Co. Maryland.

14 Informant: Charles H. Vitkowski

(Address): 507 S. Pulaski St.

15 Filed ....., 19 Robert P. Harrison, Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1925, to Sept 29, 1925, that I last saw her alive on Sept 29, 1925, and that death occurred, on the date stated above, at 5 10 A m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicaemia.

(duration) 0 yrs. 0 mos. 6 ds. (acute)

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Henry F. Buettner, M. D.

, 19 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Sept 30 1925
UNDERTAKER	ADDRESS 1532
George J. Smith	Hollins

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02398 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02398

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1806 W Fayette St. 20-5 31 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Alcaeus Hooper Parran

(a) Residence No. 1806 W Fayette St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 19 1849

7-AGE, 25 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman 066
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles S Parran

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, E Ada Phelan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Mrs E Ada Parran
(Address) 1806 W Fayette

15- Filed ..... 19.. Robert F. Harrison Registrar.

SEP 30 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 28 1925

17- I HEREBY CERTIFY, That I attended deceased from April 23rd 1925 to Sept 28 1925 that I last saw h. alive on Sept 26 1925 and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) yrs. 9 mos. ds.

18-Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & usual Signs.

(Signed) Eugene F. Cooper M. D.

, 19 (Address) 200 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL, Oct 1 1925

20-UNDERTAKER, George J Smith — ADDRESS 1532 Hollins

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02399 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02399

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 113

City of BALTIMORE, (No.) 1007 W Lewis St., 21-3 Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C Ferguson

(a) Residence No. 1007 W Lewis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-Single, Married, Widowed or Divorced (Write the word) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 24-1924

7-AGE, 1 yrs. 29 mos. days. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (City or Town) (State or Country) Balto Md

PARENTS.
10-NAME OF FATHER Earl Ferguson
11-BIRTHPLACE OF FATHER (City or Town) (State or Country) Balto Md
12-MAIDEN NAME OF MOTHER Ruth Bussard
13-BIRTHPLACE OF MOTHER (City or Town) (State or Country) Baltimore

14- (Informant) E. Ferguson (Address) 1007 W Lewis St

15- Filed Sep 30 1925 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 28-25

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 25 to Sept 28 19 25
that I last saw h alive on Sept 28 19 25
and that death occurred, on the date stated above, at 10 50 M.
The CAUSE OF DEATH* was as follows: Acute Card. Dil.

Illeo Colitis 7 hrs
(Duration) yrs. mos.
CONTRIBUTORY (Secondary) 3
(Duration) yrs. mos. ds.

18-Where was disease contracted — If not at place of death?
Did an operation precede death? — Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) John T Delworth M. D.
, 19 (Address) 1 W Lewis St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL London Park | DATE OF BURIAL, Oct 1 19 25

20-UNDERTAKER Wm J Tuckner Sons | ADDRESS N & Pa

Spec.—1-12-23—M&T—500 Blks.

E 02400

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02400

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Nannie V. Speddon

(a) RESIDENCE NO. Lansdowne, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~ Married, Widowed or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Speddon

6 DATE OF BIRTH (month, day, and year) July 24 1865

7 AGE	Years	Months	Days	If LESS than 1 day old
	60	1	4	hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Hugh Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Hubbard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Nannie E. Siler

(Address) Lansdowne Md

15 Filed ..... 19 ..... Robert P. Harrison Registrar

OCT 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-23-25, 19..., to 9-28 1925,

that I last saw her alive on 9-28-25 19

and that death occurred, on the date stated above, at 1.30 a m

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos 2 ds.

CONTRIBUTORY (secondary) Fracture of neck of femur (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 9-24-25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jeanette Stowell, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Oct 1, 1925
20 UNDERTAKER Wm H. Pickerell Sons	ADDRESS North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 02401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02401

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Y Bentalou ST., 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen B Purtell

(a) RESIDENCE NO. 2021 Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 11 - 7x

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. Gen'l

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER James Purtell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs Bertie Taylor

(Address) 2021 Bentalou St

15 Sept 30 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 26, 1925, to Sept 30, 1925, that I last saw him alive on Sept 29, 1925, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebro. spinal fever

(duration) Not known yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam

(Signed) C. W. Hoffman, M. D.

, 19 (Address) 250 W. 39th ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Binghamton N.Y.

DATE OF BURIAL Sept 30 1925

20 UNDERTAKER W M Ruxton

ADDRESS 2238 E Balto

Spec.—1-10-21—M&T—1500 Bks.

E 02402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02402

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. 11-1 ST. 173 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie V. Abbott

(a) RESIDENCE No. 713 N. Fawcett St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced (~~HUSBAND~~ or) WIFE of Charles C. Abbott.

6 DATE OF BIRTH (month, day, and year) Aug. 17, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	-	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Francis M. Denny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co Md.

12 MAIDEN NAME OF MOTHER Fannie V. Denny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Marion D. Hurco (Sister)
(Address)

15 Filed 30 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30, 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1925, to Sept. 30, 1925, that I last saw her alive on Sept. 30, 1925, and that death occurred, on the date stated above, at 10.45 A. m.

The CAUSE OF DEATH* was as follows:

Gall stones with stone in common duct with jaundice.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Internal hemorrhage

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Sept 23, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Frederick Henry Kroh M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Oct. 2 1925

20 UNDERTAKER Hughes & Jones Inc — ADDRESS 2nd N. Roby.

Spec.—1-12-23—M&T—500 Bks.

E 02403

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02403

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Henry ST., 19 - 2 WARD)

REGISTERED NO. 100,001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan E. Gorsuch.

(a) RESIDENCE NO. 1515 Henry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Levelace G. Gorsuch.

6 DATE OF BIRTH (month, day, and year): Oct. 24, 1848.

7 AGE: Years 76. Months 11. Days 6. If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: Elijah Flenglo.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Mary Hankey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Mrs. William F. Brell

(Address) 1515 Henry St.

15 Filed Sep 30 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 26th, 1925, to Sept 29th, 1925, that I last saw her alive on Sept 29th, 1925, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At her home 1515 Henry addres

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Personal Observation

(Signed) Wm Conrad Baker, M. D.

, 19 (Address) 1903 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem — DATE OF BURIAL: Oct 3, 1925

20 UNDERTAKER: A. Howard Evans — ADDRESS: 38 E Fort Ave

• Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02404

CERTIFICATE OF DEATH.

V 21-00 E 02404

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2036 Eutaw Cour ST.; V 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Franks Kropp

(Residence in Baltimore: No. 411 S Regester St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Febry. (Month) 28 (Day), 1925 (Year)

7-AGE, ...yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimor. Md.

PARENTS.

10-NAME OF FATHER, Benjamin Kropp.

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Bertha Frankiwicz.

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Kropp.

(Address) 411 S. Regester St.

15- Filed OCT 1 - 1925, 191.... ROBERT R. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) 30 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1925, to Sept 30 1925, that I saw h.. alive on Sept 30 1925, and that death occurred, on the date stated above, at 2.15 P.M.

The CAUSE OF DEATH* was as follows:

Cerebro spinal Meningitis

(Duration) ....yrs. ....mos. 6d ....ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia & Heart failure

(Duration) ....yrs. ....mos. 2 ....ds.

(Signed) J. Wm. A. Bostick M. D.

(Address) 1623 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus Cem.	Oct. 2", 1925.

20-UNDERTAKER	ADDRESS
M F Sadowski,	705 S. Ann St

Spec.—1-12-23—M&T—500 Blks.

E 02405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 02405

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 5-1 WARD)

2-FULL NAME Mary Trott

(a) RESIDENCE No. 261 N. Exeter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Seabright Trott

6 DATE OF BIRTH (month, day, and year) May 13, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Wm McCook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Mary Rowe Hoe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va.

14 Informant Minnie C. Richard

(Address) 337 S. Ellwood Ave.

15 Filed OCT 1 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1925, to Sept 30, 1925, that I last saw h[illegible] alive on Sept 29, 1925, and that death occurred, on the date stated above, at 5 00 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation & pulmonary oedema

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiorenal disease

(duration) 10 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Myers Funkhouser, M. D.

, 19 (Address) 1 S. South Ave St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt Clinch — DATE OF BURIAL Oct 3 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fayette Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02406 — E 02406

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 9-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roderick McNeill

(a) Residence No. 2808 Pinkney Terrace St., Ward.....
(Usual place of abode) Montebello Park (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Dora McNeill

6-DATE OF BIRTH (month, day and year) Aug 15, 1850

7-AGE, 75 yrs. 1 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) 067

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Connecticut

PARENTS.

10-NAME OF FATHER Edward McNeill

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Conn

12-MAIDEN NAME OF MOTHER Mariah English

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Conn

14- (Informant) University Hospital Records (Address)

15- Filed ... 1925 ... BURLEY R. KRAMER ... Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4-30-25

17- I HEREBY CERTIFY, That I attended deceased from 1-25, 1925, to 4-30, 1925, that I last saw h[illegible] alive on 4-30, 1925 and that death occurred, on the date stated above, at 1.15 P. M.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma of Prostate with Metastases to Bladder & Lungs & Lymph node.

? (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia & Myocardial insufficiency

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & Pyuria Culture

(Signed) Leo Wm Edgar, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Forest — DATE OF BURIAL, Oct 3, 1925

20-UNDERTAKER, W. H. Cook — ADDRESS 302 E Fayette

Spec.—1-12-23—M&T—500 Bks.

85133

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02407

CERTIFICATE OF DEATH.

114

E 02407

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 1-L WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard R. Shoppard

(a) RESIDENCE NO. 5195 Collington Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Fremine Shoppard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Schatz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 1 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1925, to Sept 30, 1925, that I last saw him alive on Sept 30, 1925, and that death occurred, on the date stated above, at 5:00 a.m.

The CAUSE OF DEATH* was as follows:

Enterocolitis (not dysentery)

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) Alexander J. Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Oct 2 1925
20 UNDERTAKER	**ADDRESS**
H. Sander Sons Inc.	1710 Fleet St

FROM IS very important—See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02408

CERTIFICATE OF DEATH.

170

REGISTERED NO. E 02408

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Lake Drive

CITY OF BALTIMORE: (No. Druid Hill Park ST., 11-1 WARD)

2-FULL NAME James Lowman

(a) RESIDENCE No. 257 N. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29/04

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) 022
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto Md

PARENTS

10 NAME OF FATHER James F. Lowman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) S.C.

12 MAIDEN NAME OF MOTHER Ella Holmes

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) S. C.

14 Informant Ella Lowman
(Address) 257 N. Fremont

15 Filed OCT 1 - 1926 ..... m., 192... ROBERT R. KRAUTER, Registrar
Docket Record Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

THE CAUSE OF DEATH was as follows:
Gun Shot Wound Through Head
Suicide
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner.)
Sept 30 1926 (Address) 1632 Rolland ave

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemty	10/2/1926
20 UNDERTAKER	ADDRESS
Mrs. Geo. H. Holland	1631 Druid Hill

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02409 E 02409

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Guilford Ave. ST., 12-3 90 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett F.C.Meyers.

(a) RESIDENCE NO. 2818 Guilford Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married

5a If married, widowed, or divorced (or) WIFE of August Meyers.

6 DATE OF BIRTH (month, day, and year) Aug. 5th. 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Nome of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Isaac Cruser.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sarah C. Corwine.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant August Meyers. (husband)

(Address) 2818 Guilford Ave.

15 Filed OCT 1 - 1925 ROBERT R. KRAUTER, Burial Permit Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 28th 1925

17 I HEREBY CERTIFY, That I attended deceased from August 1st. 1925, to September 28, 1925.

that I last saw her alive on September 28, 1925.

and that death occurred, on the date stated above, at 1.40 p. m.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? --------

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M Reinhardt M. D.

9/29/25 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Oct 1 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

E 02410

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02410

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE, No. Pronounced Dead at Franklin Sq. Hospital Found at Lombard & Carey Sts

Registered No. C.....

2-FULL NAME George F. Donely

(Residence in Baltimore: No. 624 Lonerge Lane St.; yrs. Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: March 25 (Month) (Day) 1860 (Year)

7-AGE: 65 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Bartlett & Hayward

9-BIRTHPLACE, (State or Country): Unknown

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard A. Donely

(Address) 311 N. Monroe St

15- Filed OCT 1 - 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 29th (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at once (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Kenny M. D. (Coroner.)

Oct 1st 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Died Natl

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Oct 7, 1925

20-UNDERTAKER: Harry M. Amacker — ADDRESS: 4004 Ridgewood Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 E 02411

1 0411 CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 110 Colvin St. 3-1 WARD)

2-FULL NAME Blanch Travers

(a) RESIDENCE NO. Watson St. St., Govanch WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Deserted

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14
Informant
(Address) JOHNS HOPKINS HOSPITAL

15
Filed ..., 192 ... ROBERT R. KRAUTER
Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Arrest

Duration ... yrs. Several ds.

CONTRIBUTORY (Secondary) Asthma Alcoholism

(duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.
(Coroner.)

Sept 29, 192 5 (Address) 1632 Bradley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

Commissioner Health, OCT 1-1925

Spec.--1-10-21--M&T--1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02412 CERTIFICATE OF DEATH. 6-1 100-981 E 02412

1-PLACE OF DEATH

CITY OF BALTIMORE (No. BALTIMORE CITY HOSPITALS ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Harrison

(a) RESIDENCE NO. 419 N. Becker ST., Bethesda WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O.K.O

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER James Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Queen Tony

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Baltimore City Hospitals Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 1 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/28/25 19

17 I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1925, to Sept. 28, 1925, that I last saw him alive on Sept. 28, 1925, and that death occurred, on the date stated above, at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

9/30 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL OCT 1 - 1925

20 UNDERTAKER Commissioner Health,

ADDRESS

IMPORTANT: See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02413 CERTIFICATE OF DEATH. 26-790 E 02413

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis M. Chaney

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	39 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Chaney

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Catherine ?

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 1 - 1925 ROBERT R. KRAUTER, Registrar
Chief Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/29 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to Sept. 29, 1925, that I last saw h-- alive on Sept 28, 1925, and that death occurred, on the date stated above, at 2:45 p.m.

The CAUSE OF DEATH* was as follows:

aortitis; Chronic myo-carditis

(duration) yrs. 2 (history) mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 3 weeks

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

9/30 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL OCT 1 1925

20 UNDERTAKER Commissioner Health,

ADDRESS

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02414 HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 02414

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 817 Ashlandav St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Lina Beam

(a) Residence No. 817 Ashlandav St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced. (Write the Word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 4, 1862

7-AGE. 63 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private family
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), St Mary co md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), md

12-MAIDEN NAME OF MOTHER, Martha Cole

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), md

14- (Informant) Susie Smith, Sister

(Address) 817 Ashland ave

15- Filed Oct 1 1925 19? (Robert F. Harrison) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept 29/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 22, 1925 to Sept 30, 1925 that I last saw h.. alive on Sept 29, 1925 and that death occurred, on the date stated above, at 2 am m.

The CAUSE OF DEATH* was as follows:

Apoplexy

9 days (Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J Edward Fisher M. D.

10-1, 192? (Address) 1620 E Monument

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Mary Peters Cem DATE OF BURIAL. Oct 1, 1925

20-UNDERTAKER. Mrs R. A. Elliott ADDRESS 1735 Ashland ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02415

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2306 E. Hoffman St., 8-3 Ward) Registered No. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Ellen Jordan

(a) Residence No. 2306 E. Hoffman St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-(Single, Married, Widowed, or Divorced. (Write the word.)) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Jordan

6-DATE OF BIRTH (month, day and year) Jan 6-1866

7-AGE: 59 yrs. 8 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Henry Worthington

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Margaret Ellis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14-

(Informant): Paul Jordan

(Address): 2306 E. Hoffman St.

15-

Filed: - 1925

16: Robert J. Garrison

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct. 1-1925

I HEREBY CERTIFY, That I attended deceased from Sep. 14 19 25 to Oct 1 19 25

that I last saw h. alive on Oct 1 19 25

and that death occurred, on the date stated above, at 9.15 A m.

The CAUSE OF DEATH* was as follows:

Cancer of liver.

Had Cancer of liver for a year. Had needed no medical services for some months until Sep. 14, 25)

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Sudden heart failure Last 24 hours (Duration) yrs. mos. ds.

(If Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm J. Walsh M. D

Oct 1. 1925 (Address) 212 E St Paul

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

17-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Cathedral Cemetery	Oct 5-25
18-UNDERTAKER.	ADDRESS
Chas. B. Evans & Son	118 W Mt Royal Av

Spec.—1-10-21—M&T—1500 Blks.

(Sellers)

E 02416

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02416

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Lemon ST. 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Berry Sellers

(a) RESIDENCE No. 1408 Lemon ST., WARD Wash D C

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Sellers

6 DATE OF BIRTH (month, day, and year) June 1 1887

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs Jones Frederick

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER John W. Berry

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Clara E. Blackwell

13 BIRTHPLACE OF MOTHER (city or town) Lancaster Co

(State or country) Va

14 Informant Geo Brown

(Address) 1408 Lemon st

15 Filed 1 - 1925, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1925

I HEREBY CERTIFY, That I attended deceased from Sept 29, 1925, to Sept 30, 1925, that I last saw her alive on Sept 30, 1925, and that death occurred, on the date stated above, at 1135 p m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. C. Easley, M. D.

(Address) 1210 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington D C	10-1 1925
20 UNDERTAKER Joseph A Lucky	ADDRESS 1017 Monroe

TION is very important. See instructions on back of certificate.

E-1-M

E-1-A

Spec.—1-10-21—M&T—1500 Blks.

E 02417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02417

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2325 E Chase ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Schutz

(a) RESIDENCE NO. 2325 E Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John J Schutz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Lucia Angle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant (Address) John J Schutz 2325 E Chase st

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1925

17 I HEREBY CERTIFY, That I attended deceased from June 19 25 to Sept 30 1925

that I last saw h alive on Sept 29 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature Birth

5½ mos Foetus

From Pneumonia

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. Fred Kingsley M. D.

Oct 2 1925 (Address) 800 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	Oct 2 1925

20 UNDERTAKER Robt J Turner Jr ADDRESS 144 N Broadway

Burial Permit Clerk.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02418

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02418

CERTIFICATE OF DEATH.

58-501

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 E Chase ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank A Bellman

(a) RESIDENCE No. 2203 E Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie M. Bellman

6 DATE OF BIRTH (month, day, and year): Apr 16 - 1855

7 AGE: Years 70 Months Days — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Resturant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Sadie M Bellman

(Address): 2203 E Chase St

15 Filed ....., 19.... Registrar

Robert J. Harrison, Burial Permit Clerk

OCT 1 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29 1925

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1924, to Sep 29, 1925, that I last saw h[illegible] alive on Sept 29, 1925, and that death occurred on the date stated above, at 9 a m

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wallace H White Jr. M. D.

9/29, 1925 (Address) 1100 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Oct 2 1925

20 UNDERTAKER: Robt J Turner & Co — ADDRESS: 1442 N Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 02419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20-5 129 E 02419

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Se Cours Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Corrigan

(a) RESIDENCE NO. 1952 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married Thomas Corrigan

6 DATE OF BIRTH (month, day, and year) Dec 27, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(h) General nature of industry, business, or estahlishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Henry Schultz

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Thomas Corrigan

(Address) 1952 W. Fayette St.

15 Filed ..., 19 Robert P. Harrison, Registrar

Burial Permit Mar. 7

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29, 1925

17

I HEREBY CERTIFY, That I attended deceased from June 26th, 1925, to Sept. 29th, 1925, that I last saw her alive on Sept. 29th., 1925 and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edw Nicholas M. D.

, 19 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	10/2/25
UNDERTAKER Joseph A Farley	ADDRESS Fulton & Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 02420 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02420

CERTIFICATE OF DEATH. X 12

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Lighton Cloe.

(a) RESIDENCE No. Frankstown Virginia ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Bessie Cloe

6 DATE OF BIRTH (month, day, and year) 12-22-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employ) General Merchandise

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Shoeplet, Virginia

PARENTS

10 NAME William Shepherd Cloe.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Shoeplet Virginia

12 MAIDEN NAME Catherine Stark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Shoeplet, Virginia

14 Informant Mrs. Wm. Shepherd Cloe (Address) Frankstown Va

15 Filed 1-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-30 1925

17

I HEREBY CERTIFY, That I attended deceased from 9-24 —, 1925, to 9-30, 1925, that I last saw him alive on 9-30 —, 1925, and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Gangrene Cholecystitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Toxemia Cirrhosis Failure (duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 9-29 25

Was there an autopsy? no. clinical

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Quantico Va	Oct 7 1925

20 UNDERTAKER	ADDRESS
Harry H. Witzke	1539 W. Lombard

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

(Original)

E 02421

HEALTH DEPARTMENT—CITY OF BALTIMORE

54

E 02421

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 4-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Lyghne

(a) RESIDENCE NO. 717 W. Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Michael Lyghne

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Margaret Murphy

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ....., 19 Robert P. Harrison, Registrar

1-1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1925, to Sept. 30, 1925, that I last saw him alive on Sept. 30, 1925, and that death occurred, on the date stated above, at 4:50 p. m.

The CAUSE OF DEATH* was as follows:

Pellagra

(History) (duration) yrs. 3 mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

9/30 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Oct 3. 1925

20 UNDERTAKER Margaret L. Flynn ADDRESS 1422 Light

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02422 HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 02422

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospital. Baltimore, Md.

CITY OF BALTIMORE: (No. ..... ST. 17-1 ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Crowdy.

(a) RESIDENCE NO. 515 W. Lafayette St. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black,	single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE 38	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel Porter. 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Gus Crowdy,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Emma ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Hospital Records.
(Address) Baltimore City Hospital.

15 Filed OCT 2 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-30-25. 19

17 I HEREBY CERTIFY, That I attended deceased from 5-15-25 ..... 19 ..... to 9-30-25. 19 ....., that I last saw him alive on 9-30-25. 19 ....., and that death occurred, on the date stated above, at 3:15 A.M m.

The CAUSE OF DEATH* was as follows:

Pott's Disease, first lumbar vertebrae; Spastic Paraplegia, lower extremities, due to Pott's disease.

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia.

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? Application of casts.

What test confirmed diagnosis? No.

Clinical and Lab. test.

(Signed) Jno. P. Chamberlain, M. D.

, 19 (Address) Baltimore City Hospitals Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Oct 3 1925

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Woodfield ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02423

CERTIFICATE OF DEATH.

113 E 02423

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 E. Biddle ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Riley Rogers Jr.

(a) RESIDENCE NO. 1827 E. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 14, 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Riley Rogers Sr.

11 BIRTHPLACE OF FATHER (city or town) Ga
(State or country)

12 MAIDEN NAME OF MOTHER Lillian Richardson

13 BIRTHPLACE OF MOTHER (city or town) Ga
(State or country)

14 Informant Riley Rogers Sr
(Address) 1827 E. Biddle St.

15 Filed OCT 2 - 1925, 19.. ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1925, to Oct. 1, 1925, that I last saw him alive on Sept. 30, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No, Date of .....

Was there an autopsy? No. Laboratory Diagnosis

What test confirmed diagnosis?

(Signed) Dan Drawdy, M. D.

10/1, 1925 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 2, 1925
20 UNDERTAKER	ADDRESS
Elmer H. Conklin	914 E. Fayette St.

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Mitnick

E 02424

HEALTH DEPARTMENT—CITY OF BALTIMORE

57 E 02424

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 E Balto. ST., 61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob J. N. Mitnick

(a) RESIDENCE No. 1814 E. Balto ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie R. L. Mitnick

6 DATE OF BIRTH (month, day, and year) ——— 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attorney at Law

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harris Mitnick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Schiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Mitnick

(Address) 1814 E. Balto. St.

15 Filed OCT 2 - 1925 ROBERT R. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-1-1925

17 I HEREBY CERTIFY, That I attended deceased from 10/1, 1925, to 10/1, 1925, that I last saw h/M alive on 10/1, 1925, and that death occurred, on the date stated above, at 0450 P. m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Diabetes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart Suspension.

(Signed) O. O. Cargill, M. D.

, 19 (Address) 1740 E. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Sinai Friendship Cemetery	Oct 2 19 25
20 UNDERTAKER	ADDRESS
Jacob Lewis	1739 E. Balto

Cor.—1-12-25—M&T—100 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02425

CERTIFICATE OF DEATH.

E 02425

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 25-2 WARD)

2-FULL NAME Thomas J Ruark

(a) RESIDENCE NO. 205 Church Ave ST. Violetsville WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? —yrs. —mos. —ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Reese Ruark

6 DATE OF BIRTH (month, day, and year) Aug 28-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	1	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Yard Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Edwin Ruark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Diggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm W. Baker
(Address) 3409 Grantly Road

15 Filed OCT 2 - 1925 192 ROBERT N. KRAUTER Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28-1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cellular Adeniditis of neck

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Prob Acute Cardiac Lesion (duration) ... yrs. ... mos. ... ds.

(Signed) J S Hoen, M. D. (Coroner.)

10-1-25, 1925 (Address) 509 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Oct 2nd 1925

20 UNDERTAKER F B Wishart ADDRESS 1850 N. Balto St

TION is very important See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02426

CERTIFICATE OF DEATH.

8-2 101-001

E 02426 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 N Broadway ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Keith

(a) RESIDENCE No. 1610 N Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20 - 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pattern Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Oto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Chas A Keith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Mary J. Scully

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs E Keith

(Address) 1610 N Broadway

15 Filed OCT 2 - 1925, 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1925

17

I HEREBY CERTIFY, That I attended deceased from August 7th, 1925, to Sept 30th, 1925,

that I last saw him alive on 11 A.M. Sept 30th, 1925

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Articular Rheumatism

with Cardiac Complications

(Endocardial)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia of Right Lung

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms.

(Signed) Wilmer Brinton, M. D.

, 19 (Address) S.W. Cor Calvert + Fayette Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Oct 3 1925

20 UNDERTAKER Rolf Tenner Inc

ADDRESS 1412 Broadway

CAUSE OF DEATH to be plainly written. Exact statement of CAUSA-TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Garrell

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02427 — E 02427

1-PLACE OF DEATH Univ. Hospital — 4 × 89 — Registered No.

City of BALTIMORE: (No. ..... St., V-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L. Jarrell

(a) Residence No. Greensboro, Md. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced. HUSBAND of (or) WIFE of Lida J Jarrell

6-DATE OF BIRTH (month, day and year) March 25 1860

7-AGE. 65 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer). Own
(c) Name of employer. ...

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Robert Jarrell

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Temple

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14-(Informant). Univ. Hospital
(Address). Garland & Greene

15-Filed OCT 2 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/1/25

17-I HEREBY CERTIFY, That I attended deceased from 9/24 19 25 to 10/1 19 25
that I last saw h living on 10/1 19 25
and that death occurred, on the date stated above, at 9 a.m. p.m.

The CAUSE OF DEATH* was as follows:
angina pectoris

(Duration) ... yrs. 6 mos. + ds.

CONTRIBUTORY (Secondary) Coronary Embolism & acute cardiac dilitation

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical & ass.

(Signed) Knight Reynolds, M. D.
, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Greensboro Md	Oct 4 1925
20-UNDERTAKER. W M Rowlson	ADDRESS 2238 N Avenue

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02428 E 02428

CERTIFICATE OF DEATH.

E Darnall & Ext 100-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Grauland Park ST., No 7 WARD)

2-FULL NAME Mary Baranak

(a) RESIDENCE NO. Graeland Park ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 5-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 2 mo Bab

(b) General nature of Industry, business, or establishment in which employed (or employer) Infant.

(c) Name of employer

9 BIRTHPLACE (city or town) Balt, Cecil
(State or country) md

PARENTS

10 NAME OF FATHER William Baranak

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Josephine Wisniewska

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant (Address) Mrs Josephine Boroniak. Grauland Park.

15 [illegible] ROBERT J. KRAUTER, Asst. J. Harrison Burial Permit Clerk. Registrar

2 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-1 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1925, to Oct 1, 1925.

that I last saw her alive on Oct 1 st, 1925

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Sign

(Signed) Daniel S Fisher, M. D.

(Address) 332 S Pell Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus.	Oct 3, 1925.
20 UNDERTAKER M F. Sadowski.	ADDRESS 705 S. Ann

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

Drylewski

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02429

CERTIFICATE OF DEATH.

113

E 02429

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1347 Hull St. ST., 24-3 WARD)

2-FULL NAME Antonia Drylewski

(a) RESIDENCE NO. 1347 Hull ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Dec. 1. 24.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Mateusz Drylewski

11 BIRTHPLACE OF FATHER (city or town) Russ. Poland
(State or country)

12 MAIDEN NAME OF MOTHER Antonina Kotarski

13 BIRTHPLACE OF MOTHER (city or town) Russ. Poland
(State or country)

14 Informant Mateusz Drylewski
(Address) 1347 Hull Street

15 Filed OCT 2 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1. 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1925, to Oct. 1, 1925, that I last saw him alive on Sept. 30, 1925, and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Gastro - Enteritis

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) /

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. S. Kuhn M. D.

Oct. 2, 1925 (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Oct 3 1925
20 UNDERTAKER	ADDRESS
George A Weber	2206 Eutaw

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02430

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02430

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 S. Port ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Wacker

(a) RESIDENCE NO. 617 S. Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., If of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ late Eliza Wacker

6 DATE OF BIRTH (month, day, and year) June 25/52

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Wacker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Saml H. Hassener

(Address) 617 S. Port St

15 Filed OCT 2 - 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/1 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1925, to Oct. 1st. 1925.

that I last saw him alive on ~~Sept~~ 30th, 1925.

and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb N. Dorsey, M. D.

Oct', 1925 (Address) 100 E. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL 10/3 1925

20 UNDERTAKER Philip Herwig — ADDRESS 2018 Aliceanna

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 02431

CERTIFICATE OF DEATH.

90 E 02431

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Argyle ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Briscoe

(a) RESIDENCE NO. 1322 Argyle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Briscoe

6 DATE OF BIRTH (month, day, and year) Nov 3, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	56	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Lewis Johnson

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Jane Bowes

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Joseph Briscoe

(Address) 1322 Argyle Ave.

15 Filed OCT 2 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1925

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1925, to Oct 1, 1925

that I last saw her alive on Sept 29, 1925

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Wilbur Frey M. D.

10/1, 1925 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Hill Cemetery	Oct 6 1925

20 UNDERTAKER ADDRESS

Enoch T. A. Gibson 1836 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02432

CERTIFICATE OF DEATH.

100-001 E 02432

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 17-3 WARD)

2-FULL NAME Eugene L. LaMotte

(a) RESIDENCE NO. 2419 St Paul St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1860

7 AGE 65 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock Broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wilmington Del.

PARENTS

10 NAME OF FATHER Daniel LaMotte

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant J. B. LaMotte (Address) Philadelphia

15 Filed OCT 2 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 1 - 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-21- , 1925 to 10 - 1 - , 1925, that I last saw him alive on 10 - 1 - , 1925, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No / Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. E. Bonyadt, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Philadelphia Pa	Oct 2 1925
20 UNDERTAKER E. LeRoy Stiffler	ADDRESS 1252 North ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 02433 1949 b

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02433

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thalia Beckham

(a) RESIDENCE NO. 1756 Hyser Keyser ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. 10 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col	

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 4 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
		10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work non

(b) General nature of industry, business, or establishment in which employed (or employer) non

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Frederick Beckham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mildred Ruben

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 2 - 1925 19... ROBERT N. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 24. 1925 to Oct. 1st 1925.

that I last saw her alive on Oct. 1st 1925

and that death occurred, on the date stated above, at 11 1/2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 1756 Hyser St.

Did an operation precede death? Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) A W Jacobson, M. D.

1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laural Cemetery DATE OF BURIAL Oct 2 1925

20 UNDERTAKER Wm R. A Elliott ADDRESS 1725 Ashland Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02434

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 02434

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1109 Russell St., H-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Hall

(a) Residence No. 1109 Russell St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	(?)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct. 15 1889

7-AGE.	If LESS than 1 day,
35 yrs. 11 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town).....
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jacob Hall

11-BIRTHPLACE OF FATHER (city or town) Md
(State or Country),

12-MAIDEN NAME OF MOTHER, Florence Carter

13-BIRTHPLACE OF MOTHER (city or town) Md
(State or Country),

14-
(Informant) Jacob Hall
(Address) 1109 Russell

15-
Filed OCT 2 - 1925 ROBERT R. KRAUTER,
Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 30 25

17- I HEREBY CERTIFY, That I attended deceased from Sept 20th 1925 to Sept 30 1925.

That I last saw him alive on Sept 30 1925

and that death occurred, on the date stated above, at 9.30 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 11 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) 7 yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? O'Connell 11-18-27

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. H. Cornwell M. D

10/2, 19 25 (Address) 1 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
U. S. National	Oct 3, 1925

20-UNDERTAKER,	ADDRESS
J. L. Brown & Son	1131 Montpelier St.

INSTRUCTIONS FOR BACK OF CERTIFICATE.

Spec.—6-9-12—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02435

E 02435

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3514 Mt Pleasant St. Ward 16

2-FULL NAME Joseph Fitch

(a) RESIDENCE. No. 3514 Mt Pleasant Ave St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs

6 DATE OF BIRTH (month, day, and year) 10-1-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER James J. Fitch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Marie R. Crowley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

14 Informant Marie R. Fitch

(Address) 3514 Mt Pleasant Ave

15 Filed ... 19 ...

OCT 2 - 1925

ROBERT R. KRAUER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-1 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/1, 1925, to 10/1, 1925, that I last saw h[illegible] alive on 10/1, 1925, and that death occurred, on the date stated above, at 10/30 P m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchial Birth

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Angus D. Godden M. D.

(Address) 3323 E. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Oct 2 1925

20 UNDERTAKER Jas C. Miller & Son ADDRESS 2334 Jefferson St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 02436 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02436

CERTIFICATE OF DEATH.

74

1-PLACE OF DEATH

City of BALTIMORE: (No. 2605 Eastern ave St., 1-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Elizabeth Ulrich

(a) Residence No. 2605 Eastern Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Hartman Ulrich

6-DATE OF BIRTH (month, day and year) March 15, 1841

7-AGE, 84 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS

10-NAME OF FATHER, Michael Schellhouse

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna E. Schellhouse

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

11- (Informant) Mrs Ang Maffles

(Address) 2605 E. Eastern Ave

OCT 2 - 1925

ROBERT R. KRAUTER, Permit Clerk

Registrar.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct. 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1925 to Sept. 30 1925 that I last saw h[illegible] alive on Sept 30, 1925 and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kruger M. D

. 19 (Address) 2621 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Lachmans Cem

DATE OF BURIAL, Oct 7, 1925

20-UNDERTAKER. John Ulrich

ADDRESS 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 02437 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02437

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Alvarado square ST., (Hamilton 21 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Barbara Bitzel

(a) RESIDENCE NO. 4 Alvarado Sq. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 17 - 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	4	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Adam Bitzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna B Stein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Lydia Moore
(Address) 4 Alvarado Square Hamilton

15 Filed ..... 19 ..... Registrar

OCT 2 - 1925 ROBERT R. KRAUTER Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/2 1925

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1925, to Oct. 2, 1925, that I last saw he alive on Oct. 1, 1925, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:
Carcinoma sigmoid flexure.
(duration) Indefinite yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Debilitation
(duration) Indefinite yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 4 Alvarado Sq.
Did an operation precede death? Yes Date of May, 1925
Was there an autopsy? No
What test confirmed diagnosis? Microscopical tech.
(Signed) Jack G. Morgan M. D.
10/2, 1925 (Address) 62 Gilead St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL Oct 5 1925

20 UNDERTAKER John Merrick

ADDRESS 2008 Orleans

CAUSE OF DEATH must be plain terms, so that it may be properly classified. Exact statement of occupa-
TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02438

E 02438

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 14-1 WARD)

REGISTERED NO. 32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norman Henderson

(a) RESIDENCE NO. 1840 Penna, Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10/1/1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thomas Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Martha Mather

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 2 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 22, 1925, to Oct 1st, 1925

that I last saw him alive on Oct 1, 1925

and that death occurred, on the date stated above, at 7-45 a m.

The CAUSE OF DEATH* was as follows:

Acute Tuberculous Meningitis

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) A W Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	10/2/25
20 UNDERTAKER	ADDRESS 910
Dunn Forest	Park Ave

CAUSE OF DEATH must be properly examined. Every statement of OCCUPATION must be complete. Every question must be answered. Use plain terms, so that it may be understood by the laity. Every statement must be made as nearly as possible. Every statement must be made as nearly as possible. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02439

CERTIFICATE OF DEATH.

113

E 02439

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 Pennsylvania Ave ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Hammond

(a) RESIDENCE NO. 728 Pennsylvania Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 1st 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	1	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Fannie Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Fannie Hammond

(Address) 728 Pennsylvania Ave

15 Filed OCT 2 - 1925, 19.. ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 30th, 1925, to Oct 2, 1925, that I last saw him alive on Oct 1st, 1925, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis (duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac Weakness (duration) yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Edward E Mackenzie, M. D.

Oct 2, 1925 (Address) 1339 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	10/2/1925
20 UNDERTAKER	ADDRESS
Daniel Easton	916 Pine

INSTRUCTIONS: Use typewriter or write plainly in ink. Fill in all blanks. Be sure to answer every question. If none, or not known, so state. Do not abbreviate. Write out full the day of month and year of birth. If unknown, state approximate age. Occupation should be such as to indicate clearly the trade or profession followed, and not merely the fact that the deceased was a laborer, clerk, or housekeeper. Cause of death must be stated in plain English. Indefinite terms, such as debility, old age, etc., should be avoided. Causes of death which may be the result of occupation should be reported. Deaths from violence must be reported to the Coroner. Physicians are required to report to the Health Department the name of every person who has been under their professional care during the last illness. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02440

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

5001

5-8 E 02440

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 5-1 WARD)

2-FULL NAME Robert Connors

(a) RESIDENCE NO. 100 N. Front ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	68yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rhode Island

PARENTS

10 NAME OF FATHER John Connors

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Connors

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed OCT 2 - 1925, 19.. ROBERT H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1925, to Sept. 30, 1925, that I last saw him alive on Sept 30, 1925, and that death occurred, on the date stated above, at 8:45P m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(duration) yrs. 6 mos ds. (History)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

10/1, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	10/2 1925
20 UNDERTAKER	ADDRESS
Jno J Foley Sons	1318 Light

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.-1-10-21-M&T 1500 Bks.

E 02441 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02441

CERTIFICATE OF DEATH.

6-129-32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS St. (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Dailey

(a) RESIDENCE No. 2048 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1865(?)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65 yr(?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Odd)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... Registrar

ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1925, to Sept. 29, 1925.

that I last saw him alive on Sept. 29, 1925.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W. Lindsay Miller, M. D.

10/2/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn

DATE OF BURIAL 10/2 1925

20 UNDERTAKER Jno. J. Daley & Sons.

ADDRESS 1318 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02442

CERTIFICATE OF DEATH.

31 E 02442

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 S. Bethel Street ST. 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tomas. Kozlowski

(a) RESIDENCE NO. 524 S. Bethel Street ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elezabeth. Kozlowski

6 DATE OF BIRTH (month, day, and year) Nov. 18 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer) Terminal Warehause

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Anthony. Kozlowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna. Koryoki

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Anna. Koryoki Mother

(Address) 524 S. Bethel Street

15 Filed , 19 ROBERT R. KRAUTER, Registrar

Social Record Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/1/25

17

I HEREBY CERTIFY, That I attended deceased from 3/1, 1925, to 9/30, 1925, that I last saw h alive on 9/30, 1925 and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Heart failure & cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum & symptoms

(Signed) Wm H Armitage, M. D.

10/2, 1925 (Address) 1623 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	Oct 5 1925
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02443

E 02443

CERTIFICATE OF DEATH.

113

3-2

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 502 S. Dallas Street ST., 3 WARD)

2-FULL NAME Geneve. Swiderski

(a) RESIDENCE NO. 502 S. Dallas Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 17 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John. Swiderski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Frances. Wenglewicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14

Informant Mr John . Swiderski

(Address) 502. S. Dallas Street

15

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/1/25

17

I HEREBY CERTIFY, That I attended deceased from 9/28, 1925, to ~~10/1~~ 10/1, 1925,

that I last saw h[illegible] alive on 10/1, 1925,

and that death occurred, on the date stated above, at 1130 p m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis &
& Lues Colitis

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia & Heart failure

(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) John A Burbage M. D.

10/2, 1925 (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: Oct 3 1925

20 UNDERTAKER: John McAleer ADDRESS: 703 Bank St

TION is very important See instructions on back of certificates.

[illegible] 2 1925 [illegible] REGISTRAR

Spec.—6-9-19—R. P. Co.—1000 Bks.

E 02444 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02444

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1332 Sargeant (St.) 21 (Ward) 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Maria Link

(a) RESIDENCE NO. 1332 Sargeant ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
WIFE of Ludwig Link

6 DATE OF BIRTH (month, day, and year) June 24, 1858

7 AGE: Years 67 | Months 3 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Behringer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Metzger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Frank L. Gumpman

(Address) 1332 Sargent St

15 Filed OCT 2 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1925, to Sept 30, 1925, that I last saw h alive on Sept 29, 1925, and that death occurred, on the date stated above, at 5:15 (a.m.) The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

10/2, 1925 (Address) 517 Eaton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 3, 25

20 UNDERTAKER: Harry H. Witzke — ADDRESS: 1531 W. Lombard St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02445 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02445

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 326 Radnor Ave St., Govans 17-6 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John G. Miller

(a) Residence No. 326 Radnor Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 12th 1852

7-AGE. 73 yrs. 8 mos. 19 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Commission Merch't

(b) General nature of industry, business, or establishment in which employed (or employer) self

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John E Miller

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Mercer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Carrie Mayo

(Address) 326 Radnor Ave

15- Filed ..., 192... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) October 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from September 30 19 25 to October 1 19 25 that I last saw h[e] alive on September 30 19 25 and that death occurred, on the date stated above, at 9:26 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John G. Rooney M. D.

19 (Address) 420 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL. Oct 3rd 1925

20-UNDERTAKER Josiah Leppo ADDRESS Govans

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02446

CERTIFICATE OF DEATH.

16-90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 S. 15th St., WARD)

2-FULL NAME Anna M. Eichelberger

(a) RESIDENCE NO. 420 S. 15th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Eichelberger

6 DATE OF BIRTH (month, day, and year) March 6- 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Uniontown (State or country) Penn.

PARENTS

10 NAME OF FATHER Joseph E. Haller

11 BIRTHPLACE OF FATHER (city or town) Bedford (State or country) Penn.

12 MAIDEN NAME OF MOTHER Margaret E Cheesa

13 BIRTHPLACE OF MOTHER (city or town) Bedford Co (State or country) Penna

14 Informant Jos. E. Haller (Address) 420 S. 15 St

15 FEB 2 - 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1925, to Sept 30, 1925, that I last saw her alive on Sept 29, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

acute Parenchymatous Nephritis 3 ds.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Thos H Stivers, M. D.

10/1, 1925 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Oct 3rd 1925

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02447

E 02447

128

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST., 2846 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo Newman

(a) RESIDENCE NO. Mt Hope Retreat ST., 2846 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) aug. 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 004

(b) General nature of industry, business, or establishment in which employed (or employer) Clerking -

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md -

PARENTS

10 NAME OF FATHER W. J. Newman

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country) Md

12 MAIDEN NAME OF MOTHER Carolina M. Shipp

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md -

14 Informant Records of Mt Hope Retreat

(Address) Baltimore Md

15 Filed 2-1925 .19 Burial Permit C... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1925, to Sept 30th, 1925, that I last saw him alive on Sept 30th, 1925, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis -

(duration) 0 yrs. 0 mos 14 ds.

CONTRIBUTORY (Secondary) Acute mania Psychosis

(duration) 0 yrs. 0 mos. 14 ds.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flanny M. D.

Sept 30, 1925 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Irish cathedral bur	19/5 19 25
20 UNDERTAKER	ADDRESS 3... E. Bro...
Jos. F. Inman	

Spec.—5-19-13—M. & T.—500 Bks.

E 02448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02448

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home ST.; 9-1 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Mount

(Residence in Baltimore: No. St. Elizabeths Home Chestnut Hill Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	negroe	

6-DATE OF BIRTH, Probably about July 1 (Month) (Day), 1925 (Year)

7-AGE, Foundling yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: ppl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Foundling

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

Filed ....., 191...

Robert P. Harrison Registrar.

2-1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 2 (Month) (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1925, to ~~Sept~~ Oct 2 1925, that I saw h~~im~~ alive on October 2 1925 and that death occurred, on the date stated above, at 12 10 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Lues

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frank J. Ayd M. D.

October 2, 1925 (Address) 2008 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

Commissioner Health, OCT 2 1925

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 02449 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02449

X 43

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4 WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna O'neill

(a) RESIDENCE NO. 625 Congress Ave ST., Havre de Grace, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles O'Neill

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: about 65 yrs. Months: Days: If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House do

(b) General nature of industry, business, or establishment in which employed (or employer): Work

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Patrock Fitzgerald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary E. O'Neill

(Address): Havre de Grace Md

15 2-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-1-1925

17

I HEREBY CERTIFY, That I attended deceased from 7-27, 1925, to 10-1, 1925,

that I last saw h.. alive on 10-1, 1925,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis of Colon and rectum

(duration) 3 mos yrs. mos ds.

CONTRIBUTORY (Secondary) Acute nephritis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) W. Boyd Allen, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Govans

DATE OF BURIAL: Oct 3 1925

20 UNDERTAKER: J. C. Weldefeld

ADDRESS: 914 Gremmont Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02450

E 02450

CERTIFICATE OF DEATH.

129

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 15-10 W. Franklin ST. 19-1 WARD)

2-FULL NAME Chas. Henry Gross

(a) RESIDENCE NO. 15-10 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Victoria Estep Gross

6 DATE OF BIRTH (month, day, and year) 5-12-69

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Longshoreman 07

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Ann Arundle Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Gross

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ann Arundle Co. Md.

12 MAIDEN NAME OF MOTHER Sarah Blunt

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ann Arundle Co. Md.

14 Informant Chas. E. Gross
(Address) 567 Pera St

15 Oct 2 - 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-1-1925

17

I HEREBY CERTIFY, That I attended deceased from 3-30, 1925 to 10-1-, 1925,

that I last saw him alive on 9-30, 1925

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

about
(duration) ... yrs. 7 mos ... ds.

CONTRIBUTORY
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) George C. Page, M. D.

, 19 (Address) 806 N. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West River, Md.

DATE OF BURIAL: Oct 2 1925

20 UNDERTAKER: Miss Katie R. Williams

ADDRESS 32- N Schroeder St

Burial Permit Clerk.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02451

16-67 1801

1-PLACE OF DEATH

CITY OF BALTIMORE (No. (address?) ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anderson Ferguson

(a) RESIDENCE No. 900 N. Gilmore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50yr				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ... 3 - 1925 ... 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 22 1925 to Sept. 29 1925, that I last saw him alive on Sept 29 1925, and that death occurred, on the date stated above, at 11:40 P m.

The CAUSE OF DEATH* was as follows:

Rt hemiplegia (cerebral thrombosis)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller M. D.

10/2. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt Lookout

DATE OF BURIAL Oct 3 1925

20 UNDERTAKER Sam'l Cassidy Son

ADDRESS 1400 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02452

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02452

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 14-19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest F. Willett

(a) RESIDENCE No. 1437 Shields Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colod	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virgie Willett

6 DATE OF BIRTH (month, day, and year) July 6-1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	2	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Ernest Willett

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Wellington

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Virgie Willett
(Address) 1427 Shields Alley

15 Filed 3 1925, 192 Robert F. Carman Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-6-25 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia
Had Found Work Shoes
Fell Ill Died

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Oct 4 192 1

20 UNDERTAKER Franklin W Seth

ADDRESS 709 W 33 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T

Spec.—1-10-21—M&T—1500 Bks.

E 02453 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02453

CERTIFICATE OF DEATH.

101-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Carlton St. 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Dahl,

(a) RESIDENCE NO. 119 S. Carlton, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alex. Dahl,

6 DATE OF BIRTH (month, day, and year) unknown 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Geo Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER married Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Elmer Dahl (Address) 104 S. Carlton St

15 FILED OCT 3 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 2. 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 28. 1925. to Oct. 2. 1925.

that I last saw h alive on Oct 2. 1925.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia,

(Primary.)

(duration) X yrs. X mos 5 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no,

What test confirmed diagnosis? Physical Exam, etc

(Signed) Thos Norton, M. D.

10/7/25. (Address) 580 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Int Alms Cem	10-5-1925
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun Holland st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02454 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 91,002 ✓ E 02454

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11-2 McGeath St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Gerlach

(a) RESIDENCE NO. 7 Shoperidale Ave ST., WARD County

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 5 1913

7 AGE Years 12 Months 1 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Harry Gerlach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Emma Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Harry Gerlach (Address) 7 Shoperidale Ave

15 Filed 3-1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH 10-1-25

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from 9-28-25, to 10-1-25, that I last saw him alive on 10-1-25, and that death occurred, on the date stated above, at 9:25 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Leukemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 9-29-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Dempsey M. D.

19 (Address) 710 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 10/5 1925

20 UNDERTAKER Wm J Tickerton — ADDRESS W. Fay.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02455 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02455

CERTIFICATE OF DEATH. X 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Amberger

(a) RESIDENCE NO. E Delta Pa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Herman Amberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Hattie Harman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 1925 Oct 3 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1925, to Oct 2 - 1925,

that I last saw him alive on Oct 2 - 1925

and that death occurred, on the date stated above, at 12-15 A m.

The CAUSE OF DEATH* was as follows:

Acute G-I Indigestion

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. Jacobson, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Delta, Penna	10/3 1925

20 UNDERTAKER W. J. Nelson Sons

ADDRESS

IMPORTANT—Before Burial Permit Supplies Are Issued, Above Information Must Be Properly Classified. Exact Statement of Occupation and CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

E 02456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02456

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

(CITY OF BALTIMORE: (No. Mww Hospital ST., 18-2 WARD)

(William)

2-FULL NAME Mr. H. S Shipley

(a) RESIDENCE NO. 6-S-Carlton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 123

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City Md.
(State or country)

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Dont know

12 MAIDEN NAME OF MOTHER Louisa Perkins

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Jane E Shipley
(Address) 6 S. Carlton ave

15 Filed 3-1925, 192 Robert P. [illegible] Registrar

Buried Permit Dist. [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) , M. D.
(Coroner.)

, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 10/3/1925 192

20 UNDERTAKER Daniel Carton

ADDRESS 916 Pa ave

TION is very important. See instructions on back of certificate.

Spec.- 1-10-21 M&T 1500 Blks.

E 02457

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02457

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) BALTIMORE CITY HOSPITALS ST. 93-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Mills

(a) RESIDENCE NO. 929 Penn Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874 or 1873 (?)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51 yrs. 57 yrs.) ?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Baltimore City Hospitals Records

15 Filed 3-1925, 19 ... Robert P. Patterson Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1925. to Sept. 30, 1925.

that I last saw him alive on Sept 30, 1925.

and that death occurred, on the date stated above, at 9:45P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; Hypertension; Chronic myocarditis.

(duration) 2 yrs. 9 mos (History) ds.

CONTRIBUTORY (Secondary) Myocardial failure (History)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller M. D.

10/2 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL Oct 3. 1925

20 UNDERTAKER R L Parham 906 Leadenhall St

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. [illegible] 23—M&T—500 Blks.

(Michlow)

HEALTH DEPARTMENT—CITY OF BALTIMORE

02458 — CERTIFICATE OF DEATH. — 113 E 02458

1548 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., (Ward) 16-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hope McKlaw

(a) RESIDENCE No. 3923 E. Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 17-1925

7 AGE — Years: — Months: 2 — Days: 15 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——— 000

(b) General nature of industry, business, or establishment in which employed (or employer): ———

(c) Name of employer: ———

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Milton McKlaw

11 BIRTHPLACE OF FATHER (city or town) (State or country): Greece

12 MAIDEN NAME OF MOTHER: Katherine Gerstenmaier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 3 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 1 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct 10th 19 25 to Oct 1st 19 25, that I last saw her alive on Oct 1st 19 25 and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

Acute A-I Indigestion.

(duration) ... yrs. mos 18 ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arvacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel cem — DATE OF BURIAL: Oct 3 19 25

20 UNDERTAKER: George W. Zirkle — ADDRESS: 1739 E Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 02459

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 McElderry ST., 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Loveday

(a) RESIDENCE No 1213 McElderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: colored | 5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Harry Loveday

6 DATE OF BIRTH (month, day, and year): March 1891

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	6	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Preston Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Harry Loveday

(Address) 1213 McElderry St.

15 Filed OCT 3 1925 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Mouth-Pulmonary

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Probably Tuberculosis

(duration) yrs. mos. ds.

(Signed) J. C. Kolb, M. D.
(Coroner.)

10-1-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery DATE OF BURIAL: Oct 3 1925

UNDERTAKER: Chas. H. Johnson & N. Coghlin ADDRESS

See instructions on back of certificate. TION is very important

Spec.—1-10-21—M&T—1500 Bks.

E 02460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02460

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Homestead ST., 9-3 WARD) 29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Ella Baker

(a) RESIDENCE NO. 1720 Homestead ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 8 mos. ds. How long in U. S., if of foreign birth? Life time

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Maker

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Easton Md

PARENTS

10 NAME OF FATHER: Wm. H. Parrott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md "

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md "

14 Informant (Address): R. V. Baker 1720 Homestead

15 Filed OCT 3 - 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1925, to Oct 1, 1925, that I last saw h[illegible] alive on Sept 30, 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cerebro Sclerosis and Mitral Insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

10/1, 1925 (Address) 1405 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary Hampden — DATE OF BURIAL: Oct 3 1925

20 UNDERTAKER: W M Routson — ADDRESS: 2205 N Wolfe

Robert J. Garrison, Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 02461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02461

CERTIFICATE OF DEATH.

REGISTERED NO. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Fleet ST., V-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Ostrowska

(a) RESIDENCE NO. 1902 Fleet ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White.

5 Single, Married, Widowed, or Divorced, (write the word) Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 29/25.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Ostrowski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Helen Fadigowska.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Helen Ostrowska. (Address) 1902 Fleet St

15 Filed 3-1925 Robert T. Harris Registrar

Daniel Perrit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (mont., day, and year) Oct 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1925, to Oct 2, 1925, that I last saw h[illegible] alive on Oct 2, 1925, and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) John H. Rasberger M. D.

(Address) 709 Aliceanna St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary St. Stanislaus, J — DATE OF BURIAL Oct 3" 1925

20 UNDERTAKER W. F. Sadowski. — ADDRESS 705 S. Am

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02462

CERTIFICATE OF DEATH.

E 02462

1-PLACE OF DEATH Provident Hospital - 43 Biddle St REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 11-2 WARD

2-FULL NAME Mrs. Cornelia Ann Woodard

(a) RESIDENCE NO. Jones Ave - Catonsville St. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Duties

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Providence Hosp Rec

(Address)

15 Filed OCT 3 - 1925 . 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-2- 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-30-, 1925, to 10-2, 1925, that I last saw her alive on 10-2-, 1925, and that death occurred, on the date stated above, at 7 10 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Butler, M. D.

, 19 (Address) 425 N. Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cem DATE OF BURIAL Oct 4 1925

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

(Hallwig)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02463

CERTIFICATE OF DEATH.

43 E 02463

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hospt ST., 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Paul Hallwig

(a) RESIDENCE NO. 1176 W Woodlawn Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Margaret C Hallwig

6 DATE OF BIRTH (month, day, and year) Dec 18 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	59	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Artist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Oscar Hallwig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Paine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) 1032 Fulton Ave

15 Filed OCT 3 - 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/1 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/30, 1925, to 10/1, 1925.

that I last saw h[illegible] alive on 10/1, 1925,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Secondary Lymphosarcoma

Cardiac Insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm C Hunt M.D.

, 19 (Address) Md Gen Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL 10/3 25

20 UNDERTAKER Geo A Farley — ADDRESS Fulton & Fayette

File 1502

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02464

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02464

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST. 17-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Brooks

(a) RESIDENCE NO. 2105 Hargrove St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): May 5-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	4	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer (common)
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Matthews Co Va.

PARENTS

10 NAME OF FATHER: Thos Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Martha Billups

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Anna Crosby (sister)
(Address): Hartford Conn.

15 Filed: OCT 3 - 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 30-1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency (Valvular)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Collins, M. D.
(Coroner.)

10-2-25, 192 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Oct 3 1925
20 UNDERTAKER: Samuel L. Hawksley	ADDRESS: 578 N Eddy St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02465

CERTIFICATE OF DEATH.

E 02465

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N Schroeder, ST. 18-1 WARD) 162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Child of Robert + Anna Gross

(a) RESIDENCE NO. 127 N Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 9/30/25

7 AGE Years | Months | Days 2 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Robert Gross

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Gumm

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Robert Gross

(Address) 127 N Schroeder St

15 Filed ....., 19.. Robert P. Harrison, Registrar

T 3 - 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1925 to Oct 2, 1925; that I last saw h[illegible] alive on Oct 2, 1925; and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Hemorrhage

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) D. F. Lovell M. D.

10/2 1925 (Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem | DATE OF BURIAL 10/3 1925

20 UNDERTAKER Jas. M. Skinner | ADDRESS Hillen & Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1845-99

E 02466

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02466

CERTIFICATE OF DEATH.

16-002

6-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST., WARD)

2-FULL NAME Lillian Hess

(a) RESIDENCE NO. 207 N Duncan St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Colored

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER G. J. Hess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Helen Houseck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

Robert P. Harrison, Local Registrar

T 3 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 11, 1925, to Oct 2 - , 1925.

that I last saw her alive on Oct 2 - , 1925.

and that death occurred, on the date stated above, at 10 A.M. m.

The CAUSE OF DEATH* was as follows:

Dysentery, Acute Bacillary

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 207 N. Duncan St.

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A W Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 10-3-25

20 UNDERTAKER Frank Crockett

ADDRESS 1906 Eutaw Pl

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Stopford

Spec.—1-10-21—M&T—1500 Blks.

E 02467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

141 E 02467

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Alta Ave ST., Overlea WARD 11)

2-FULL NAME Anna M. Stopford

(a) RESIDENCE NO. Alta Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Stopford

6 DATE OF BIRTH (month, day, and year) Oct 11 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ..min.
	48	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Theodore Frietag

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Walter Stopford
(Address) alta ave Overlea

15 Filed OCT 4 - 1925 ROBERT R. KRAUCH, Registrar
Assistant Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1924 to Oct 2nd 1925, that I last saw h[illegible] alive on Oct 1 1925, and that death occurred, on the date stated above, at 4 45 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Refuse Inspection from Complete Prolapse

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Patient

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) [illegible] M. D.

Oct 5 1925 (Address) 701 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Oct 5 1925
20 UNDERTAKER	ADDRESS
Chas. S. Black	742 W. North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 02468

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02468

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2652 Oswego Ave., ST., 13-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Levinson

(a) RESIDENCE No. 2652 Oswego Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred City yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant 1st

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER ~~Samuel~~ Louis Levinson

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Irena Borochov

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Samuel Levinson (father)
(Address) 2652 Oswego Ave.

15 Filed OCT 4 1925, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-2-1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1925, to Oct. 2nd, 1925, that I last saw him alive on Oct 2nd, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Mediastinal Tumor
(Probably a lymphio-sarcoma)

(duration) yrs. 9 mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? yes by the chest.

What test confirmed diagnosis?

(Signed) A. F. Rico, M. D.

Oct 4th 1925 (Address) 24 S. Bury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Hebrew Friendship Cemetery 10-4-1925

20 UNDERTAKER — ADDRESS

Jack Levin, 1439 E. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 02469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 02469

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 S. Fremont Ave., ST., 18-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Josiah Ransford

(a) RESIDENCE NO. 14 S. Fremont Ave., ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Ransford

6 DATE OF BIRTH (month, day, and year) April 30th, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	52	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Doorman

(b) General nature of industry, business, or establishment in which employed (or employer) U.S.F.&G. Co.,

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) New York

PARENTS

10 NAME OF FATHER Joseph Ransford

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Annie Ransford (Wife)

(Address) 14 S Fremont Ave

15 Filed OCT 4 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-2- 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925 to Oct 1st, 1925, that I last saw him alive on Oct 1st, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Indefinite (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman, M. D.

Oct 3 1925 (Address) 3687 Wrexham Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cemetery — DATE OF BURIAL: 10-5-1925

20 UNDERTAKER: Isaac Lewis — ADDRESS: 1434 E. Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

185031 E 02470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 113 E 02470

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Smith

(a) RESIDENCE No. Woodstock Md — ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Homer Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga —

12 MAIDEN NAME OF MOTHER Katherine Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... , 19 ..... ROBERT R. KRAUTER Registrar

OCT 4 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3rd 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 26th 19... to Oct. 3rd 1925, that I last saw her alive on Oct. 3rd 1925, and that death occurred, on the date stated above, at 4 P M. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Intestinal Indigestion

(duration) ..... yrs. 1 mos ..... ds

CONTRIBUTORY (Secondary) Terminal Bronchio-pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Woodstock Md.

Did an operation precede death? — Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Alexander J. Schaffer M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Good Shepherd Cem	Oct. 5 1925
20 UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1825 E 02471

HEALTH DEPARTMENT—CITY OF BALTIMORE

1825 E 02471

CERTIFICATE OF DEATH.

37

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., (Ward) V-1

2-FULL NAME William R Dimmyre

(a) RESIDENCE NO. 273 Gone St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Benjamin Dimmyre

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Bertha Helena ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed OCT 4 - 1925, 19 ROBERT R. KRAUTER, Registrar. Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1925, to Oct 3 1925, that I last saw ~~h~~ alive on Oct 3 1925 and that death occurred, on the date stated above, at 4 00 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery, acute bacillary

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis, acute miliary

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Alexander J Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Patricks Cemetery	Oct 6, 1925
20 UNDERTAKER	ADDRESS
H Sandler + Sons	1218 Fulton Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02472

CERTIFICATE OF DEATH.

118-02 02472

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp'l ST., W-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter William Herman

(a) RESIDENCE NO. 1809 Fleet St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 13, 1911

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
14	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER John R. Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Bloske

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Margaret Herman
(Address) 1809 Fleet St

15 Filed OCT 4 1925 ROBERT H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1925, to Oct. 1, 1925, that I last saw h(M) alive on Oct 1, 1925, and that death occurred, on the date stated above, at 12 00 noon

The CAUSE OF DEATH* was as follows:

Meckels Diverticulitis
Intestinal obstruction

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Oct. 1, 25

Was there an autopsy? No

What test confirmed diagnosis? Operation & autopsy

(Signed) J. Joseph Tinley, M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cemetery — DATE OF BURIAL Oct 2, 1925

20 UNDERTAKER H. Sander Sons — ADDRESS 1700 Park Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T—1500 Bks.

1850 76

E 02473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 02473

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph B Londell -

(a) RESIDENCE NO. 324 E. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jomara Blondell

6 DATE OF BIRTH (month, day, and year) Autumn

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 650

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Blondell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hanara Gleeson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

Filed OCT 4 - 1925 ROBERT R. KRAUTER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 28th, 1925, to Oct. 3rd, 1925, that I last saw h~~im~~ alive on Oct. 3rd, 1925, and that death occurred, on the date stated above, at 9.55 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall bladder

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cirrhosis of liver not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? Yes Date of 10-1-25

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation

(Signed) J. L. Rembert, M. D.

(Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Oct. 6 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

J Ruzicka
800 N Patterson

E 02474 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 9E 02474 PK

REGISTERED NO. 11

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1759 Darley Ave ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F Smith

(a) RESIDENCE NO. 1759 Darley Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

6 If married, widowed, or divorced (a) HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 16, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	78	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Self. 015

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Wm H. Smith

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Sarah A Joyce

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Charles Feiner
(Address) 5 Oakland Ave Hamilton

15 Filed OCT 4 - 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2-25

17 I HEREBY CERTIFY, That I attended deceased from 8-15 .19 25. to 9-2 .19 25.

that I last saw h alive on 9-1 .19 25.

and that death occurred, on the date stated above, at 5:55 P m.

The CAUSE OF DEATH* was as follows:

Uremia Nephritis Interstitial

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Ruzicka M. D.

19 (Address) 800 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 10/5 1925

20 UNDERTAKER Wm Cook

ADDRESS 502 E Hoffman

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02475

CERTIFICATE OF DEATH.

11 V E 02475

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1503 Eastern Ave ST., 3-4 WARD

2-FULL NAME William Beasley

(a) RESIDENCE No. 1503 Eastern Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
19	1906	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer) No

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Will Beasley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Laurens Co S.C.

12 MAIDEN NAME OF MOTHER Mary Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Laurens S C

14 Informant Will Beasley

(Address) 1503 Eastern Ave

Filed OCT 4 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1925 to Oct 3, 1925

that I last saw him alive on Oct 2, 1925

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. N. Hatcher, M. D.

10/3 1925 (Address) 1725 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery

DATE OF BURIAL Oct. 5. 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Eutaw orleans

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02476

CERTIFICATE OF DEATH.

7-16-001

Registered No. E 02476

1-PLACE OF DEATH

City of BALTIMORE: (No. 808 N. Washington St St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Johlitz

(a) Residence No. 808 N. Washington St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 2/1925

7-AGE, ...yrs. 2 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick Johlitz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Bertha Foit

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14-

(Informant) Frederick Johlitz

(Address) 808 N. Wash. St

OCT 4 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 3/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 30, 1925, to ....., 1925, that I last saw h.. alive on Oct 2, 1925, and that death occurred, on the date stated above, at ....m. The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd M. D.

Oct 3, 1925 (Address) 2008 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Bolt Redeemer — DATE OF BURIAL, Oct. 5, 1925

20-UNDERTAKER, J. Z. J. Kerr — ADDRESS 156 N. Luzerne

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 02477

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02477

CERTIFICATE OF DEATH.

24-001

2423

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Towson & Beason Sts. St., ... Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Albert Walker.

(Residence in Baltimore: No. 1414 Richardson St. St.; yrs. 35 mos. -------- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. August 10, 1866. (Month) (Day) (Year)

7-AGE. 59 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grain trimmer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, George Walker.

11-BIRTHPLACE OF FATHER, (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Mary--------

13-BIRTHPLACE OF MOTHER, (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... William Walker.(son)

(Address)..... 1414 Richardson St.

15- Filed....., 192.... ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 30, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an m inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said..... inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration)..... yrs. mos. ds.

CONTRIBUTORY (Secondary)..... Duration..... yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

Oct. 2, 1925 (Address) 101 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem.	Oct 5 1925
20-UNDERTAKER.	ADDRESS.
Chas. L. Strine	1001 E. Fort Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 02478 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 15-349 E 02478

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2531 Shirley Ave. ST., 15 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eldridge Packham, Jr/

(a) RESIDENCE NO. 2531 Shirley Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Sarah A. Packham,

6 DATE OF BIRTH (month, day, and year) July 2. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturers Agent

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Eldridge Packham,

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Jane King,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Sarah A. Packham, (Address) 2531 Shirley Ave.

15 Filed OCT 4 1925, 19 ROBERT A. KRANTZ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 3 1925

17 I HEREBY CERTIFY, That I attended deceased from July. 1. 1925. to Oct 3. 1925.

that I last saw him alive on Oct 3 1925.

and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate gland.

(duration) 3. yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2 yrs ago

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic exp.

(Signed) James D Ashurst M. D.

10-3-1925 (Address) 4012 Park Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL OCT 5 1925 19

20 UNDERTAKER Robert L. Little ADDRESS EDMONDSON AVE.

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02479

CERTIFICATE OF DEATH.

E 02479

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1432 E. Fort ave St., 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma A. Lang

(a) Residence No. 1432 E. Fort ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 22 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	white	Married.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Lang.

6-DATE OF BIRTH (month, day and year) 3-10-1861

7-AGE,	If LESS than 1 day,
64 yrs. 6 mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9-BIRTHPLACE (city or town) Harford Co. (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. Ozmon.

11-BIRTHPLACE OF FATHER (city or town) Harford Co (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Martha Taylor

13-BIRTHPLACE OF MOTHER (city or town) Harford Co (State or Country), Md.

14- (Informant) Wm. J. Lang

(Address) 1432 E. Fort ave

15- Filed OCT 4 1925 HUBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 2/25

17- I HEREBY CERTIFY, That I attended deceased from July 12, 1925, to Oct 2, 1925

that I last saw h alive on Oct 2, 1925

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

Duration 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1 year 3 Mo ago

Was there an autopsy? No

What test confirmed diagnosis?

Oct 3/25 Hugh Bloll M. D.

(Address) 120 S Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Schwartz's Cem	10/5 1925
20-UNDERTAKER,	ADDRESS
J. Few McCully	130 E. Fort

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 02480

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Weeks

(a) Residence No. Fairlee Maryland St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1880

7-AGE. 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Parkton Md.

PARENTS.

10-NAME OF FATHER, James Weeks

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Parkton Md.

12-MAIDEN NAME OF MOTHER, Elizabeth Brooks

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), Md.

14- (Informant) Hospital Records

(Address) .....

15- Filed OCT 4 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 1st 1925

17- I HEREBY CERTIFY, That I attended deceased from 9-25-25 19..... to Oct 1. 1925 19.....

that I last saw him alive on Oct 1st 1925 19.....

and that death occurred, on the date stated above, at 8 am m.

The CAUSE OF DEATH* was as follows:

Luetic Cardio-Vascular Disease c
Aneurysm of Ascending Arch,
Cardiac Hypertrophy and Dilitation c
Luetic Laryngitis (Duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of No

Was there an autopsy? None

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.

10/3, 1925 (Address) Univ Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn Cem — DATE OF BURIAL, Oct 5, 1925

20-UNDERTAKER, Samuel G. Wesley — ADDRESS 538 Biddle St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 02481

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 Rock, ST. 19-1 WARD)

2-FULL NAME Wm. H. Anthony

(a) RESIDENCE NO. 240 Rock St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Anthony

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hostler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Wm. H. Anthony

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Ellsworth Jones
(Address) 1093 N. Fremont Ave

15 Filed ..... 192 .... ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 — 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

Chronic (Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) C. C. Yates, M. D.
(Coroner.)

Oct 1 192 (Address) 1330 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Oct 4 1925

20 UNDERTAKER Samuel Wesley ADDRESS 1128 Biddle

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02482

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lambard & Greene St. 17-14 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Palmer

(a) Residence No. 702 Tessier St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, ~~HUSBAND of (or)~~ WIFE of Sherman Palmer

6-DATE OF BIRTH (month, day and year) Jan 27 1901

7-AGE, 24 yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Lee Bibbs

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Carrie Hill

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14-

(Informant) Carrie Bibbs

(Address) 702 Tessier St

15-

Filed OCT 4 - 1925 1925 ALBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 1st 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 30, 1925, to Oct 1st, 1925, that I last saw her alive on Oct 1st, 1925, and that death occurred, on the date stated above, at 2:10 P. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) yrs. 9 mos. ds.

18-Where was disease contracted if not at place of death? 702 Tessier St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

Oct. 1. 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL, Oct 5 19..

20-UNDERTAKER, Samuel H. Busby ADDRESS 578 N. Bond St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02483 CERTIFICATE OF DEATH. 161-002 02483

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 Light ST. 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Campbell

(a) RESIDENCE NO. 709 Light St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 2 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	1/2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md

PARENTS

10 NAME OF FATHER George L Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northumberland Co Md

12 MAIDEN NAME OF MOTHER Lillian E Sodon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Northumberland Co Md

14 Informant (Address) Mr George L Campbell 709 Light St

15 Filed OCT 4 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1925, to Oct 4, 1925, that I last saw him alive on Oct 3, 1925, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 Day 11 Hrs ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Physical Signs

What test confirmed diagnosis?

(Signed) J Edward Holmes, M. D.

Oct 4, 1925 (Address) 107 E West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reedville Va — DATE OF BURIAL Oct 4 1925

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02484

CERTIFICATE OF DEATH.

758-002

E 02484

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. Mercy Hospital ST., WARD)

2-FULL NAME George Crawford

(a) RESIDENCE NO. Elkins Wa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 ~~Single~~, Married, ~~Widowed, or Divorced~~. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumberman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canton N.Y.

PARENTS

10 NAME OF FATHER Frank Davies

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Sarah Davies

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cuba N.Y.

14 Informant H. F. Gratz

(Address) Port Allegany Pa

Filed OCT 4 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 19

17

I HEREBY CERTIFY, That I attended deceased from Sept 29, 1925, to Oct 3, 1925, that I last saw him alive on Oct 3, 1925, and that death occurred, on the date stated above, at 5.10 a. m.

The CAUSE OF DEATH* was as follows:

Secondary anaemia

(Stroke)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? no clinical

What test confirmed diagnosis?

(Signed) H. W. Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Olean N.Y.	Oct 4 1925

20 UNDERTAKER Chas. E. Franck ADDRESS 821 Madison Av.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 02485

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02485

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2741 Almeda Ave ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Pilson

(a) RESIDENCE NO. Carney Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Frank Pilson

6 DATE OF BIRTH (month, day, and year) Jan 9-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of indnstry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER William Linzey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Mc-Lane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant E.A.Linzey
(Address) 4000 Old York Rd

OCT 5 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 3 hrs.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

(Signed) J. S. Holton (Coroner) M. D.

10-3-25 192 (Address) 308 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Cem Towson Md

DATE OF BURIAL Oct 5 1925

20 UNDERTAKER Mary M Jenkins Son Co

ADDRESS Oakland & Mc Colloch Sts

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02486

CERTIFICATE OF DEATH.

47 E 02486

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 Chancery ST., 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Lee Tyson

(a) RESIDENCE NO. 206 Chancery St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Married

5a If married, widowed, or divorced (or) WIFE of Anthony Morris Tyson

6 DATE OF BIRTH (month, day, and year) Jan 17 1869

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
56	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Joseph. Packard.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fairfax Co. Virginia

12 MAIDEN NAME OF MOTHER Laura Bennett

13 BIRTHPLACE OF MOTHER (city or town) Savanah (State or country) Georgia

14 Informant Elsie P. Packard (Address) 3016 Fairwood

15 Filed ..... 19 ..... ROBERT R. KRAMER Registrar

OCT 5 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15 , 1925 , to Oct 4 , 1925 , that I last saw her alive on Oct 4 , 1925 , and that death occurred, on the date stated above, at 10-45 A m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of breast.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) General Metastasis

(duration) yrs 3 mos. 15 ds.

18 Where was disease contracted If not at place of death? At place of death.

Did an operation precede death? Yes Date of July 1924

Was there an autopsy? No.

What test confirmed diagnosis? Exploratory Laparotomy

(Signed) A. D. Atkinson M. D.

, 19 (Address) 1010 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Oct 7th 1925
20 UNDERTAKER	ADDRESS
Henry W. Jenkins & Son	McCulloh & Orchard.

Spec.—1-10-21—M&T—1500 Bks.

1r Dwight Mother

E 02487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02487

CERTIFICATE OF DEATH.

301 S. Ellwood Av

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 340 S. Bouldin St (WARD) 16-5

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gottlieb Zech

(a) RESIDENCE NO. 340 S. Bouldin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Zech

6 DATE OF BIRTH (month, day, and year) Sept 13-1868

7 AGE Years 57 Months Days If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Gottlieb Zech

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant (Address) Mrs. Zech 340 S. Bouldin St

15 Filed OCT 5 - 1925 ROBERT N. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1925 to Oct 1, 1925.

That I last saw h alive on Oct 2 1925 and that death occurred, on the date stated above, at 1045 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Esophagus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) [illegible], M. D.

, 19 (Address) 301 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL Oct 5th, 1925

20 UNDERTAKER F. B. Wyspirt ADDRESS 1850 N Bond St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02488

CERTIFICATE OF DEATH.

E 02488

1-PLACE OF DEATH Pronounced dead at St Agnes accident occurred 7 1/2 St Hospital

City of BALTIMORE: (No. ... St. ... Ward.)

Registered No. C.....

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert E. Cramblitt

(Residence in Baltimore: No. 1166 W. Hamburg St St.; yrs. 23 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-DATE OF BIRTH. July 10th 1902
(Month) (Day) (Year)

7-AGE. 23 yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. State Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Thos. Cramblitt

11-BIRTHPLACE OF FATHER. (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Louisa Biedebach

13-BIRTHPLACE OF MOTHER. (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Cramblitt

(Address) 1166 W. Hamburg St

15- OCT 5 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 1st 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base Skull
Concussion Brain & probably
internal Hemorrhage
at once
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Auto Accident
Rear into auto Truck

(Signed) Thos. B. Horton M. D.
(Coroner)

Oct 4th 1925 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	Oct 5, 1925
20-UNDERTAKER. William Cook	ADDRESS 502 E. North Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 02489

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-002 E 02489

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hosp. H. H. CITY OF BALTIMORE: (No. 9-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francheszo Reale.

(a) RESIDENCE NO. 2546 Hanford Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) 11/4/1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Antonino Reale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Nicoletta Palmeiro

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Antonino Reale

(Address) 2546 Hanford Rd

15 Dated OCT 5 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/2 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/22, 1925, to 10/2, 1925

that I last saw h alive on 10/2/25, 1925

and that death occurred, on the date stated above, at 11.45 A. m.

The CAUSE OF DEATH* was as follows:

Pan-Sinusitis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Brain abscess

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9/29/25

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical signs

(Signed) Charles Carlson M. D.

10/2 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	10/5 1925
20 UNDERTAKER George J Ruth	ADDRESS 1735 Hanford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02490

CERTIFICATE OF DEATH.

31 ✓ E 02490

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 22-1 WARD)

2-FULL NAME William Sherwood

(a) RESIDENCE NO. # 3 of Iceland ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Conn.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed OCT 5 - 1925 Registrar

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1925, to Sept. 30, 1925, that I last saw him alive on Sept 30, 1925, and that death occurred, on the date stated above, at 10:30P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 (History) yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos. 14 (History) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

10/2. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Oct 5 1925

20 UNDERTAKER Wm. E. Hoffman — ADDRESS 406 W. Conway st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02491

CERTIFICATE OF DEATH.

74-001

15-5

E 02491

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Chelsea Ter ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Clay Mettam

(a) RESIDENCE No. 2404 Chelsea Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Barley Mettam

6 DATE OF BIRTH (month, day, and year) June 4 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Mettam

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Rebecca Barker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Barley Mettam

(Address) 2404 Chelsea Terrace

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1916, to Oct 3, 1925.

that I last saw him alive on Oct 2, 1925,

and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 9 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of Sept 30 25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter L. Henry M. D.

, 19 (Address) 3517 Fairview Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 5 - 1925

20 UNDERTAKER, John O. Mitchell 1201 W. Saratoga St.

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 02492

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02492

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1146 Hull St. St., ... Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Martin.

(Residence in Baltimore: No. 1146 Hull St. St.; yrs., 4 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Female.	White.	Single.

6-DATE OF BIRTH, May 7, 1925
(Month) (Day) (Year)

7-AGE, ---- yrs. 4 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Martin.

11-BIRTHPLACE OF FATHER, (State or Country). Austria.

12-MAIDEN NAME OF MOTHER, Wadislaw Orvitzki.

13-BIRTHPLACE OF MOTHER, (State or Country). Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wadislaw Martin.(mother)

(Address) 1146 Hull St.

15- OCT 5 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 4, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

Oct 4, 1925 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross, N.Y.	Oct 5 1925
20-UNDERTAKER,	ADDRESS
Chas L Stevens	1502 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02493

CERTIFICATE OF DEATH.

10 1 E 02493

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 154 East ST., 5-1 WARD)

2-FULL NAME Ella Wilson

(a) RESIDENCE NO. 154 East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ H. Wilson

6 DATE OF BIRTH (month, day, and year) May 6 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43 years	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 0-37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George County Md

PARENTS

10 NAME OF FATHER Charles Laurence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince Geo Maryland

12 MAIDEN NAME OF MOTHER Ella Laurence

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Lena Wilson

(Address) 154 East St.

15 Filed OCT 5 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 2 1925

17

I HEREBY CERTIFY, That I attended deceased from September 20, 1925, to Oct 2, 1925, that I last saw her alive on October 2, 1925, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Bilateral)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) respiratory failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Geo. S. Allen, M. D.

, 19 (Address) 508 Somerset St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashley Cemetery	Oct 4 1925
20 UNDERTAKER Mrs Ida Snowden	ADDRESS 735 Eastland Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 02494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14-179

E 02494

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2020 Division ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Gundy

(a) RESIDENCE NO. 2020 Division ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	Colored	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Julia Gundy

6 DATE OF BIRTH (month, day, and year) Dec 25th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
56-	9	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER William Gundy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucy Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lillian Dunn

(Address) 2020 Division st.

15 Filed OCT 3 - 1925 19.... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1st 1925 to Oct 2nd 1925

that I last saw him alive on Oct 2nd 1925

and that death occurred, on the date stated above, at 11.20 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage,

(duration) 15 Days 7 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry A Brown, M. D.

Oct 3 1925 (Address) 501 Preston st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL Oct 5 1925

20 UNDERTAKER Samuel Kennedy ADDRESS 1138 Pt

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Cornish

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02495

161-001 E 02495

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 564 Baker E ST. 14-1 WARD)

2-FULL NAME Wm Cornish —

(a) RESIDENCE NO. 564 Baker E ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 1st 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) 564 Baker E
(State or country) Balt Md

PARENTS

10 NAME OF FATHER Wm Kirby Monroe.

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Myrtle Cornish

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Myrtle Cornish
(Address) 564 Baker E

15 Filed OCT 5 - 1925 ROBERT R. KRAMER Registrar
Burial Permit Clerk

N. B.—WRITE LEGIBLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925, to Oct 4, 1925, that I last saw h— alive on Oct 4th, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(6 month Birth)
Oct 1 — '25.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ruth Rutter, M. D.

Oct 5, 1925 (Address) 1135 O.H. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Oct 5th 1925

20 UNDERTAKER Charles E. Wright ADDRESS 1629 Mary

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02496 E 02496

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH Southern Hosp. REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2520 Greenmount Ave St. 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Elizabeth McKenzie

(Residence in Baltimore: No. Life Time 2520 Greenmount Ave St.: 70 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April 4, 1855
(Month) (Day) (Year)

7-AGE, 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Vanz

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Eva Benfield

13-BIRTHPLACE OF MOTHER (State or Country), Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. R. E. Gregory

(Address) 2520 Greenmount Ave

15- ROBERT R. KRAUTER,

Filed ....., 191.... Burial Permit Officer.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 4, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18th 1924, to Oct 4th 1925, that I saw her alive on Oct 3rd 1925, and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus and bowels

To my knowledge from ..... yrs. Oct 6th Mos. 1924 Ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frances E. Carpenter M. D.

Oct 4th, 1925 (Address) 2101 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Mount Olivet	Oct 6, 1925
20-UNDERTAKER	**ADDRESS**
Frank A. Fink	915 N. Gay St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02497

CERTIFICATE OF DEATH.

X 44

E 02497

1-PLACE OF DEATH Mercy Hosp. 4-3

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Mr. John Thomas Ayres.

(a) RESIDENCE NO. White Hall Maryland. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE W. | 5 ~~Single, Married~~, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Thomas J. Ayres

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mr. Arthur Jackson
(Address) White Hall Md

OCT 5 - 1925

ROBERT R. KRAUTER
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1925, to Oct. 5, 1925, that I last saw him alive on Oct 5, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 9 mos da.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. F. Bergandt, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethel Cem. White Hall Md — DATE OF BURIAL: Oct 7 1925

20 UNDERTAKER: P Markinton — ADDRESS: White Hall Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

E 02498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02498

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 779 W Lex St., 4-18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hebert Wheeler,

(a) RESIDENCE NO. 779 W Lex St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 5 1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	5	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Samuel Wheeler

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md

12 MAIDEN NAME OF MOTHER Alice Price

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md

14 Informant Mrs Howard French
(Address) 700 Sherwood Ave

OCT 5 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gas Poison (duration) hrs. mins.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. ds.

(Signed) C. E. C. Wade, M. D. (Coroner.)

Oct 5 1925 (Address) 143 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine — DATE OF BURIAL Oct 6 1925

20 UNDERTAKER M J Tucker, Jones — ADDRESS Nora

IN BE LEARNED, WHEN UNATTENDING THE mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 02499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02499

CERTIFICATE OF DEATH.

181-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 779 N. Leyington ST., W-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mueller

(a) RESIDENCE No. 779 N Lex St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 14-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Samuel Mueller

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Alice Priese

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Mrs Howard French
(Address) 2700 Garrison Ave

15 Filed OCT 5 1925, 192 ROBERT R. KRAMER Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH was as follows:

Gas Poisoning Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Wm H. Geo Brady, M. D.
(Coroner.)
192 (Address) 1132 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western	Oct 6 192
20 UNDERTAKER	ADDRESS
H J Eckner, Son	Ho La Ln

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02500

CERTIFICATE OF DEATH.

182 E 02500

1-PLACE OF DEATH

City of BALTIMORE: (No. Lower Yard Balto. Dry Docks St. 16-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Robert Boyd Hamill.

(Residence in Baltimore: No. 2753 Winchester St. St.; yrs. 3 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Married

6-DATE OF BIRTH. July 21, 1883 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
42 yrs. 2 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Foreman,
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ship yard.

9-BIRTHPLACE, (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER, Patrick Hamill

11-BIRTHPLACE OF FATHER, (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER, Ella K. Boyd.

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Hamill.(wife)

(Address) 2753 Winchester St.

15- OCT 5 - 1925 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 1, 1925 192....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That, I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Accidental fall into the water from a wharf.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt. M. D.
(Coroner.)

Oct. 4° 1925 (Address) 1017 N. Charles St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	10/5 1925
20-UNDERTAKER. H. J. Eichenlaub, Inc.	ADDRESS Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E .02501

CERTIFICATE OF DEATH.

47 E 02501

Registered No.....

1-PLACE OF DEATH Univ. Hospital

City of BALTIMORE: (No. Lombard & Greene St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Clements

(a) Residence No. 651 N. Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, Divorced (Write the word)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Josephine Clements

6-DATE OF BIRTH (month, day and year) June 4th 1871

7-AGE. 54 yrs. 4 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cigar Maker

(b) General nature of Industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER Thomas H. Clements

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Carroll Co Md

12-MAIDEN NAME OF MOTHER Mary L. Ware

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md

14- (Informant) Mrs Rena Clements

(Address) 3831 Hamilton Ave

OCT 5 - 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 4th 25

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1925 to Oct 4 1925

that I last saw h.. alive on Oct 4 1925

and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Malignancy of Lower G. I. Tract.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Leo F Brown M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Cathedral — DATE OF BURIAL, Oct 6 1925

20-UNDERTAKER, J. J. Dickenson & Bro — ADDRESS 2 W Pratt

Be careful, legibly supplied. AGE should be stated EXACTLY; PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02502

E 02502

CERTIFICATE OF DEATH.

REGISTERED NO. 11 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp. WARD 22-2

2-FULL NAME Miss Irma Robinson

(a) RESIDENCE NO. 4818 Oak Hill Ave Idlewood Pk. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 7-11-1901

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
24	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER H. T Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mrs. Grace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Miss Irma Robinson

(Address) 4818 Oak Hill Ave

15 Filed OCT 5 1925 ROBERT R. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-4-25

17 I HEREBY CERTIFY, That I attended deceased from 9-23-25 to 10-4-25, that I last saw h[illegible] alive on 10-4-25 19, and that death occurred, on the date stated above, at 11 40 A. m.

The CAUSE OF DEATH* was as follows:

Acute Gangrenous Appendicitis

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) (General) Streptococcic ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? 9-29-25 Date of? Yes

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Youngstein M. D.

, 19 (Address) Md Gen Hospl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Oct 6 1925

20 UNDERTAKER H Jackson & Son

ADDRESS [illegible]

Burial Permit Given

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EXACT information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 02503 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02503

CERTIFICATE OF DEATH X 101-001

1-PLACE OF DEATH Franklin Sq Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 19-1 ST., WARD)

2-FULL NAME Mrs. Evelyn Isserwork

(a) RESIDENCE NO. Baldwin Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~Life~~ yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice Isserwork

6 DATE OF BIRTH (month, day, and year) July 8, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	26	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co

(State or country) Govans Md.

PARENTS

10 NAME OF FATHER Robert Jones

11 BIRTHPLACE OF FATHER (city or town) Balto Co

(State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecka Houghton

13 BIRTHPLACE OF MOTHER (city or town) Balto Co

(State or country) Md.

14 Informant Maurice Isserwork

(Address) Govans Md.

15 Filed OCT 6 1925, 19 ..... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 19 25

17

I HEREBY CERTIFY, That I attended deceased from April 3, 19 25, to April 4, 19 25.

that I last saw h alive on April 4, 19 25,

and that death occurred, on the date stated above, at 12.30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuber.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis Lindupet, M. D.

19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fair View Cemetery Balto Co Md.

DATE OF BURIAL: Oct 6, 1925

20 UNDERTAKER: Elmer W. Conklin

ADDRESS: 724 E. Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 02504

HEALTH DEPARTMENT—CITY OF BALTIMORE, 001

CERTIFICATE OF DEATH.

100 E 02504

1-PLACE OF DEATH St Josephs Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustine Mignini

(a) RESIDENCE NO. 924 E Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of No -

6 DATE OF BIRTH (month, day, and year) Dec 17, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Italy
(State or country)

PARENTS

10 NAME OF FATHER Joseph Mignini

11 BIRTHPLACE OF FATHER (city or town) Italy.
(State or country)

12 MAIDEN NAME OF MOTHER Cessia DeLaurentis

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Joseph Mignini
(Address) 924 E Eager St.

Filed OCT 5 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/4 19 25

17 I HEREBY CERTIFY, That I attended deceased from 9/27/25, 19 ..... to 10/4, 19 25.

that I last saw him alive on 10/4, 19 25

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of Rt - Septicemia

(duration) yrs. 1 mos 27 ds.

CONTRIBUTORY (Secondary) Bronco Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at Home.

Did an operation precede death? Yes Date of 9/28/25

Was there an autopsy? Drainage of Bone.

What test confirmed diagnosis? Clinical Findings & X-ray

(Signed) Elmer R. Monroe M. D.

19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Oct 6, 1924

20 UNDERTAKER Elmer W. Conklin

ADDRESS 924 E Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EACH question should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02505

CERTIFICATE OF DEATH.

8-4 46

E 02505

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Rutland Ave., ST., 8 WARD)

2-FULL NAME Annie Sachs

(a) RESIDENCE NO. 1100 Rutland Ave., ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION should be carefully supplied

Spec.—1-10-21—M&T—1500 Bks.

E 02506

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 02506

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. ..... ST., ~~6~~ 16-6 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John James

(a) RESIDENCE NO. 1014 Vincent ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. John James. Oct 21 1880

6 DATE OF BIRTH (month, day, and year) ~~Oct 29 1880~~

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 074

(b) General nature of industry, business, or establishment in which employed (or employer) Trading Boats

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Hampton Co. N.C.

PARENTS

10 NAME OF FATHER London James

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Frances Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina.

14 Informant John James

(Address) 1014 Vincent St. Balto Md.

15 Filed OCT 5 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1925, to Oct 2, 1925, that I last saw him alive on Oct 2, 1925, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Aortic regurgitation - chronic

Myocarditis - chronic

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation - C

acute dilatation (duration) ..... yrs. ..... mos. 5 Mins ds.

18 Where was disease contracted if not at place of death? House

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jno A Tellup P.A. M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery.	Oct 5 1925
20 UNDERTAKER Mrs Geo H. Dennis for T. E. Kelam	ADDRESS 1303 Pratt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

(Aubrey Blake)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02507

CERTIFICATE OF DEATH.

17-2 90

E 02507

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1134 Myrtle Ave., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Aubrey Blake

(Residence in Baltimore: No. 1069 Argyle Ave St.; yrs. 32 mos. 1 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH, August 27, 1893
(Month) (Day) (Year)

7-AGE. 32 yrs. 1 mos. 6 Days. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)..... Davison Transfer Co.

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, F. L. Blake

11-BIRTHPLACE OF FATHER, (State or Country). Georgia

12-MAIDEN NAME OF MOTHER, Lucy Woods

13-BIRTHPLACE OF MOTHER, (State or Country). Va,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. F. L. Blake

(Address) 1069 Argyle Ave,

15- OCT 5 - 1925 ROBERT R. KRAUTER, Registrar.
North Carroll Distr.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 3, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said decased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Oct 4, 1925. (Address) 2802 E Lanvale Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cemetery	Oct. 6 1925
20-UNDERTAKER, Jno. M. Johnson	ADDRESS 1234 Eutaw St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 02508

E 02508

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary ST., 4 [illegible] WARD)

2-FULL NAME Baby boy Satoosky

(a) RESIDENCE NO. 1117 W Balto ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 4, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.
5½ Mos Forty	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 5½ Mos Fetus

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Carl. Satoosky

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Rashbaum

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Russia.

14 Informant William L. Mullen M.D.
(Address) 1020 N. Calvert St

15 Filed OCT 5 - 1925 ..... Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1925 to Oct. 4, 1925 that I last saw him alive on Oct. 4, 1925 and that death occurred, on the date stated above, at 3:45 P.m.

The CAUSE OF DEATH* was as follows:

Spontaneous miscarriage 5½ Mos

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature Separation of Placenta

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) William L. Mullen M. D.

. 19 (Address) 1020 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bloom Mt. Carmel + Harmon Hill Rd.	10-5-19-25
20 UNDERTAKER	ADDRESS
Jos Lewis	1439 E Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state AGE should be carefully supplied. Exact statement of OCCUPATION should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02509 E

CERTIFICATE OF DEATH.

129 E 02509

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2325 Fleet ST., 1-E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Eberlein

(a) RESIDENCE NO. 2325 Fleet st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Male~~ Female

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late August Eberlein

6 DATE OF BIRTH (month, day, and year) Sept. 13 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Ernest Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Fleig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Emma Eberlein

(Address) 2325 Fleet st.

15 Filed OCT 5 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to Oct 3, 1925.

that I last saw h-er alive on Oct 2, 1925.

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zollers M. D.

Oct 5, 1925 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery DATE OF BURIAL 10/6 1925

20 UNDERTAKER George Ruth ADDRESS 1735 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 02510

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Stegman

(a) RESIDENCE No. Exeter St Home ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Wanda Stegman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 5 - 1925 19 ROBERT R. KRAMER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1925 to Oct 4 1925

that I last saw he alive on Oct 4 1925

and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Enterocolitis (not dysentry)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander J Schaffer M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County

DATE OF BURIAL: 10/5 1925

20 UNDERTAKER: J. G. Moran

ADDRESS 309 E Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ENTRIES should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 02511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128

E 02511

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Agnes Hosp.

CITY OF BALTIMORE: (No. Caton & Wilkens ST., 20-6 WARD)

2-FULL NAME Melvin Fowler

(a) RESIDENCE NO. 2020 Christian ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 14, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	9	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School (student)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John E. Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Annie R. Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Annie R. Thompson
(Address) Balto

15 Filed OCT 5 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3 1:30 PM, 1925, to Oct 3 10 P.M. 1925,

that I last saw him alive on Oct. 3, 1925

and that death occurred, on the date stated above, at 10 P. m

The CAUSE OF DEATH* was as follows:

Acute hemorrhagic nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) J. Sheldon Eastland, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Melvale Ellridge — DATE OF BURIAL Oct 5 1925

20 UNDERTAKER John Fields — ADDRESS 1200 N Lombard

N. B.—WRITE PLAINLY, with pen and ink. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02512

CERTIFICATE OF DEATH

129

E 02512

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bancroft Road St., 27 Ward) near Parkheights

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Lenn Baker

(a) RESIDENCE NO. Bancroft Road St., 27 Ward Resident.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? 76 yrs. 8 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. S. Baker

6 DATE OF BIRTH (month, day, and year) Jan-29-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John C. Malthai

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown Germany

12 MAIDEN NAME OF MOTHER Veneafactins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown France

14 Informant Mrs Edith B. Scott (daughter)
(Address) 1 Bancroft Road

15 Filed OCT 5 - 1925 ROBERT R. KRAFT Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3rd 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 20 1925 to Oct 3 1925, that I last saw her alive on Oct 3 1925, and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Those of Nephritis

(Signed) Walter C Bacon, M. D.

10/4 1925 (Address) 100 E 20 Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Oct 6 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) — ADDRESS 108 W. NORTH AVE.

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. Information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 85132
E 02513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 02513

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1-3 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Bullock

(a) RESIDENCE No. 619 Patterson Pk Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of April 1 1924

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joe Bullock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Maggie Rutkowsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 5 1925 Buried Permit Given ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 27 1925 to Oct 4 1925.

that I last saw her alive on Oct 4 1925

and that death occurred, on the date stated above, at 4-00 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alexander S. Taylor, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

St Stanislaus Cem Oct 6 1925

20 UNDERTAKER — ADDRESS

Johnson & Weber 803 Bank

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS RECORD BECOMES A PERMANENT RECORD. PHYSICIANS should state AGE should be carefully supplied. Exact statement of OCCUPATION should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 02514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02514

CERTIFICATE OF DEATH.

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Richardson Street ST., 24-3 WARD)

2-FULL NAME Stanislaus. Borkowski

(a) RESIDENCE NO. 1428 Richardson Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Nellie. Borkowski

6 DATE OF BIRTH (month, day, and year) Oct. 12 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	45	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unkr own

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Nellie . Borkowski
(Address) 1428 Richardson Street

15 Filed ... 19 ROBERT R. KRAUTER, Registrar

OCT 5 1925 Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 16 1925 to Oct 4 1925, that I last saw him alive on Oct 2 1925, and that death occurred, on the date stated above, at 5.15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

about
(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Apr 1925

Was there an autopsy? No

What test confirmed diagnosis? Opinion

(Signed) Wm E Burke, M. D.

10/6 1925 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	Oct. 7 1925

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

Information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 02515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02515

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Kernan's Hotel St., 11-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Henry Slough

(Residence in Baltimore: No. Kernans Hotel St.; 2 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in years, months and days. Exact statement of OCCUPATION is very important. See instructions on back of certificate. It may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. October (Month) (Day) 1889 (Year)

7-AGE. 36 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Stocks, Bonds Insurance

9-BIRTHPLACE. (State or Country). Delaware, Ohio

PARENTS.

10-NAME OF FATHER. Charles Slough

11-BIRTHPLACE OF FATHER, (State or Country). Ohio

12-MAIDEN NAME OF MOTHER. Adele Wortman

13-BIRTHPLACE OF MOTHER. (State or Country). Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Frank W. Slough
(Informant)
(Address) 1626 E. 78th St. Cleveland, Ohio

15-
Filed OCT 5 - 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 4th 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

gastric ulcer
+ Hemorrhage.
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)
10-5- 1925 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Ohio

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	Oct 5th 1925
20-UNDERTAKER. Joseph B Cook	ADDRESS 1003 N Gilmor St

Spec.—1-10-21—M&T—1500 Bks.

E 02516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02516

CERTIFICATE OF DEATH.

10-29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1426 Anthony St. (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pattie O. Lee

(a) RESIDENCE NO. 1426 Anthony St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 7. 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 yrs	10	—	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Leslie Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Edna Laney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Mother Edna Lee 1426 Anthony St

15 Filed OCT 5 1925 19 Robert Ball-Boy Registrar

(Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 1925 to Oct 4 1925

that I last saw h[illegible] alive on Oct 4 1925,

and that death occurred, on the date stated above, at 5P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary) Asthma

(duration) — yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) William Freyer M. D.

Oct 5 1925 (Address) 1407 N Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional items.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Va

DATE OF BURIAL Oct 6 1925

20 UNDERTAKER Mrs R. G. Elliott

ADDRESS 125 Ashland Ave

N. B.—WRITE PLAINLY, WITH CRAYON. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 02517

HEALTH DEPARTMENT—CITY OF BALTIMORE

109 E 02517

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4416 St. George ST. 27-9 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Wm Gaskins

(a) RESIDENCE No. 4416 St. George ST. Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7 1916

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Chas. H. Gaskins

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Moreland Co Va

12 MAIDEN NAME OF MOTHER Bessie Hay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Moreland Co Va

14 Informant Chas. H. Gaskins (Address) 4416 St. George ave

15 Filed OCT 5 - 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct - 3, 1925, to Oct 3, 1925 that I last saw h[illegible] alive on Oct 3, 1925 and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Quinsy

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cold

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) J. H. Walters, M. D.

, 19 (Address) 831 N Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashby Cemetery	Oct 7 1925
20 UNDERTAKER Mrs R. A. Elliott	ADDRESS 725 Ashland ave

mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02518

E 02518

CERTIFICATE OF DEATH.

REGISTERED NO. 59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital ST., 16-7 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Morris

(a) RESIDENCE NO. Bay View Hospital ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where deceased lived yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS

10 NAME OF FATHER Gordon Morris

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Hospital Records
(Address) Baltimore City Hospitals

15 Filed , 19 Registrar

CT 5 - 1925

Robert P. Barrison
Chief Deputy Clerk

B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIAN'S should be stated EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1925

17

I HEREBY CERTIFY, That I attended deceased from 6-21-, 1925, to Oct 2, 1925.

that I last saw him alive on Oct 2, 1925

and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Infected Senile gangrene
Dia Diabetes of left foot
Leg

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Dr D Champe Jr M. D.
Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 10/5 1925

20 UNDERTAKER J J Bailey Sons

ADDRESS 1318 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 02519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02519

CERTIFICATE OF DEATH.

REGISTERED NO. 115

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 Church ST., 25-11 WARD)

2-FULL NAME Mary Kolodnicki

(a) RESIDENCE NO. 13 Church St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 11-1925

7 AGE — Years: — Months: 7 Days: 23 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Theodore Kolodnicki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Julia Kaczala

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Theodor. Kolodnicki 13 Church ST

15 Filed OCT 5 1925, 19 ..... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1925. to Oct 4, 1925.

that I last saw h[illegible] alive on Oct. 4, 1925.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Toxic Enteritis.

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Oct 5, 1925 (Address) 816 Pennsylvania Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. DATE OF BURIAL: 10/6 1925

20 UNDERTAKER: Wm Fiallkowski ADDRESS: 1618 Eastern

WRITE PLAINLY with pen or ink. AGE should be stated EXACTLY; PHYSICIAN filling mation should be carefully supplied. Exact statement of OCCUPA- it may be properly classified. CAUSE OF DEATH in plain terms, so that it ma on back of certificates. TION is very important. See instructions on ba

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02520

E should be stated EXACTLY. PHYSICIANS must
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

E 02520

CERTIFICATE OF DEATH.

REGISTERED NO. 27-652

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 75 St Johns Road ST. (WARD) 27

2-FULL NAME Mr. Harry S. Reinicker

(a) RESIDENCE NO. 75 St Johns Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, ~~widowed~~, or ~~divorced~~
HUSBAND of (or) ~~WIFE of~~ Clara B. Reinicker

6 DATE OF BIRTH (month, day, and year) March 28 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	55	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 45

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John F. Reinicker

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lara Graves

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Clara B. Reinicker

(Address) 7 St Johns Road Roland Park

15 Filed OCT 5 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1925

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1925, to Oct 5, 1925, that I last saw him alive on Oct 4, 1925, and that death occurred, on the date stated above, at 12:20 am.

The CAUSE OF DEATH* was as follows:

Infectious Arthritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Amyloid disease

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam. & patient

(Signed) Alan Le Sutton M. D.

Oct 5, 1925 (Address) 1107 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Oct 7 1925

20 UNDERTAKER Henry W. Jenkins & Sons Co — ADDRESS Orchard & Mc Culloh Sts

Spec.—1-12-23—M&T—500 Bks.

E 02521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02521

CERTIFICATE OF DEATH.

18-2-90

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 W. Baltimore St. ST., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Elizabeth Greve

(a) RESIDENCE NO. 1020 W. Baltimore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry F. Greve

6 DATE OF BIRTH (month, day, and year) May 2 1871

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ernest Baumgarten

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Henry F. Greve
(Address) 1020 W. Baltimore St.

15 Filed OCT 5 1925, 19... Robert F. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from September 15, 1925, to Oct. 4, 1925, that I last saw her alive on October 4, 1925 and that death occurred, on the date stated above, at 10.39 A m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency & stenosis
arterial hypertension.
Nephritis
(duration) ... yrs. ... mos. 19 ds. ?

CONTRIBUTORY (Secondary) Myocardial insufficiency.
(duration) ... yrs. ... mos. 30 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis, etc.

(Signed) Louis N. F. Greve, M. D.

Oct 5 1925 (Address) 722 Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Oct. 6 25

20 UNDERTAKER Joseph D. Cook

ADDRESS 1003 N. Gilmor St.

mation should be carefully supplied, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02522

CERTIFICATE OF DEATH.

11-001

E 02522

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Schley Ave. ST., Gardenville WARD)

2-FULL NAME Sarah M. Thomas

(a) RESIDENCE NO. 103 Schley Ave. ST., Gardenville WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John D. Thomas

6 DATE OF BIRTH (month, day, and year): Dec. 25th 1851

7 AGE — Years: 73 — Months: 9 — Days: 9 — If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Jarrettsville (State or country) Maryland

PARENTS

10 NAME OF FATHER John Spies

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant Russell Brenneman (Address) 103 Schley Ave. Gardenville

15 Filed OCT 5 1925, 19 ..... Robert P. Haffner, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1925, to Oct 4, 1925, that I last saw h[illegible] alive on Oct 4 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) La Grippe (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alma B. Lemmon M. D.

10/V, 1925 (Address) 718 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvary M. E. Cemetery Baltimore Co. Md.

DATE OF BURIAL: Oct 7 1925

20 UNDERTAKER: Frank Lassahn Sons

ADDRESS: Fulton

I. E. Should be stated EXACTLY. Abbreviations may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 02523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02523

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 546 S Paca ST., 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Maggio Hibert

(a) RESIDENCE No. 546 S Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hibert

6 DATE OF BIRTH (month, day, and year) Jan 17. 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	8	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Duties
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Margaret Ochs
(Address) 706 Portland St

15 Filed OCT 6 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 / 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) C E Lady, M. D.
(Coroner)

Oct 5th, 192 (Address) 743 N 13th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Oct 6 1925

20 UNDERTAKER Mr & Mrs John A Taylor — ADDRESS 30 11 Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important See instructions on back of certificate.

Spec.—1-10-25—M&T—1500 Bks.

185 002

E 02524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02524

CERTIFICATE OF DEATH.

113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 14-1 WARD)

2-FULL NAME Mcfarlin Odgers

(a) RESIDENCE No. St Vincents Orphan Asylum WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mns. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	/	/		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Harry Odgers

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Katherine ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant (Address) JOHNS HOPKINS HOSPITAL. Records

15 Filed OCT 5 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1925, to Oct 4, 1925, that I last saw him alive on Oct 4, 1925, and that death occurred, on the date stated above, at 5-00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-intestinal indigestion

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Otitis Media

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? St Vincents Asylum

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos W Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL 10 6 1925

20 UNDERTAKER John J. Fahey & Sons ADDRESS 518 Light St

18.—WRITE PLAINLY with pen and ink. AGE should be carefully supplied. Exact statement of mation should be stated EXACTLY. Abbreviations CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02525

CERTIFICATE OF DEATH.

4-1197

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4 WARD)

2-FULL NAME Mary Richards

(a) RESIDENCE NO 316 N Green ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Green

6 DATE OF BIRTH (month, day, and year) May 30 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waitress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Joseph Richards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Angelina Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Carolina

14 Informant Wm A Richards
(Address) Portsmouth Va.

15 Filed OCT 5 1925 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Tuesday (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest Jurors (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound of abdomen

Instantly (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebritis

(duration) yrs. mos. ds.

(Signed) W. F. Riley, M. D.
(Coroner.)

Oct. 5 1925 (Address) 1639 Bradley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) 3 days
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catalan Cemetery	10/6 25
20 UNDERTAKER Engle & Farley	ADDRESS Baltimore & Fayette

CAUSE OF DEATH. TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02526

E 02526

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 94 N. Monroe ST.: 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norman Barletta

(a) RESIDENCE. NO. 94 N. Monroe ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-26-24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Raphael Barletta

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Rosina Staimi

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Raphael Barletta
(Address) 94 N. Monroe St

15 Filed OCT 5 - 1925, 19 Robert F. J. Harris, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 19 25, to Oct 2, 19 25,
that I last saw h. alive on Oct 2, 19 25,
and that death occurred, on the date stated above, at 2 30 P. M.
The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George L. Keane, M. D.

(Address) 16 W. Mt. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	10/6 1925
20 UNDERTAKER	ADDRESS
H. Fahey Sons	131 E. Biddle St.

Notice should be carefully prepared, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02527

E 02527

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 516 W.Hamburg St. St., 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T.W.Hubbard.

(Residence in Baltimore: No. 516 W.Hamburg St. 62 St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Widower

6-DATE OF BIRTH. Do not know. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
62 yrs. ---------- mos. ds.	hrs. or min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter.
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John W.Hubbard.

11-BIRTHPLACE OF FATHER, (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER, Mary Gibbs.

13-BIRTHPLACE OF MOTHER, (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W.Hubbard.(son)

(Address) 506 Hanover St.

OCT 6 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 3, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of the brain.
Pistol shot wound in the head,
Suicide.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

Oct, 4, 1925 (Address) 101 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem	Oct 6th 1925

20-UNDERTAKER.	ADDRESS
H. Joyce & Son	1 E. Lee St.

N. B.—Every item of information should be given, so that it may be properly classified. Exact statement of OCCUPATION state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02528

CERTIFICATE OF DEATH.

90

E 02528

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philomena Hesser

(a) RESIDENCE No. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Hesser

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Philomena Hosbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sister Josephine (Address) Preston & Valley St.

15 Filed Oct 6 1925. ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

OCT 6 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1925

17

I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

that I last saw her alive on Oct 4, 1925

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Wayne M. D.

Oct 6, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Oct 6 1925

20 UNDERTAKER H. C. Wiedefeld ADDRESS 914 Fremont Ave

mation should be carefully supplied. Avoid abbreviations. Write plainly with pen and ink. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02529

CERTIFICATE OF DEATH.

E 02529

REGISTERED NO. 2531

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 17-1 WARD)

2-FULL NAME Addie L. Tolson

(a) RESIDENCE NO. 723 W Lafayette Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 28 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work bookkeeper none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Thomas H Tolson unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Virginia A Eberhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " Balto Md

14 Informant C C Kennard

(Address) 723 W Lafayette ave

15 Filed OCT 6 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-5-1925

17 I HEREBY CERTIFY, That I attended deceased from 9-29, 1925, to 10-5, 1925, that I last saw h alive on 10-5, 1925 and that death occurred, on the date stated above, at 7.30 a m

The CAUSE OF DEATH* was as follows: Encephalitis Lethargica

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. ds.

Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) J Sheldon Earhard, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Oct 7 1925

20 UNDERTAKER C Clarence Kennard

ADDRESS 723 W Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CONDITION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02530

CERTIFICATE OF DEATH.

E 02530

REGISTERED NO. 4-1 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Davenport

1a) RESIDENCE NO. 605 Cider alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Davenport

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Fannie Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Baltimore City Hospitals Records (Address)

15 Filed OCT 6 - 1925 ROBERT R. KRAMER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to Oct. 1, 1925

that I last saw him alive on Oct. 1, 1925

and that death occurred, on the date stated above, at 10:10 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic myocarditis

(duration) 2 yrs. 4 mos. ds. (history)

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory.

(Signed) W Lindsay Miller. M. D.

10/3 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF BURIAL Oct 6 1925

20 UNDERTAKER Samuel Kusler ADDRESS Bdle

mation should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. If LESS than 1 day, HOURS or MINUTES. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02531

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 14-113 Ward) Registered No.....

(If death occured in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Garnier Leggs

(a) Residence No. 1938 Mc Culloch St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July-1925

7-AGE, ... yrs. 3 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Leggs.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Catherine Jamison

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) Hospital Records

15- Filed OCT 6 - 1925 Attest Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 3rd 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1925 to Oct 3 1925

that I last saw h[illegible] alive on Oct 3 1925

and that death occureed, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-enteritis

(Ducation) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchio pneumonia

(Ducation) yrs. mos. 1 ds.

18-Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Data

(Signed) M P Byerly M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natuee of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cem DATE OF BURIAL, Oct 6, 1925

20-UNDERTAKER, Samuel Wesley ADDRESS 578 W Baltimore St

In plain terms, so that it may be properly classified. Exact statement of cause. Follow instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02532

CERTIFICATE OF DEATH.

100-001

E 02532

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) BALTIMORE CITY HOSPITALS ST. 4-1 WARD)

2-FULL NAME Samuel Hamilton or Hammond

(a) RESIDENCE NO. 319 Diamond ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860? 1846?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
79 65 yr(?)				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER George Hamilton

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Nancy ?

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1925, to Oct. 3, 1925, that I last saw him alive on Oct. 3, 1925, and that death occurred, on the date stated above, at 11:05 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

10/5, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 10/6/1925

20 UNDERTAKER Dame Easton

ADDRESS 916 Eutaw

ROBERT R. KRAUSE
CHIEF BUREAU OF REGISTRATION

OCT 6 - 1925

Information should be carefully supplied. Exact statement of OCCUPATION should be properly classified. Be sure that it may be plain terms, so that the CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02533 E 02533

CERTIFICATE OF DEATH.

X 188

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Balto City Hospitals ST., 26-7 WARD)

2-FULL NAME Willard Bedford

(a) RESIDENCE NO. Turners Station Balto Co ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10 - 22

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Turners Station
(State or country)

PARENTS

10 NAME OF FATHER Alexander Bedford

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Lena Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant P. Morton Chase
(Address) 1405 Madison Ave

15 Filed OCT 6 - 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Comp. Fracture of R Femur Traumatic
Surrounding Muscles
Shock (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Automobile Accident
(duration) yrs. mos. ½ hr.

(Signed) John M Fenlon, M. D.
(Coroner.)
Oct 5, 1925 (Address) Fox Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs., mos., ½ ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?
Dundalk Md

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodbury — DATE OF BURIAL Oct 6 1925

20 UNDERTAKER Sam'l Cassilly — ADDRESS Woodbury

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 02534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02534

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 N. Milton Ave ST., 7-3 WARD)

2-FULL NAME Anna Mary Morgan

(a) RESIDENCE NO. 630 N. Milton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Morgan

6 DATE OF BIRTH (month, day, and year) July 7, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	61	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER William Dieterich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Reth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William H. Morgan (Address) 630 N. Milton Ave

15 Filed OCT 6 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

Ln. Emerson 2032 E. North Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925

17 I HEREBY CERTIFY, That I attended deceased from January 15 1925 to October 4 1925.

that I last saw her alive on October 3 1925

and that death occurred, on the date stated above, at 12 15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia & Exhaustion (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination X-ray

(Signed) Albert Ehrenberg M. D.

10/7 1925 (Address) 2032 East North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cemetery

DATE OF BURIAL Oct 7 1925

20 UNDERTAKER H. Sander Sons Inc

ADDRESS 1310 Fleet

Exact statement of OCCUPATION should be carefully supplied. Abbreviations may be properly classified, so that it may be plainly understood. CAUSE OF DEATH in plain terms. See instructions on back of certificates. INFORMATION is very important.

Spec.—1-10-21—M&T—1500 Blks.

02535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto. Genl. Hosp. REGISTERED NO. 185 E 02535

CITY OF BALTIMORE: (No. ..... ST., 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delphy Feagle

(a) RESIDENCE NO. Westminster, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
~~HUSBAND of~~ ~~or WIFE of~~ Ann Elizabeth Feagle

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	9	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Taneytown, Md
(State or country)

PARENTS

10 NAME OF FATHER ? Feagle

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Harry Bankard
(Address) Westminster Md

15 Filed OCT 6 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6 1925

17
I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1925, to Oct. 6 1925,
that I last saw h~~er~~ alive on Oct. 6, 1925,
and that death occurred, on the date stated above, at 1 30 a. m.

The CAUSE OF DEATH* was as follows:
Fractured femur (left)

(duration) yrs. 1 mos ..... ds.
CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical & X-ray
(Signed) Jos. Hurst Williams, M. D.
, 19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union Town Md — DATE OF BURIAL Oct 9 1925

20 UNDERTAKER H Bankard & Son — ADDRESS Westminster

mation should be entirely supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

02536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02536

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2665 Frederick Ave. St., 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elenor M. Miller

(a) Residence No. 2665 Frederick Ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May. 12-1914

7-AGE. 11 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto. Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, John H. Miller

11-BIRTHPLACE OF FATHER (city or town) Balto Co. Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Minnie Heneuke

13-BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country),

14- (Informant) John H. Miller

(Address) 2665 Frederick Ave

15- Filed OCT 6 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 5-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1925 to Oct. 5, 1925 that I last saw h.r alive on Oct. 2, 1925 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Epidemic Meningitis - Complicated with Encephalitis & Meningeal Adhesions

(Durntion) 7 yrs. 2 mos. 22 ds.

CONTRIBUTORY — (Secondary)

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? Balto.

Did an operation precede death? No Date of —

Was there an autopsy? No. —

What test confirmed diagnosis? —

(Signed) D. Lloyd Johnson, M. D.

, 19 (Address) Frederick & Augusta Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL. Oct. 9 1925

20-UNDERTAKER. George L. Schwab ADDRESS 2101 Eutk. Ave.

in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02537

CERTIFICATE OF DEATH.

14 E 02537

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 E North Ave ST., 9-4 WARD)

2-FULL NAME Olivia H Thomas

(a) RESIDENCE NO. 826 E North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: John P Thomas

6 DATE OF BIRTH (month, day, and year): Dec 20/1854

7 AGE — Years: 70 Months: 9 Days: 14 If LESS than 1 day, hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John M Hays

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Susan Stuhmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind Pa

14 Informant: Mrs Olivia R Thomas

(Address) 826 E North Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1925 to Oct 4 — 1925, that I last saw her alive on Oct 4 1925 and that death occurred, on the date stated above, at 11 25 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Thrombosis Cerebral

(duration) yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Symptoms

(Signed) Frances A Carpenter M. D.

, 19 (Address) 2101 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Oct 7 1925

20 UNDERTAKER: William Cahill 502 E Nat

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02538

CERTIFICATE OF DEATH.

E 02538

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 W Hoffman ST., 27-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry M Hurley

(a) RESIDENCE NO. 211 W. Hoffman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret M Hurley

6 DATE OF BIRTH (month, day, and year) Apr 9. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	5	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) 66
(c) Name of employer Balto. Bargain House

PARENTS

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER William C Hurley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Margaret M Hurley
(Address) 211 W. Hoffman Ave

15 Filed OCT 6 - 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Heart (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Morbid conditions) yrs. mos. ds.

(Signed) John Morrises M. D.
(Coroner.)

Oct 6 1925 (Address) 2692 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL Oct 7 1925

20 UNDERTAKER W. M. Cook ADDRESS 532 E Monument

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 02539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001

E 02539

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp ST., 8-2 WARD)

2-FULL NAME George H. Matthews Jr.

(a) RESIDENCE NO. 1806 N Duncan St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 7. 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. H.V. Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Matty Douglass

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) George H Matthews. 1806 N Duncan St

OCT 6 1925 ROBERT A. KNOTT Burial Permit Clerk

Filed Oct 6, 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1925, to Oct 6, 1925, that I last saw h in alive on Oct 5, 1925, and that death occurred, on the date stated above, at 8 25 p m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Meningitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Myron G. Sull, M. D.

10/6, 1925 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Oct 8, 1925

20 UNDERTAKER Wm Cook — ADDRESS 500 E Monument

MATTER SHOULD BE CAREFULLY WRITTEN, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

02540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02540

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital — Registered No.....

City of BALTIMORE: (No..... St.,..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Frost

(a) Residence No. Laurel Md St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word.) ~~Married~~ Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 12 1864

7-AGE. 61 yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Henry Frost

11-BIRTHPLACE OF FATHER (city or town)..... Md
(State or Country),

12-MAIDEN NAME OF MOTHER, Alpena Gunell

13-BIRTHPLACE OF MOTHER (city or town)..... Md
(State or Country),

14- (Informant) Eleanor Frost

(Address) Laurel Md

15-

Filed..... 192.. ROBERT R. KRAMER Registrar.

Burial Permit Clerk.

In plain terms, so that it may be properly examined. instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 4, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1925 to Oct 4th 1925

that I last saw ~~him~~ alive on Oct 4th 1925

and that death occurred, on the date stated above, at 11 45 p m.

The CAUSE OF DEATH* was as follows:

Gall Bladder Disease

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY Terminal Bronchial
(Secondary)
Pneumonia
.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? yes Date of Oct 1st 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) M P Byerly, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Pleasant Cemetery Laurel Md DATE OF BURIAL, Oct 7th 1925

20-UNDERTAKER. Edward N Fisher ADDRESS Laurel Md

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02541

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 207 S. 3rd St., 76-5 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Cosmo Gentile

(a) Residence No. 207 S 3rd st St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Gentile

6-DATE OF BIRTH (month, day and year) Aug. 2nd 1866

7-AGE. 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant 045

(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... (State or Country), Italy Terrano

PARENTS

10-NAME OF FATHER, Vincent Gentile

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Agnes Fallia

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), Italy

14- (Informant) August Palmisano

(Address) 114 N Lakewood ave

15- Filed OCT 6 - 1925 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 4-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 - 1925 to Oct. 4 1925

that I last saw him alive on Oct 4 1925

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterical Hypertension

(Duration) 2 yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) A. Palmisano, M. D.

, 19 (Address) 7 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL, 7th, 1925

20-UNDERTAKER, Frank V Upstone — ADDRESS 1800 E 32nd st

in plain terms, so that it may be properly classified. instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02542

CERTIFICATE OF DEATH.

112 E 02542

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635-N. Leakert ST., 11-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo McCue

(a) RESIDENCE NO. 635-N. Leakert ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Photo Engraver
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) Ohio
(State or country)

PARENTS

10 NAME OF FATHER Pat McCue

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Tyrrel

13 BIRTHPLACE OF MOTHER (city or town) N. Y.
(State or country)

14 Informant Mrs. Mc. Cue
(Address) 635 Leakert

15 Filed ....., 192 ..... Registrar

ROBERT R. KRAUTER,
Vital Records Records Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastritis - (Acute Known Cause)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmon Edema

(duration) ... yrs. ... mos. ... ds.

(Signed) W. J. Riley, M. D.
(Coroner.)

Oct 5 6 1925 (Address) 1039 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chicago Ill.

DATE OF BURIAL 10/6/ 1925

20 UNDERTAKER J. J. Faherty & Sons

ADDRESS 318 Light St

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of occupa-
TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T 1500 Bks.

E 02543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 02543

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Race. ST., 23-27 WARD)

2-FULL NAME Florence May Morris.

(a) RESIDENCE NO. 1605 Race. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Morris.

6 DATE OF BIRTH (month, day, and year) Oct, 16, 1884.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40,	11,	17.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio.

PARENTS

10 NAME OF FATHER John Simpkins.

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.J.

12 MAIDEN NAME OF MOTHER Louise Sticker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Philip W. Morris.

(Address) 1605 Race.

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925. to Oct 6. 1925.

that I last saw h alive on Oct 3. 1925.

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indefinite

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. R. Campbell M. D.

Oct 7. 1925 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	Oct 6. 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans.	386 Fort Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 02544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 E 02544

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST., 10-2 WARD)

2-FULL NAME Mary ~~Josephine~~ Helene Sheck

(a) RESIDENCE No. 1022 N. Eden St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 1, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... —

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Wm J. Sheck

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Gertrude Zinn

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md

14 Informant Wm J. Sheck
(Address) 1022 N. Eden St

15 Filed OCT 6 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit (illegible)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1925, to Oct 5, 1925, that I last saw her alive on Oct 5, 1925, and that death occurred, on the date stated above, at 5 45 a. m.

The CAUSE OF DEATH* was as follows:

Tetanus
(Accidental ?)
while at play
(duration) yrs. mos 4 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Myron G. Tuel M. D.

10/5 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Octo 7 1925
20 UNDERTAKER	**ADDRESS**
Henry Horck Son	130 E Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Laurion

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02545 E 02545

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 832 Hamilton Terrace St., 11-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME..... Frederick H. Laurion

(a) Residence No..... 832 Hamilton Terrace St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, White

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille Laurion

6-DATE OF BIRTH (month, day and year) Sept 20/78

7-AGE, 46 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Painter

(b) General nature of industry, business, or establishment in which employed (or employer)..... 150

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Canada

PARENTS.

10-NAME OF FATHER, Francois Laurion

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Canada

12-MAIDEN NAME OF MOTHER, Mary Kahoe

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Canada

14- (Informant)..... Lucille Laurion Wife

(Address)..... 832 Hamilton Terrace

15- Filed..... 192.. ROBERT R. KRAUTER Registrar. OCT 6 1925 Burial Permit Issued

In plain terms, so that it may be properly classified. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 5/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 24, 1925, to Oct. 5, 1925

that I last saw h. alive on Oct 4/25, 19.....

and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) George L. Grant, M. D.

Oct 5, 1925 (Address) 161 Mount Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL, Oct 7, 1925

20-UNDERTAKER, J. Ahern & Co — ADDRESS 3314 Penna Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

(Koedora)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02546

CERTIFICATE OF DEATH.

90 E 02546
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 W. Lombard ST.: 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Kvedora

(a) RESIDENCE. No. 706 W Lombard ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? 25 yrs. 9 mos. 3 ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

080

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Mike Kvedar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Magdonah Kaunskute

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Maggie Kvedora
(Address) 706 W Lombard St.

15 Filed . 19 Registrar
OCT 6 - 1925
ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31 1925. to Sept. 19. 1925.
that I last saw him alive on Sept 19 . 1925.
and that death occurred, on the date stated above, at 2.30 P. m.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Acute Cardiac Insufficiency
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical Findings
(Signed) John A. Buchmer M. D.
. 19 (Address) 375 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct 7 1925
20 UNDERTAKER Charles B Kuchauskas	ADDRESS 637 S Paca St

CAUSE OF DEATH in plain terms, so that it may be understood by physicians in all parts of the country. See instructions on back of certificates.
TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02547

E 02547

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Sharp ST., 27-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Brown

(a) RESIDENCE NO. 710 Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Brown

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) 004

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Julia Wheeler (daughter)

(Address) 704 Dolphin St.

15 Filed . 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-5-25 1925

17

I HEREBY CERTIFY, That I attended deceased from July 27-, 1925, to Oct 5-, 1925, that I last saw h alive on Oct 2nd, 1925, and that death occurred, on the date stated above, at 6.10 A m.

The CAUSE OF DEATH* was as follows:

Val Disease of heart

Due to Senility

uncertain

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchial

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Osborn, M. D.

, 19 (Address) 607 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National Ct

DATE OF BURIAL Oct 7- 1925

20 UNDERTAKER C. L. Bramble Son

ADDRESS Belmont

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill out all items. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02548

CERTIFICATE OF DEATH.

25-1 3/ E 02548

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Schelezki

(a) RESIDENCE NO. 917 Curtis Ave., Curtis Bay, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Iron worker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals
(Address) Baltimore, Maryland

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 19 25

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1925, to October 4, 1925, that I last saw h.. alive on October 4, 1925 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis w/Pulmonary Tbc.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical & Serological findings.

(Signed) Henry Goldsmith M. D.

10/6 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS OCT 6 - 1925

CAUSE OF DEATH must be stated on back of certificates. See instructions on back of certificates. TION is very important

Spec.—1-10-21—M&T—1500 Bks.

185196

E 02549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02549

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., WARD)

2-FULL NAME Sweetdear Evans

(a) RESIDENCE NO. Sparrows Pt Ind ST. Bay WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Nellie Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

Filed OCT 6 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1925 to Oct 5 1925, that I last saw h[illegible] alive on Oct 5 1925 and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. J. Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cemetery — DATE OF BURIAL Oct 9 1925

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1725 Ashland Ave

IMPORTANT—Information must be properly classified. Each statement of fact must be complete. Read carefully. Write plainly in ink. Do not use pencil. Do not abbreviate. Do not use ditto marks. Be sure that it may be properly classified. Each statement of fact must be complete. Read carefully. Write plainly in ink. Do not use pencil. Do not abbreviate. Do not use ditto marks. CAUSE OF DEATH in plain terms, so

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02550

CERTIFICATE OF DEATH.

111-001 E 02550

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Henry Steinbach

(a) RESIDENCE NO. 1544 Hanover ST., WARD 23rd.
(Usual place of abode)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 24 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	18	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cable Splicers Helper.

(b) General nature of industry, business, or establishment in which employed (or employer) Telephone Co.

(c) Name of employer C. & P. Telephone Co. Baltimore, Md.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Ferdinand G. Steinbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Carrie Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant (Address) Ferdinand G. Steinbach Father 1544 Hanover St.

15 Filed OCT 6 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5, 1925.

17

I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1925. to Oct. 5, 1925.

that I last saw him alive on Oct. 5, 1925.

and that death occurred, on the date stated above, at 1:25 a.m.

The CAUSE OF DEATH* was as follows:

Perforated Gastric Ulcer.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Diffuse Peritonitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? Yes Date of Sept 30/925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) B. Mc K. Rhodes M. D.

10/5 1925 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Louden Park Cem.	Oct 8 1925
UNDERTAKER	ADDRESS
F. A. Krause & Son	103 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02551

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 15 E. Lee St. (ST.) (WARD) 24-2

2-FULL NAME Michael Doyle Sr.

(a) RESIDENCE NO. 15 E. Lee ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs mos ds

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Doyle

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Funeral Director
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Nannie Doyle
(Address) 15 E. Lee St

15 Filed OCT 6 - 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1925, to Oct 3, 1925, that I last saw h[illegible] alive on Oct. 3, 1925, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis.

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Necessary.

What test confirmed diagnosis?

(Signed) C. P. Eckenbrack M. D.

, 19 (Address) 1412 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Oct 8th 1925

20 UNDERTAKER Charles F. Sill ADDRESS 3752 Norley Ave

CAUSE OF DEATH in plain terms, so that it may be understood by those not familiar with medical terms. See back of certificates.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 02552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02552

1-PLACE OF DEATH

CITY OF BALTIMORE: No. BALTIMORE CITY HOSPITALS ST. 18-2 WARD) 38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gloye A Cooper

(a) RESIDENCE No. 1827 Vine St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Geoge Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

Robert P. Harrison, Burial Permit Clerk.

CAUSE OF DEATH in plain terms, so that no other cause may be properly substituted. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 5 1925 to Oct. 3 1925

that I last saw him alive on Oct. 3 1925

and that death occurred, on the date stated above, at 7 8 m.

The CAUSE OF DEATH* was as follows:

Central Nervous System Syphilis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cemetery

DATE OF BURIAL Oct 6, 1925

20 UNDERTAKER Mr. Latie R. Williams

ADDRESS 322 N. Schroeder

Spec.—1-12-23—M&T—500 Bks.

E 02553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02553

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 N. Arlington Ave ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myrtle Hardy

(a) RESIDENCE NO. 202 N. Arlington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	S

5a If married, widowed, or divorced HUSBAND of or) WIFE of -

6 DATE OF BIRTH (month, day, and year) April 11-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work -

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9 BIRTHPLACE (city or town) Maryland. (State or country)

PARENTS

10 NAME OF FATHER Isaac Hardy

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Helen Hall

13 BIRTHPLACE OF MOTHER (city or town) [illegible] (State or country)

14 Informant Isaac Hardy (Address) 202 N. Arlington Ave.

15 Filed ..... 19 ..... Registrar

10-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1925

17

I HEREBY CERTIFY, That I attended deceased from October 4 , 1925 , to October 5 , 1925 , that I last saw her alive on October 5 , 1925 , and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Mucus Colitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? -

(Signed) H. P. Hughes, M. D.

[illegible] 1925 (Address) 825 N. Fremont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Oct. 7th 1925.

20 UNDERTAKER Poppe & Waters

ADDRESS 1152 Myrtle Ave.

TION is very important. See instructions on back of certificates.

E 02554

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02554

CERTIFICATE OF DEATH.

7-1 × 188-003

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Hospital St.,..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME...Mrs. Freida Rubin

(Residence in Baltimore: No. 1603 7th St. N.W. Washington D.C. St.; yrs.,..... mos. /.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

6-DATE OF BIRTH.

..... 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day.
42 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country).
Russia

PARENTS.

10-NAME OF FATHER. Samuel Barsky

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Sarah W-------

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Rubin (Husband)

(Address) Washington D.C.

15- Filed 6 1925 192.....

Robert F. Harrison, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH. 10 (Month) - 6 (Day) - 25 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hydropneumonathorax
(thrown from automobile
while rounding a curve
on Sept. 4-25 (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Accidental

(Duration)..... yrs..... mos..... ds.

(Signed) S. Wooden M. D.
(Coroner.)

10-6-1925 (Address) 508 E. North Ave.,

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Washington, D.C. DATE OF BURIAL. 10-6 1925

20-UNDERTAKER. Jack Levin ADDRESS 1439 E Balto St.

State CAUSE OF DEATH very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02555

E 02555

CERTIFICATE OF DEATH.

17-129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3126 Remington ave St., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Millard Fillmore Barnes

(a) RESIDENCE No. 3126 Remington ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura J.

6 DATE OF BIRTH (month, day, and year) Dec 20 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	52	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick layer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Geo. E Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Ruth Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Jamie E. Barnes
(Address) 3126 Remington Ave

15 Filed ..... , 19 .....
Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 1 , 1925, to Oct 5th , 1925,

that I last saw him alive on Oct 5th , 1925,

and that death occurred, on the date stated above, at 2.35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 0 days.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Necropsy.

(Signed) Gilbert F. Hellman M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Oct 7 1925

20 UNDERTAKER Wm Cook

ADDRESS 602 E Fay

OCT 6 1925

Robert F. Garrison,
Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

P. L. Davis
824 N. Fulton

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02556

CERTIFICATE OF DEATH. 129

E 02556
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 Berwick Ave ST., 21-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elanor M. Worthington

(a) RESIDENCE No. 19 Berwick Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Otis A. Worthington

6 DATE OF BIRTH (month, day, and year) April 21

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ax Home
(b) General nature of industry, business, or establishment in which employed (or employer) 000
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Amos Dorsey
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Catherine Dorsey
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Charles Stanford
(Address) 19 Berwick Ave

15 Filed . . , 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from April, 1925, to date of death, that I last saw h-- alive on date of death, and that death occurred, on the date stated above, at 11.55 P m.

The CAUSE OF DEATH* was as follows:

Death was due to Chronic Nephritis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Anemia

Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clinton Lee Davis, M. D.

. 19 (Address) 824 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harmony Burying Ground | DATE OF BURIAL 10/7 1925

20 UNDERTAKER Millard Cook | ADDRESS 502 E Niv Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02557

CERTIFICATE OF DEATH.

100-001 E 02557

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 259 E. Hamburg ST. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry G. Mentis

(a) RESIDENCE. No. 259 E. Hamburg ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 11, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Gustava Mentis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Georgia George

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Gustava Mentis
(Address) 259 E. Hamburg St

15 Filed OCT 7 - 1925 ROBERT R. KRAMER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925, to Oct 6, 1925, that I last saw h[illegible] alive on Oct 6, 1925, and that death occurred, on the date stated above, at 8 00 a. m.

The CAUSE OF DEATH* was as follows;

Pseudo-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneu

(duration) yrs. mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Not

What test confirmed diagnosis? Clinical

(Signed) F. Leary Bowe, M. D.

10/6, 1925 (Address) 1 E Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Oct 7 1925
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	320 Md. Ave. Westport.

INSTRUCTIONS on back of certificates. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02558

CERTIFICATE OF DEATH.

1929 E 02558

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 739 W Franklin ST., 17-3 WARD)

2-FULL NAME Mary Maher

(a) RESIDENCE NO. 739 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Maher

6 DATE OF BIRTH (month, day, and year) May - 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Accomack Co (State or country) Va

PARENTS

10 NAME OF FATHER Samuel Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sadie Rice
(Address) 739 W. Franklin St

15 Filed OCT 7 - 1925, 19.. MICHAEL R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to Oct 4, 1925, that I last saw h[er] alive on Oct 4, 1925, and that death occurred, on the date stated above, at 9.20 A m.

The CAUSE OF DEATH* was as follows:

Intercostal emphysema

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) R. R. Cassay, M. D.

19 (Address) 739 W. Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Sept 7 1925

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Cor.—1-12-23—M&T—100 Bks.

E 02559

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02559

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 8.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. On way to Mercy Hospital ST., 17 WARD)

2-FULL NAME Jack Hutchinson Hutchinson

(a) RESIDENCE NO. 811 Maryland Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married ?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) M. C.
(State or country)

PARENTS

10 NAME OF FATHER R. Hutchinson

11 BIRTHPLACE OF FATHER (city or town) S. C.
(State or country)

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Northern Dist Nurses
(Address) 1811 Md. Ave

15 Filed OCT 7 - 1925, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stab wound of Chest and Heart.

(duration) ..... yrs. ..... mos. 0 ds.

CONTRIBUTORY (Secondary) Human Lab.
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. F. Ruley, M. D.
(Coroner)
Oct 6, 1925 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) In the
At place of death ..... yrs., ... mos., ... ds. State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct — DATE OF BURIAL Oct 7 1925

20 UNDERTAKER J. L. Brown & Son — ADDRESS 108 N. Monty

TION is very important See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02560

CERTIFICATE OF DEATH.

90 E 02560

5-2

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Jefferson ST., 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Daniels

(a) RESIDENCE NO. 1401 Jefferson St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James Daniels

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer In private homes

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Addella Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James Daniels
(Address) 1401 Jefferson St.

15 Filed OCT 7 - 1925, 192 ROBERT R. KRAMER Registrar

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Failure
(Probably Valvular Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Kaer, M. D.
(Coroner.)

10-6-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Osborn Cem. DATE OF BURIAL Oct. 8 1925

20 UNDERTAKER Chas. W. Johnson ADDRESS 461 Cath... 561

TION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02561 — E 02561

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH: City of BALTIMORE: (No. Franklin Sq Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Joseph Leon Williams

(Residence in Baltimore: No. 306 N. Parrish St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Col'd	Single

6-DATE OF BIRTH: Oct 28th 1923 (Month) (Day) (Year)

7-AGE: one yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Infant (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto, Md

PARENTS.

10-NAME OF FATHER: Willie Williams

11-BIRTHPLACE OF FATHER, (State or Country): Florida

12-MAIDEN NAME OF MOTHER: Henrietta Valentine

13-BIRTHPLACE OF MOTHER, (State or Country): Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willie Williams

(Address) 306 N. Parrish St.

15- OCT 7 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 4th 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Morphine Poisoning

Drank Med. Containing Morph & Chloral Hydrate of which mother had been taking (Duration) 6 mos

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D. Coroner.

Oct 5 1925 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, Or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Zion	October 7 1925
20-UNDERTAKER.	ADDRESS
Joseph A Lively	151 Winterson

Filling out of certificate. See instructions on back of certificate. is very important.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 02562

E 02562

CERTIFICATE OF DEATH.

REGISTERED No. 26-7 76

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., WARD)

2-FULL NAME Joseph Campbell,

(a) RESIDENCE NO. ST., WARD
(If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 40

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Indies

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

14 Informant Baltimore City Hospitals
(Address) Baltimore, Md. JOHNS HOPKINS HOSPITAL

15 Filed OCT 1 1925 CHARLES MORGUE, Registrar
City Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1924, to Sept. 21, 1925, that I last saw h.... alive on Sept 21, 1925, and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Paralysis of the Insane

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? Pathological and Clini

What test confirmed diagnosis?

(Signed) Harry Goldsmith M. D.

9/21/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Com. Missioner Health.

ADDRESS OCT 7 1925

TION is very important See instructions on back of certificate.

E 02563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

2321

E 02563

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Light & Hughes St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Williams.(C)

(Residence in Baltimore: No. 20 Redding Court. St.; yrs. 34 mos. 10 ds. 11)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	Colored	Single.

6-DATE OF BIRTH. November 12 1890 (Month) (Day) (Year)

7-AGE. 34 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md

PARENTS:

10-NAME OF FATHER, Lewis Williams.(C)

11-BIRTHPLACE OF FATHER, (State or Country), Delaware.

12-MAIDEN NAME OF MOTHER, Emma Cole.(C)

13-BIRTHPLACE OF MOTHER, (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Benson.(C)sister

(Address) 1168 McElderry St.

15-

Filed ..... 19?.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 23, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Bernhardt M. D. Coroner

Oct, 4° 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL. 19

20-UNDERTAKER, ADDRESS

THE MORGUE

OCT 1 - 1925

Dept. Com. Health.

Dept. Com. Health.

OCT 1 - 1925

State Board of Health: Attention is very important. See instructions on back of certificate.

Spec[illegible]-21—E.B.R.S.—400 Bks.

E 02564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02564

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. UNION MEMORIAL HOSPITAL St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME WILLIAM OSCAR HOWARD.

(a) Residence No. Union Memorial Hospital St., 12 Ward Tarboro, N.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. How long in U. S., if of foreign birth? 53 yrs. 10 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Howard

6-DATE OF BIRTH (month, day and year) Nov-19-1871

7-AGE. 53 yrs. 10 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) Law
(c) Name of employer Self

9-BIRTHPLACE (city or town) Edgecomb Co.
(State or Country) N.C.

PARENTS.
10-NAME OF FATHER, Jas. F. Howard
11-BIRTHPLACE OF FATHER (city or town) Edgecomb Co.
(State or Country) N.C.
12-MAIDEN NAME OF MOTHER, Margaret Page
13-BIRTHPLACE OF MOTHER (city or town) Martin Co.
(State or Country) N.C.

14- (Informant) Mrs. Kate Howard, (wife)
(Address) Tarboro, N.C.

15- Filed ....., 19.. ROBERT R. KNAUER, Registrar.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 6 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 20, 1925 to Oct 6th, 1925, that I last saw h. alive on Oct 6th, 1925, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction 4 days. Postoperative Shock 4 hours. dr

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Sept 25th Oct 6th

Was there an autopsy? No

What test confirmed diagnosis? Findings at Operation

(Signed) Charles O'Donovan Jr., M.D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
TARBORO, N.C.	Oct-7-1925

20-UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. BOWDEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02565

CERTIFICATE OF DEATH.

15. E 02565

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Boston ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva H. Reinholdson

(a) RESIDENCE NO. 2706 Boston ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Whit

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/5/1925

7 AGE Years Months Days If LESS than 1 day, hrs. or 2 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Burt. Reinholdson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Minn

12 MAIDEN NAME OF MOTHER Carrie Kutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Carrie Reinholdson
(Address) 2701 Boston St.

15 Filed OCT 7 1925, 19 Registrar

ROBERT R. KRAUSER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1925, to Oct 5, 1925, that I last saw her alive on Oct. 5, 1925, and that death occurred, on the date stated above, at 12 15 a. m.

The CAUSE OF DEATH* was as follows:

Nasal Compression

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuff.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) S. A. Evans, M. D.

10/6, 1925 (Address) 1612 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: 10/6 1925

20 UNDERTAKER: Wm. G. Jackson

ADDRESS: 1618 Eastern

CAUSE OF DEATH to plain terms, so that a non-medical person can understand it. Do not use abbreviations or symbols. Be sure to answer all questions. Use ink. Write plainly. Do not write on back of certificates.
TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02566 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 02566

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH 1631 Division Street 14-1 Registered No.

City of BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Hall

(a) Residence No. 1631 Division St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 9/27/25

7-AGE: yrs. mos. 11 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9-BIRTHPLACE (city or town) (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: Samuel C. Hall

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Marcelina Burdett

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Md.

14-

(Informant): Samuel C. Hall

(Address): 1631 Division St.

15-Filed OCT 7 - 1925 16-ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 10/7/25

17- I HEREBY CERTIFY, That I attended deceased from Oct 6, 1925 to Oct 7, 1925

that I last saw him alive on Oct 7, 1925,

and that death occurred, on the date stated above, at 6 30 Am

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 2 ds

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. mos. 11 ds

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

Oct 7, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Oct 7, 1925

20-UNDERTAKER: John A. Sheiron — ADDRESS 927 Penna Ave.

instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02567

CERTIFICATE OF DEATH.

REGISTERED NO. E 02567

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) ST. 14-2 WARD) 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Isaac Constam

(a) RESIDENCE NO. 2423 Callow Ave ST. Manchester Apts. WARD 57.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie Frank Constam

6 DATE OF BIRTH (month, day, and year) Feby. 14 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	7	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of Industry, business, or establishment in which employed (or employer) Paint Merch.
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Aaron Constam

11 BIRTHPLACE OF FATHER (city or town) ....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Rosa Lang

13 BIRTHPLACE OF MOTHER (city or town) ....
(State or country) Germany

14 Informant Mrs. Constam
(Address) Manchester Apts

15 Filed OCT 7 - 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1925, to Oct 7, 1925.
that I last saw him alive on Oct 7, 1925.
and that death occurred, on the date stated above, at 2 45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) ? yrs. ? mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical signs & symptoms
(Signed) Henry V. P. Wilson Jr MD M. D.
, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	10/9/1925
20 UNDERTAKER David Lindheim	ADDRESS 119 W. Mt. Royal Ave

CAUSE OF DEATH to plain terms. Abbreviations should not be used. Read carefully the instructions on back of certificates. ATION is very important. See instructions on back of certificates.

Spec.–1-10-21–M&T–1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02568

CERTIFICATE OF DEATH.

E 02568

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Park Ave ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Lee Dixon Norris

(a) RESIDENCE NO. 1727 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of William Thomas Norris

6 DATE OF BIRTH (month, day, and year) Sept 23 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	57		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Easton-Talbot County Md.

10 NAME OF FATHER Robert B. Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore - Md

12 MAIDEN NAME OF MOTHER Amanda Amoss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford County - Md.

14 Informant William H. Norris

(Address) 1727 Park Ave

OCT 7 - 1925 Filed ....., 19.... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/7 1925

17 I HEREBY CERTIFY, That I attended deceased from May, 1925, to 10/6, 1925.

that I last saw h. alive on 10/6, 1925.

and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of May 1925

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical findings

(Signed) [illegible] M. D.

10/7, 1925 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md.

DATE OF BURIAL 10-8-1925

20 UNDERTAKER Henry H. Jenkins Sons Co.

ADDRESS Orchard & McCulloh

CAUSE OF DEATH to be plainly written, and TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Benjamin A. Miller

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02569

E 02569

CERTIFICATE OF DEATH.

1438

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 476 S. 12th St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Benjamin or D. Miller,

(a) Residence No. 476 S. 12th St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mamed

6-DATE OF BIRTH (month, day and year) Oct 5 1874

7-AGE.	If LESS than 1 day.
51 yrs. 8 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS

10-NAME OF FATHER, Alfred W. Miller

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Emma Kohler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Louis N. Hahn

(Address) 508 N. Bentz St

15-

Filed ..... 192 ..... Registrar.

1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 19 25 to Oct 6 19 25.

that I last saw h/m alive on Oct 6 19 25

and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris ?

Gallstone Colic ?

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Ileus

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? I now.

(Signed) Jno Greenbaum M.D.

, 19 (Address) 462 Eastern Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Western Cem	Oct 9 1925
20-UNDERTAKER.	**ADDRESS**
Mr Mrs N S Kirk	1737 N Broadway

Instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02570

CERTIFICATE OF DEATH.

E 02570

90

9-29

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 102 Montebello Terrace WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Dorney.

(a) RESIDENCE NO. 102 Montebello Terrace WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widow~~ed~~ or ~~Divorced~~, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William M. Dorney

6 DATE OF BIRTH (month, day, and year) Sept 1 1846

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ... min.
79		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

10 NAME OF FATHER Wm Murphy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Hatchinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind

14 Informant Ellen Downing

(Address) 102 Montebello Terrace

15 Filed Oct 7 1925, 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1925, to Oct 6, 1925, that I last saw her alive on Oct. 6, 1925, and that death occurred, on the date stated above, at 11.50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Right Hemiplegia)

(duration) yrs. mos 3, ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) — John Ebaugh M. D.

10-7 1925 (Address) 710 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Oct 8 1925

20 UNDERTAKER John O. Mitchell

ADDRESS 1210 W Fayette

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02571

E 02571

CERTIFICATE OF DEATH.

REGISTERED No. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (If death occurred in a hospital or institution, give its NAME instead of street and number.) No. 3933 Wilkens ave. WARD 25-2

2-FULL NAME William Kramodel

(a) RESIDENCE. No. 3933 Wilkens ave WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth G. Kramodel

6 DATE OF BIRTH (month, day, and year) Aug 1- 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
M	47	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Balto md
(State or country)

PARENTS

10 NAME OF FATHER August Kramodel

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Johanna Jozpat

13 BIRTHPLACE OF MOTHER (city or town) ✓ Balto
(State or country)

14 Informant Elizabeth G. Kramodel
(Address) 3933 Wilkens Ave.

15 Filed ..., 19 Robert P. HARRISON, Registrar

OCT 7 - 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 Oct 1925

17 I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ 4 Sept, 1925, to 7 Oct, 1925,
that I last saw ~~him~~ alive on 6 Oct, 1925,
and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Comp Lab. exam

(Signed) J. Vance Hooper, M. D.

, 19 (Address) 2565 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Oct 15 1925

20 UNDERTAKER George Schwatt 110 N. Arc

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02572

E 02572

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 S Fulton ave ST. 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Kahl

(a) RESIDENCE No. 116 S Fulton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or~~ Emma Kahl

6 DATE OF BIRTH (month, day, and year) Unknown 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John H Kahl

11 BIRTHPLACE OF ~~FATHER~~ (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF ~~MOTHER~~ (city or town) (State or country) Baltimore Md

14 Informant Emma Kahl

(Address) 116 S Fulton Ave

15 Filed ..., 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Oct 5, 1925, that I last saw h[illegible] alive on Oct 5, 1925, and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) [illegible], M. D.

(Address) 34 S. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

LOUDON PARK CEM

UNDERTAKER

ROBERT BROOKS & SON

FUNERAL DIRECTORS & EMBALMERS

[illegible] & MOLLISON STREETS

DATE OF BURIAL

Oct 7th 1925

ADDRESS

Catonsville Md

Spec.—1-10-2f—M&T—1500 Bks.

Jensch.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 02573

E 02573

CERTIFICATE OF DEATH. x 87

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL (No. 7-1 ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD .....

2-FULL NAME Stephen Jensch

(a) RESIDENCE NO. Glastonbury Conn
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Jensch

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS
10 NAME OF FATHER Leon Jensch
11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland
12 MAIDEN NAME OF MOTHER Mary Seherwat
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant ..... (Address) JOHNS HOPKINS HOSPITAL.

15 Filed OCT 8 - 1925 ROBERT R. KRAUTER, Registrar
Assist. Permit Clerk.

CAUSE OF DEATH in plain terms, so that it may be understood by the laity. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1925, to Oct 7, 1925, that I last saw him alive on Oct 7, 1925 and that death occurred, on the date stated above, at 8-15 P m.

The CAUSE OF DEATH* was as follows:
Brain Tumor, Benign, Glioma

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes. Date of 10-7-25.

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) Julian D Hart, M.D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glastonbury Conn — DATE OF BURIAL Oct 10 1925

20 UNDERTAKER John Ulbrich — ADDRESS 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 02574

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02574

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. 3-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary McGee

(a) RESIDENCE NO. 1431 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1877?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	48?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER Wm McGee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

14 Informant Baltimore City Hospitals Records (Address)

15 Filed OCT 8 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1924, to Oct. 4, 1925, that I last saw her alive on Oct 4, 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

10/5, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL John J Sacred Heart

DATE OF BURIAL 10/8 1925

20 UNDERTAKER John J Pabst & Sons

ADDRESS 1318 Light St.

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 ✓ E 02575

REGISTERED NO. E 02575

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 1-2 WARD)

2-FULL NAME Mrs Agnes Kopytinski

(a) RESIDENCE NO. 625 So. Lakewood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1 - 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer at Home

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Cmelia Urbanski
(Address) 2635 Eastern Ave

15 Filed OCT 8 - 1925, 19 ... Registrar ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-6 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-21, 1925, to 10-6, 1925

that I last saw her alive on 10-6, 1925

and that death occurred, on the date stated above, at 6:20 9 m

THE CAUSE OF DEATH* was as follows:

Intestinal Obstruction from metastasis from Cancer of the Gall Bladder.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-23-25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Ga Stewart, M. D.

, 19 (Address) 904 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL Oct 9 1925

20 UNDERTAKER F W Ozazewski ADDRESS 1930 Eastern Ave

TION is very important See instructions on back of certificate.

Duell Farrell

E 02576

HEALTH DEPARTMENT—CITY OF BALTIMORE

3/ E 02576

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 933 Argyle Ave St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Duell Farrell

(Residence in Baltimore: No. 933 Argyle Ave St.; yrs. 18 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	single

6-DATE OF BIRTH. April 6, 1907
(Month) (Day) (Year)

7-AGE. 18 yrs. 5 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Wm. Farrell

11-BIRTHPLACE OF FATHER, (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Fletcher Gep

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Farrell

(Address) 933 Argyle Ave.

15- OCT 8 - 1925 ROBERT R. KRAUTER, Registrar.
(Filed) 19.. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 5, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

Oct. 6, 1925 (Address) 2802 Eastern Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Ashury Cemetery Oct 9 1925

20-UNDERTAKER. ADDRESS
J. Mus R.G. Elliott 1725 Eastland Ave

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02577

CERTIFICATE OF DEATH.

90 E 02577

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 N. Vincent ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry H. Sheppard

(a) RESIDENCE No. 509 N. Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Sheppard

6 DATE OF BIRTH (month, day, and year): Apr. 12- 1873

7 AGE: Years 52 Months 5 Days 22 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Laundries

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Asbury Sheppard

11 BIRTHPLACE OF FATHER (City or town) (State or country): Edgefield Va

12 MAIDEN NAME OF MOTHER: Cornelia Morgan

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Catonsville Md

14 Informant (Address): Mrs. Ella Sheppard 509 Vincent

15 Filed ..... 19 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 4th 1925

17 I HEREBY CERTIFY That I attended deceased from Oct 4th, 19 25. to Oct 4th, 19 25, that I last saw him alive on Oct 4th, 19 25 and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis (Mitral Regurgitation)

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) J. Lee Peel, M. D.

, 19 (Address) 1334 Bilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Oct. 8 19 25

20 UNDERTAKER: Franklin & Lutz — ADDRESS: 7894 Belair Rd

Spec.—6-9-19—H. P. C.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02578

100-001

E 02578

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 708 Wilmer Alley ST.; 17-E WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gloria Elaine Davenport

(a) RESIDENCE NO. 708 Wilmer Alley ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10-24

7 AGE — Years: 11 — Months: — Days: 28 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Walter Davenport

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Irene Frisby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Walter Davenport (Address) 708 Wilmer Alley

15 Filed OCT 6 - 1925 ROBERT R. KRAMER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 3rd, 1925, to Oct 7, 1925; that I last saw her alive on Oct 7, 1925; and that death occurred, on the date stated above, at 5-30 A.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) 1 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Leo. H. Lautenbach M. D.

(Address) 2215 N. Wash Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Oct 8 1925

20 UNDERTAKER: Edmund Wesley McCabe ADDRESS 538

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02579

E 02579

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 118-S-3rd St., Ward 10) Registered No. 122-5

2-FULL NAME.. Henry Kistner

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No.... 118 S-3rd St. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kistner

6-DATE OF BIRTH (month, day and year) Dec 10 46

7-AGE, 78 yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Produce

(b) General nature of industry, business, or establishment in which employed (or employer)..... Dealer

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Leonard Kistner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Filler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant)..... William H. Kistner

(Address)..... 118 S. Third St.

15- Filed OCT 8 - 1925 19.. HOLLAND R. KRAUTER, Registrar.

Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 5 25

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1925 to Oct 5 1925

that I last saw him alive on Oct 5 1925

and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy Exam

(Signed) H. G. Bladel M. D.

Oct 7 19 25 (Address) 143 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
W.P. Carmel	10/8 1925
20-UNDERTAKER. Emily's Herwig	ADDRESS 2016 Orleans St.

Spec.—1-10-21—M&T—1500 Blks.

E 02580 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 117 E 02580

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Robes ave ST. 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J Bundy

(a) RESIDENCE NO. 2913 Robes ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Theresa Bundy

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 48; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hodcarrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Robt. R. Bundy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ruth Morton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eastford Conn

14 Informant: Theresa Bundy

(Address) 2913 Robes ave

15 Filed OCT 8 - 1925, 19... ROBERT H. KRAUTER, Deputy Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1925, to Oct 6, 1925, that I last saw him alive on Oct 5, 1925, and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Acute Lobar pneumonia

Gram Negative

(duration) yrs. 2 mos 15 ds.

CONTRIBUTORY (Secondary) Appendicitis

(duration) yrs. ? mos. 15 ds.?

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Ruth Hall, M. D.

, 19 (Address) 4346 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel, Conn.

DATE OF BURIAL: 10/9 1925

20 UNDERTAKER: Jas. H. Grimes 1650 E. Monument St.

ADDRESS

CAUSE OF DEATH should be stated by the physician in plain English terms, avoiding technical abbreviations. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02581

CERTIFICATE OF DEATH.

135 E 02581

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No.) Monument & Rutland Av. ST., 13-6 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Michael

(a) RESIDENCE NO. 910 Lexington Av. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 45 yrs. ? mos. ? ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Sarah Michael

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman in a cloak factory

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Marcus Cloak Co.

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: ? —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Harry M. Silberman

(Address): 910 N Lexington

15 Filed OCT 8 - 1925, 19 ... JOSEPH R. KRAUTER, Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-24, 1925, to 10-7-, 1925, that I last saw him alive on Oct. 7, 1925, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) ... yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Benign hypertrophy of prostate

(duration) ... yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 10-6-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B Aaron Lande, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hebrew Rest

DATE OF BURIAL: 11-8- 1925

20 UNDERTAKER: Jack Lewis,

ADDRESS: 1395 E. Balto.

CAUSE OF DEATH in plain terms. So that it may be known whether or not a contagious disease. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

02582

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02582

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1830 h. Duncan ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Berz

(a) RESIDENCE No. 1830 h Duncan ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/4 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Michael Berz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Schinner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Michael Berz

(Address) 1830 h Duncan St

15 Filed OCT 8 1925 ROBERT R. KRAUSER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 7 1925

17 I HEREBY CERTIFY, That I attended deceased from October 5 1925 to October 7 1925 that I last saw her alive on October 6 1925 and that death occurred, on the date stated above, at 6.45 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia -

(duration) yrs. 1 mos 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Albert Abramberg M. D.

(Address) 2007 East North Ave -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL 10/9 1925

20 UNDERTAKER: Albert L. Hitzler

ADDRESS 1606 n Chester St

CAUSE OF DEATH in plain terms, so that it may be understood by the public. Do not use abbreviations or technical terms. Write name and address of physician on back of certificates.
TION is very important. See instructions on back.

Spec. 8-24-14—M. & T.—2000 Blks.

02583

HEALTH DEPARTMENT—CITY OF BALTIMORE

02583

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4017 Ridgewood Ave ST.: 15-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Kerr

(Residence in Baltimore: No. 4017 Ridgewood Ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct 14, 1844
(Month) (Day) (Year)

7-AGE, 80 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nonne
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country) Harford Co

PARENTS.

10-NAME OF FATHER, Nathaniel B Kerr

11-BIRTHPLACE OF FATHER (State or Country), Harford Co

12-MAIDEN NAME OF MOTHER Davis

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mat B Kerr

(Address) 4017 Ridgewood Ave

15- OCT 8 - 1925 Filed..... 191..... ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 6, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1924, to Oct 6 1925, that I saw h.. alive on October 6 1925, and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ulceration of bowel

(Duration) yrs. 24 mos. ds.

(Signed) E. H. Harrison M. D.

Oct 6, 1925. (Address) 1304 Harrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem

DATE OF BURIAL, Oct 8, 1925

20-UNDERTAKER Geo C Pudenz Sons

ADDRESS Baltimore

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02584

CERTIFICATE OF DEATH.

129 E 02584

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3 East Lexington ST., 4-3 WARD

2-FULL NAME Andrew Snyder

(a) RESIDENCE NO. 3 East Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced (or) HUSBAND of (or) WIFE of Annie M

6 DATE OF BIRTH (month, day, and year) May 16-1858

7 AGE: Years 67 Months 4 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

PARENTS

9 BIRTHPLACE (city or town) (State or country): Balto Maryland

10 NAME OF FATHER: Godfrey Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Culsnow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: W Arthur Snyder

(Address) 3 E. Lexington

15 Filed OCT 8 - 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1925

17 I HEREBY CERTIFY, That I attended deceased from God, 1924, to Oct 5, 1925, that I last saw him alive on Oct 5, 1925, and that death occurred, on the date stated above, at 4:15 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) General oedema

Pulmonary Edema (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) L Leibenhart M. D.

10/7, 1925 (Address) 140 E Park Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Oct 9 1925

20 UNDERTAKER: Jos Cook

ADDRESS: 501 E North

CAUSE OF DEATH: ... TION is very important See instructions on back of c...

Spec.—1-10-21—M&T—1500 Bks.

E 02585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02585

CERTIFICATE OF DEATH.

25-5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Arbuton Ave ST. Lakeland WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad S Mahrnholz.

(a) RESIDENCE No. Arbuton Ave ST. Lakeland. WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Mahrnholz

6 DATE OF BIRTH (month, day, and year) Sept 2nd 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Piano Polisher

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ludwig Mahrnholz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Katherine Mahrnholz. Lakeland- Md

15 Filed OCT 8 - 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from Apl 18, 1925 to Oct 7, 1925

that I last saw him alive on Oct 6, 1925

and that death occurred, on the date stated above, at 12.50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Gall bladder

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no 2 mos ago

What test confirmed diagnosis? Laparotomy

(Signed) R Gustav Dell M. D.

10/7, 1925 (Address) 1433 N Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A A Co. DATE OF BURIAL Oct. 10 1925

20 UNDERTAKER James Degnan & Son ADDRESS 1000 S Paca St

CAUSE OF DEATH in plain terms, as chronic, or contributory, is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02586

E 02586

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No.... Spring Gardens. St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Vernon D.Benton.

(Residence in Baltimore: No. 1810 W.Lanvale St. St., yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single.

6-DATE OF BIRTH, January 16, 1908. (Month) (Day) 1 (Year)

7-AGE. 17 yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Deck hand on Tug.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Deals Island Md.

PARENTS.

10-NAME OF FATHER. John Benton.

11-BIRTHPLACE OF FATHER, (State or Country). Deals Island Md.

12-MAIDEN NAME OF MOTHER, Anna Harris.

13-BIRTHPLACE OF MOTHER, (State or Country). Deals Island, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Benton. (father)

(Address) 1810 W.Lanvale St.

15- Filed OCT 8 - 1925 192.. ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 7, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from a scow.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Leonhardt M. D. (Coroner.)

Oct 8, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence. Deals Island.

19-PLACE OF BURIAL OR REMOVAL, Deals Island Md. DATE OF BURIAL, Oct 8th 1925.

20-UNDERTAKER, H C Brannings Son ADDRESS 517 N. Schroeder St

State of Maryland. Certificate. See instructions on back of certificate. is very important.

Spec.—1-10-21—M&T—1500 Bks.

E 02587

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 001 E 02587

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 1-1 WARD)

2-FULL NAME Anna Lipka

(a) RESIDENCE NO. 515 S. Madeira St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 53 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~M.~~ F. 4 COLOR OR RACE White 5 ~~Single~~, Married, ~~Widowed,~~ or ~~Divorced,~~ (write the word) Married.

5a If married, widowed, or divorced (or) WIFE of John Lipka.

6 DATE OF BIRTH (month, day, and year) Not Known.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED Housewife.

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER — Wasiniwicz

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) Poland.
(State or country)

14 Informant John Lipka.
(Address) 515 S. Madeira St.

15 Filed OCT 8 - 1925 19 ROBERT R. KRAMER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-7- 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-9- 1925, to 10-7 1925, that I last saw h er alive on 10-7- 1925, and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(duration) ... yrs. ... mos 28 ds.

CONTRIBUTORY (Secondary) Trophic Ulcer

(duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Feinandt, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus.	Oct 12. 1925
20 UNDERTAKER M J. Sadowski.	ADDRESS 705 S. Ann

CAUSE OF DEATH to be filled in plainly with ink or indelibly. Consult reverse side for additional instructions. TION is very important. See instructions

Spec- 12-23-2 (—E.B.P.S.—400 Blks.

E 02588

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02588

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1519 N. Patterson Park Ave. St., 12-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Ellis

(a) Residence No. 1519 N. Patterson Park Ave St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widow, Widower or Divorced (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Eugene McEllis

6-DATE OF BIRTH (month, day and year) Mar 25-1861

7-AGE. 64 yrs. 6 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS:

10-NAME OF FATHER, Michael Keaveby

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12-MAIDEN NAME OF MOTHER, Ellen Coughlin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14- (Informant) Eugene Ellis

(Address) 1519 N. Patterson Park Ave

15- Filed OCT 8 - 1925 192.

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 7-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 19 25 to Oct 7 19 25

that I last saw her alive on October 7 19 25

and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver. (Acute)

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cholangetis

(Duration) yrs. mos. 20 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. P. Herzog M.D. M. D

Oct 7. 1925 (Address) 1305 N Patterson Park Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Cathedral Cemetery	Oct 10 - 1925

20-UNDERTAKER. Chas. P. Maue & Son ADDRESS 11 W. Mt. Royal Ave

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 02589 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

113 E 02589

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Wolth

(a) RESIDENCE No. 602 N. Elderry St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years / Months 2 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Wolth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Blanche Grunwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 8 - 1925 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 28 -, 1925, to Oct 4 -, 1925,

that I last saw h[illegible] alive on Oct 4 -, 1925,

and that death occurred, on the date stated above, at 1:00 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Intestinal Indigestion

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Terminal Bronchs-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 602 N. Elderry St

Did an operation precede death? — Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Thos. W. Connell, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: OCT 9 - 1925 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

CAUSE OF DEATH to be plainly written. Spelling of names and TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 02590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 02590

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Scott ST., 21-3 WARD)

2-FULL NAME James Earl Kinsey

(a) RESIDENCE No. 628 Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
		8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Leroy James Kinsey

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Lottie E. Merfeld

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Lottie Kinsey

(Address) 628 Scott st

15 Filed OCT 8 - 1925, 19.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1925, to Oct. 7, 1925, that I last saw h alive on Oct. 7, 1925 and that death occurred, on the date stated above, at 2 45 P. m

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchs-Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical.

(Signed) Dr. T. Hennessy, M. D.

Oct 8 1925 (Address) 2702 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Oct 9 1925
20 UNDERTAKER	ADDRESS
Jos Jacobs & Son	2078 Pen

TION is very important. See instructions on

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02591 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 02591

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 718 W. Baare st St., 21-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick William Wiatting

(a) Residence No. 718 W. Baare st St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 15 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of late Johanna Wiatting

6-DATE OF BIRTH (month, day and year) Oct 21 1867

7-AGE. 57 yrs. 11 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brass Finisher
(b) General nature of Industry, business, or establishment in which employed (or employer) 010
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, August Wiatting

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Gromann

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Lizzie Wiatting
(Address) 718 W. Baare st

15-
Filed ..... 192.....

OCT 8 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 6. 1925

17- I HEREBY CERTIFY, That I attended deceased from June 10 19 11 to Oct 6 19 25

that I last saw h— alive on Oct 6 19 25

and that death occurred, on the date stated above, at 9.00 a. m.

The CAUSE OF DEATH* was as follows:

Rheumatism

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Valvular Disease of Heart

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Oct 8, 1925 (Address) 617 Arden

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem — DATE OF BURIAL. Oct 9 1925

20-UNDERTAKER. Jos Joerdens & Son — ADDRESS 2178 E. Pratt

Cor.—1-12-25—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02592

105 E 02592

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 ENsor St ST., 10-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME LLOYD GORDON

(a) RESIDENCE NO. 1008 N Central Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy M Gordon

6 DATE OF BIRTH (month, day, and year) not known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Coal Wood & Ice
(b) General nature of industry, business, or establishment in which employed (or employer) 043
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER LLoyd Gordon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Sarah E. McAmee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Daisy M. Gordon
(Address) ~~1008 N. Central Ave~~

15 Filed OCT 8 - 1925, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Dilitation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) History of Asthma (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Waller, M. D.
(Coroner.)

10-8-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL October 10 1925

20 UNDERTAKER Henry Hoen Son — ADDRESS 1801 E Eager St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02593

E 02593

CERTIFICATE OF DEATH.

REGISTERED NO. 197

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Univ Hospital ST. 18-25 WARD)

2-FULL NAME Nathan Law

(a) RESIDENCE NO. 976 Amity ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Black	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Plumbers Helper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Sweetie Green (Address) 2 Amity St.

15 Filed Oct 5 1925 Robert F. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide
Gun Shot wound. (Heart)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) G. C. Wade M. D.
(Coroner.)
Oct 7 1925 (Address) 142 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Zion, Cemetery Brunswick
Dr. Geo. Paul Burial Co. Longview
20 UNDERTAKER Mrs. Katie R. Williams
Adolphus Hadrad 904½ Eutaw St.

DATE OF BURIAL Oct 7/925 Oct 8, 1925.
ADDRESS 322 N. Schroeder St.

Spec.—1-10-21—M&T—1500 Bks.

1852-58 E 02594

HEALTH DEPARTMENT—CITY OF BALTIMORE E 02594

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL CITY OF BALTIMORE: (No. 18-2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleven a Bradley

(a) RESIDENCE NO. 8 Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work school

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER James Bradley

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Amelia Lamar

13 BIRTHPLACE OF MOTHER (city or town) U. S. (State or country)

14 Informant Records

(Address) Johns Hopkins Hospital

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1925, to Oct. 6th, 1925, that I last saw h alive on Oct 6, 1925 and that death occurred, on the date stated above, at 8:13 A. m.

The CAUSE OF DEATH* was as follows:

Streptococcus rhinitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) staphylococcus cellulitis septicemia 3 days.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) Louis C. Marter M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Oct 9, 1925

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

CAUSE OF DEATH to be filled in plain terms, and to conform to directions on back of certificates. See instructions on back of certificates. TION is very important.

Robert P. Hartigan

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02595

E 02595

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. Mercy Hospital ST. 15-13 WARD

2-FULL NAME Laura Hawkins

(a) RESIDENCE NO. 1633 Bruce St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colred

5 Single, ~~Married, Widowed, or Divorced (write the word)~~ Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 16, 1916

7 AGE 9 Years | Months | Days 20 | If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland St Mary's Co

PARENTS

10 NAME OF FATHER Charles Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary Co md

12 MAIDEN NAME OF MOTHER Cora L. Emmerille

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St mary co md md

14 Informant Cora Hawkins (Address) 1633 N. Bruce St

15 Filed ..... 19 ..... Registrar

Robert P. Harrison, Burial Permit Clerk

8-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1925, to Oct 6, 1925, that I last saw her alive on Oct 6, 1925 and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Nt. Bayard M. D.

, 19 (Address) Bayview Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peter's Cemtery. DATE OF BURIAL Oct 9 19

20 UNDERTAKER Mrs Chas H. Dennis ar T.E. Kelly ADDRESS 1705 Presstman St

CAUSE OF DEATH in plain words. See instructions on back of certificates. TION is very important.

Spec.—1-10-21 M&T 1500 Blks.

E 02596

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02596

CERTIFICATE OF DEATH.

REGISTERED NO. 100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home + Infirmary (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Emily Latimer

(a) RESIDENCE NO. Church Home + Infirmary ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov. 8th - 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	11	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School teacher Retired 68

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George Co Maryland.

PARENTS

10 NAME OF FATHER Randolph Latimer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co Maryland.

12 MAIDEN NAME OF MOTHER Jane C. Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Maryland

14 Informant (Miss) E. Latimer

(Address) 639 N. Fulton Ave

15 Filed Oct 8 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 7 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1925, to October 7, 1925, that I last saw her alive on October 7, 1925, and that death occurred, on the date stated above, at 12.30 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (bronchi)

(duration) 0 yrs. 0 mos 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Henry U.S. Wilson, M.D. M. D.

, 19 (Address) Church Home + Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Deltaville, Md. DATE OF BURIAL Oct 9 1925

20 UNDERTAKER Stephen Jordan ADDRESS 401 N. Broadway

SEE INSTRUCTIONS ON BACK OF CERTIFICATES. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

E 02597

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02597

CERTIFICATE OF DEATH.

90

REGISTERED NO. 26-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 S. East ave ST., 26 WARD)

2-FULL NAME Elizabeth Wille

(a) RESIDENCE NO. 919 S. East ave ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Wille

6 DATE OF BIRTH (month, day, and year) Aug. 24-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. Katharine Pabst

(Address) 919 S. East ave

15 Filed ..., 19 ... Registrar

[Robert P. Harrison, Asst. Clerk]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 at, 1924, to Oct. 6, 1925.

that I last saw her alive on Oct 5, 1925

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Dilated heart

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm J McAvoy, M. D.

10/6. 1925 (Address) 839 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oaklawn Cemetery	Oct 9 1925
20 UNDERTAKER Zirkler + Zirkler	ADDRESS 1739 E. Eager st

TION is very important. See instructions on back of c

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 02598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02598

CERTIFICATE OF DEATH.

160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 615 N. Carey (St.) 16-7 (Ward)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Alonzo Cole

(a) RESIDENCE. No. 615 N. Carey St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7 1925

7 AGE Years Months 3 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City Maryland

PARENTS

10 NAME OF FATHER Bernard Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) City Maryland.

12 MAIDEN NAME OF MOTHER Lillian Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City Maryland

14 Informant Lillian Cole
(Address) 615 N. Carey Street

15 Filed 1925 . 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1 . 1925 to Oct 7 . 1925

that I last saw him alive on Oct 7th . 1925

and that death occurred, on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Autopsy

(Signed) Wm. H. Lauterbach M. D.

Oct 7 . 1925 (Address) 2215 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harris. Cy Catonsville — DATE OF BURIAL: Oct 9 1925

20 UNDERTAKER: Leonard Whalen — ADDRESS: 308 Myrtle ave

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 02599 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02599

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH Pronounced Dead at REGISTERED NO.

CITY OF BALTIMORE: (No. 3ald City Hospital ST., 16-7 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Harrison

(a) RESIDENCE NO. 725 4 Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER William Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Cora Tibbs
(Address) 725 N Bruce St

15 Filed 1925, 192 Robert P. Harrison Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis

Probably due to bad teeth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Embolism

(duration) yrs. mos. ds.

(Signed) James M Fenton, M. D. (Coroner.)

Oct 9, 1925 (Address) York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lowell's Point M. E.	10/9/1925
20 UNDERTAKER Daniel Easton	ADDRESS 916 Bruce

E 02600 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02600

CERTIFICATE OF DEATH.

16-31

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1129 Whatcoat St., Ward 16)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene White

(Residence in Baltimore: No. 1129 Whatcoat St. St.; yrs. 24 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH. About (Month) (Day) 1893 (Year)

7-AGE. 32 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer). 023

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. David White

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Carrie White

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Mrs. Carrie White

(Address)... 1129 Whatcoat St.

15- Robert P. Harrison,

Filed Oct 8 1925 192.... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 6 (Month) (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Kennedy M. D. (Coroner.)

Oct. 7 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
West Lawn Cem	10/9/1925
20-UNDERTAKER.	ADDRESS
Daniel Easton	Cane

is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 02601

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02601

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH U S Marine Hospital # 1
Baltimore, Md.
CITY OF BALTIMORE: (No. ..... ST., 19-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Casey

(a) RESIDENCE No. 1616 West Franklin St ST., ... WARD .....
(Usual place of abode) Baltimore Md (If non-resident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 4 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Black.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) 1886.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman. 6.6
(b) General nature of industry, business, or establishment in which employed (or employer) Seaman
(c) Name of employer Sch. Helen Brung. Va.

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Relf
(Address) J. Lennon & Bro 1127 E Balto St

15 Filed ..... 1925 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1925, to Oct. 6, 1925, that I last saw him alive on Oct. 6, 1925, and that death occurred, on the date stated above, at 1.25 a.m.

The CAUSE OF DEATH* was as follows:
Valvular Heart Disease
Mitral insufficiency

(duration) ..... yrs. 9 mos — ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of —
Was there an autopsy? Yes.
What test confirmed diagnosis? Physical findings and laboratory test
(Signed) Wm. N. Fowler, M. D.
10/6, 1925 (Address) U.S. Marine Hospital Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 10/10/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Ca ne

Henry F. Harrison,
Burial Permit Clerk.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02602

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02602

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Union Memorial Hosp. St. 27-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maizie E. Dean

(a) Residence No. Green Spring Ave St. Mt Wash Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-~~Single, Married Widowed or Divorced,~~ Single (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 29 1884

7-AGE, 40 yrs. 9 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer) Dr

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS:

10-NAME OF FATHER, Morris M. Dean

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary E May

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-Informant Dr. O. Forster

(Address) Belair Md

15-Filed ...1925... 192...

Registrar.

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) October 7-25

17- I HEREBY CERTIFY, That I attended deceased from October 4, 1925 to October 7, 1925

That I last saw h. alive on October 7, 19 25

and that death occurred, on the date stated above, at 11 oP m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ivanition

(Duration) yrs. 10 mos. ds.

18-Where was disease contracted if not at place of death? Md

Did an operation precede death? Yes Date of 9/27/25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Irvine M Lund Jr M. D

, 19 (Address) U. M. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Vernon Cem Belair Md — DATE OF BURIAL: Oct 10 19 25

20-UNDERTAKER, John O. Mitchell — ADDRESS 1200 Fayette

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 02603

CERTIFICATE OF DEATH.

7 4 E 02603

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Preston Apartments ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice White Bell Nock

(a) RESIDENCE NO. Preston Apartments ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas N. Nock

6 DATE OF BIRTH (month, day, and year) Oct 16-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Snow Hill Md.

PARENTS

10 NAME OF FATHER James R. Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Margaret Dunnoway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Alice B. Gaither

(Address) Prestons apartments

15 Filed Oct 8 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1925, to Oct 7, 1925, that I last saw her alive on Oct. 7th, 1925, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm Pearce, M. D.

19 (Address) 5 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 9 1925
20 UNDERTAKER	**ADDRESS**
John A. Mitchell	1201 W. Fayette St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 02604

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 02604

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., 26-7 WARD

2-FULL NAME Samuel Watson

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where deceased lived Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25, 1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
74.	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Hospital Records (Address) Baltimore City Hospitals

15 Filed 8-1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7- 1925

17 I HEREBY CERTIFY, That I attended deceased from June 3- 1924. to Oct 7. 1925.

that I last saw him alive on Oct 7 1925

and that death occurred, on the date stated above, at 5 30 A m

The CAUSE OF DEATH* was as follows:

Senile Dementia

(duration) 2 yrs. mos. de.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 2 de.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical Laboratory

(Signed) Jay C Lange M D

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL Oct 10 1925

20 UNDERTAKER W M Cook — ADDRESS 582 E Fort Ave

CAUSE OF DEATH. See instructions on back of certificates. TION is very important

Cor.—1-12-25—M&T—100 Blks.

E 02605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02605

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Kane

(a) RESIDENCE NO. 2308 Elliott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Kane

6 DATE OF BIRTH (month, day, and year) Jan 10 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Flagman
(b) General nature of industry, business, or establishment in which employed (or employer) sweeper
(c) Name of employer Tin Decorating Co

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thomas Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Susie Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Edward Kane Jr
(Address) 2172 Hunter's Lane

15 Filed Oct 8 1925, 192 ... Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Vault of Skull
Rupturing Longitudinal Sinus

(duration) yrs. mos. 2 hrs

CONTRIBUTORY (Secondary) Fall down Stairs Accident (duration) yrs. mos. ds.

(Signed) James McKenton, M. D. (Coroner.)

Oct 6, 1925 (Address) 700 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? 2238 Elliott St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Oct 10 1925

20 UNDERTAKER Wm Eck — ADDRESS 502 E Northern

Spec—12-23-21—E.B.R.S.—400 Blks.

E 02606 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02606

CERTIFICATE OF DEATH.

Registered No. 87

1-PLACE OF DEATH

City of BALTIMORE: (No.) 108 S. Gilmor St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Henry P. Graham

(a) Residence No. 108 S. Gilmor St., Ward

(Usual place of abode) about (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary J. Graham

6-DATE OF BIRTH (month, day and year) March 16, 1842

7-AGE. 83 yrs. 6 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Navyman

(b) General nature of industry, business, or establishment in which employed (or employer). 96

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Sweden

PARENTS.

10-NAME OF FATHER. Jos A Graham

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Harry Graham

(Address) 108 S. Gilmor St.

15- Filed 19 Robert P. Harrison, Registrar.

Burial Permit Clerk

INSTRUCTIONS ON BACK OF CERTIFICATE

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 5, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1925, to Oct 5 1925, that I last saw h. alive on Oct 7 1925, and that death occurred, on the date stated above, at 1.40a m.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. unknown mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Grahame M. D.

19 (Address) 108 S Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 10/10/25 A., 19
St Mary's Annapolis	
20-UNDERTAKER Harry A Wiltze	ADDRESS No 31 S Bond St.

E - 1025

Spec.—1-10-21—M&T—1500 Bks.

E 02607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02607

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Belle Robinson

(a) RESIDENCE No. 427 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework.

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Charles Braxton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Virginia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Richard Robinson

(Address) 427 Colvin st

15 Filed OCT 9 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 7 - 1925

17 I HEREBY CERTIFY, That I attended deceased from 9 - 1 - 1925, to 10 - 7 - 1925, that I last saw her alive on 10 - 7 - 1925, and that death occurred, on the date stated above, at 11 55 P. m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma
Primary in Breast.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of March 1925

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. P. Butler, M. D.

19 (Address) 425 N. Carolina Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodbury cemetery

DATE OF BURIAL: Oct 10 1925

20 UNDERTAKER: Edward Bryan

ADDRESS 1631 Orleans st

TION is very important See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 02608

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 02608

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 29 S. Chapel St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Franklin Vain

(a) Residence No. 29 S. Chapel St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Vain

6-DATE OF BIRTH (month, day and year) Jan 6-1886

7-AGE. 39 yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. John Vain

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Anna Schmidt

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Balto

14- (Informant) Mrs Annie Vain

(Address) 29 S. Chapel

15- Filed ..... 192 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

OCT 9 - 1925

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 7-1925

I HEREBY CERTIFY, That I attended deceased from Sept 21 19 25 to Oct 7 19 25

that I last saw h... alive on Oct 6 19 25

and that death occurred, on the date stated above, at 10.50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 1 yr. mo. d.

CONTRIBUTORY (Secondary) Absorption of Toxic Material

(Duration) ... yrs. ... mos. 2 ds.

17-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Lewis M. D.

10-7, 1925 (Address) 413 N Washington

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Oct 10 1925
20-UNDERTAKER.	ADDRESS.
Kendall & Heppe for Son	37 S Carrol

Spec—12-23-21—E.B.R.S.—400 Bks.

Ireland ✓

E 02609

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02609

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2212 Elsinore ave St. 15-5 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME... Alfred Hartman Ireland

(a) Residence No. 2212 Elsinore ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Harriet Ireland

6-DATE OF BIRTH (month, day and year) Sept 9, 1865

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Burner fa 086

(b) General nature of industry, business, or establishment in which employed (or employer)... Stewart & Co

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Calvert County Md

PARENTS.

10-NAME OF FATHER, Columbus V. Ireland

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Calvert Co. Md

12-MAIDEN NAME OF MOTHER, Julia Ann Hartman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Grace J. Warfield

(Address) 2212 Elsinore Ave

15- Filed OCT 9 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 7 1925

17- I HEREBY CERTIFY, That I attended deceased from July 13, 1925, to Oct 7, 1925, that I last saw him alive on Oct 7, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) Am yrs. mos. ds.

CONTRIBUTORY (Secondary) Apaplexy

(Duration) yrs. mos. 6 days

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex.

(Signed) J. M. Finkelstein M. D.

Oct 8, 1925 (Address) 826 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Druid Ridge	Oct 10, 1925
20-UNDERTAKER. George J. Smith	ADDRESS 1532 Hollins

Spec.—1-12 23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02610 E 02610

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1720 Morton ST., 17-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Murphy

(a) RESIDENCE NO. 1720 Morton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) Sept 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) M. C.

PARENTS

10 NAME OF FATHER John Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Stella Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) M. C.

14 Informant Mary Murphy (Address) 1726 Morton St.

15 Filed ..... 19 ..... Registrar

OCT 9 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1925, to Oct 6, 1925, that I last saw h alive on Oct 5, 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows: Acute Brights Disease & Diabetes Mellitus

(duration) — yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) General Debility

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Keith Abell, M. D.

, 19 (Address) 426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Oct 9 1925

20 UNDERTAKER Mrs R. A. Elliott — ADDRESS 1725 Ashland Av.

Spec.—1-12-23—M&T—500 Bks.

E 02611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 02611

1-PLACE OF DEATH Baltimore City Hospitals 26-7 REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Levi

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Seamstress

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Levi

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant
(Address) Baltimore City Hospts. Baltimore, Md.

15 Filed OCT 9 - 1925 19 ROBERT R. KRAUTER, Registrar
Social Service Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8 1925

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1925, to October 8 1925.

that I last saw her alive on October 7, 1925

and that death occurred, on the date stated above, at 1.20 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Serological and Clinical findings. H. Emmett M. D.

(Signed)

10/8/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 10/10 1925

20 UNDERTAKER H. Henry Arnold

ADDRESS 705 Dolphin

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02612

CERTIFICATE OF DEATH.

100-002 E 02612

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2116 Eastern Av. ST., 1-1 WARD)

2-FULL NAME Joseph Golombieski

(a) RESIDENCE No. 2116 Eastern Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 13 -25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Stanly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Aleksaza

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant A. Aleksaza (Address) 2116 Eastern Ave

15 Filed OCT 9 - 1925, 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1925, to Oct 8, 1925, that I last saw him alive on Oct 8, 1925 and that death occurred, on the date stated above, at 1 P. m

The CAUSE OF DEATH* was as follows:

Bronchitis (Capillary)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John H. Ruhberger, M. D.

, 19 (Address) 1709 Aliceanna St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Oct 9 1925
20 UNDERTAKER	ADDRESS
F. W. Ozazewski	1730 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02613 — 129 — E 02613

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp St.. WARD 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rae Cohen

(a) RESIDENCE NO. 1607 N. Monta St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Isaac Cohen

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or min.
	63			

8 OCCUPATION OF DECEASED — Housewife

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Rae Cohen
(Address) 1607 W Monta St

15 Filed OCT 9 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10. 8. 25

17 I HEREBY CERTIFY, That I attended deceased (from 9/30, 19 25, to 10/7, 19 25
that I last saw her alive on 10/7, 19 25
and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis
Chronic diffuse nephritis
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? Yes Date of 10/2/25

Was there an autopsy? no Clinical

What test confirmed diagnosis?

(Signed) Isaac Lumpkin M.D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arbor Southern Av.	10-9-1925
20 UNDERTAKER Jos. Lewis	ADDRESS 1429 E Balto

TION is very important. See instructions on back of Certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02614

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02614

CERTIFICATE OF DEATH.

15-31 V

15-5

1-PLACE OF DEATH Union Memorial Hospital. Registered No.....

City of BALTIMORE: (No. 33d & Calvert St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Oscar C. Martenet

(a) Residence No. 4100 Ridgewood Ave. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Martenet

6-DATE OF BIRTH (month, day and year) Dec. 24, 1890

7-AGE. 35 yrs. 9 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Oscar C. Martenet

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Anna C. Walker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland.

14- (Informant) Eugene Martenet

(Address) 4100 Ridgewood Ave

15- Filed OCT 9 - 1925 19.. ROBERT R. ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct. 9, 1925

17- I HEREBY CERTIFY, That I attended deceased from August 20, 1925 to Oct. 9, 1925 that I last saw him alive on Oct. 9, 1925 and that death occurred, on the date stated above, at 2:10 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Aug. 25, 1925

Was there an autopsy? by us

What test confirmed diagnosis? autopsy

(Signed) Dr. H. L. Hammond M. D.

, 19 (Address) Union Memorial Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cem — DATE OF BURIAL, Oct 10 19 25

20-UNDERTAKER. Chas. E. Franck — ADDRESS 201 Madison Ave

Instructions on back of Certificate.

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

E 02615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02615

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals 8-44 REGISTERED NO. .....

CITY OF BALTIMORE: (No. Bay View Asylum ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm LeRoy Littlefield

(a) RESIDENCE NO. 1209 (1209) N Broadway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Henrietta Littlefield

6 DATE OF BIRTH (month, day, and year) Sept 22 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	52.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) 050
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hartford Co Maryland

PARENTS

10 NAME OF FATHER Charles Littlefield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Josephine Tebeau

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hartford Co Maryland

14 Informant Hospital Records Baltimore City Hospitals

15 Filed OCT 9 - 1925 ROBERT N. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 22 - , 1925 , to Oct 8 , 1925.

that I last saw him alive on Oct 8 , 1925

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Metastasis to Liver. Lungs & Left side of neck.

(duration) yrs. 6. mos. (1 Year) ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Dr W Chandler, M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Oct 12 1925
20 UNDERTAKER	ADDRESS
Robt J Turner	W. Balto

INSTRUCTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02616

CERTIFICATE OF DEATH.

45 E 02616

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 N Durham ST., 8-2 WARD)

2-FULL NAME Mary H. Zuwarek

(a) RESIDENCE NO. 1635 N Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of: John F Zuwarek

6 DATE OF BIRTH (month, day, and year): Feb 15 1867

7 AGE: Years 56 years; Months; Days; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: George Suber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Blum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): John F Zuwarek 1635 N Bethel st

15 Filed OCT 9 - 1925, 19 ... Registrar. HUBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924 to Oct 7, 1925, that I last saw her alive on Oct 5, 1925, and that death occurred, on the date stated above, at 9 45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Carcinoma of Rectum

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of 1922

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) S. W Kouns, M. D.

19 (Address) 1817 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Oct 10 1925

20 UNDERTAKER: Robb & Tourney Inc — ADDRESS: 1642 N Broadway

CAUSE OF DEATH. See instructions on back of certificate. IMPORTANT is very important.

Spec.—1-1048 M&T-1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02617

CERTIFICATE OF DEATH.

47

E 02617

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 903 E Hoffman ST., 9-7 WARD

2-FULL NAME Mollie A McKeever

(a) RESIDENCE NO. 903 E Hoffman ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2/ 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 937

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt.

PARENTS

10 NAME OF FATHER: John McKeever

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Egan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Ella Crowley

(Address) 903 E Hoffman St

15 Filed OCT 8 — 1925 ROBERT N. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6. 1925

17

I HEREBY CERTIFY, That I attended deceased from July, 1925, to Oct 6, 1925,

that I last saw her alive on Oct 6th, 1925,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Femoral Carcinoma, Recurrence

after amputation of breast

(duration) about 3 yrs. yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of not known

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Charles O'Donovan, M. D.

Oct 7, 1925 (Address) 5 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery. DATE OF BURIAL: Oct 1925

20 UNDERTAKER: George J. Pfeltz ADDRESS: 1735 Hayford ave

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 02613

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02618

CERTIFICATE OF DEATH.

179 1-22

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lester M. Gray

(a) RESIDENCE NO. 727 S. Glover St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) July 25-1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work school boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md

PARENTS

10 NAME OF FATHER William Gray

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Ida Hisley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant William Gray
(Address) 727 S. Glover St

15 Filed 9 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
3rd degree burns ove almost entire body- painter's torch was accidently thrown on child as it exploded. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Oehler, M. D.
(Coroner.)

10-9-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Inatitutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Oct 11 1925

20 UNDERTAKER H. Sander Sons Inc — ADDRESS 1710 Fleet St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02619

E 02619

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 12 Edgewood ST., 27-12 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Guisewhite

(a) RESIDENCE NO. 12 Edgewood ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Grant Guisewhite.

6 DATE OF BIRTH (month, day, and year) May 31, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	53	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Philip Schulbe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Seitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Grant Guisewhite

(Address) 12 Edgewood Ave

15 Filed 9-1925, 19 Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to Oct 7, 1925, that I last saw h[illegible] alive on Oct 6 7, 1925, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes

4 (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm D Lowe, M. D.

, 19 (Address) Lowe & Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Oct 10 1925
20 UNDERTAKER	ADDRESS
F. Sander Sons Inc	1710 Mad Ave

TION is very important See instructions on Back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 02620

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02620

CERTIFICATE OF DEATH.

127

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 S. Ellwood Ave ST., 1-4 WARD)

2-FULL NAME Hannorah A. Doyle

(a) RESIDENCE NO. 1019 S. Ellwood Ave ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Doyle

6 DATE OF BIRTH (month, day, and year) Sept 14 1861

7 AGE — Years: 64 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. E. McHessy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliza Odonnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mary A. Doyle

(Address) 1019 S. Ellwood Ave

15 Filed 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1925, to Oct 7, 1925, that I last saw her alive on Oct 7, 1925, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) dilated heart (pulmonary edema)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? clinical

(Signed) Wm F McCarey, M. D.

10/8, 1925 (Address) 836 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 10-10 1925

20 UNDERTAKER John F. Moran

ADDRESS 3000 E. B-

TION is very important. See instructions on back of certificate.

E 02621 HEALTH DEPARTMENT—CITY O[illegible]IMORE E 02621

CERTIFICATE OF DEATH 51

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Balto City Hospital 1-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Szymborska

(a) RESIDENCE NO. 325 S Gaddens ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Szymborski

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr Frank Szymborski
(Address) 325 S Gaddens St

15 Filed Oct 9 1925, 192 [illegible] Registrar

CT 9 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism
Chronic Rheumatic Heart

(duration) [illegible] yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Embolism

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D.
(Coroner.)

Oct 8, 1925 (Address) 10 E Clay St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Oct 10 1925
20 UNDERTAKER	ADDRESS
John McWeber	803 Bank St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02622 HEALTH DEPARTMENT—CITY OF BALTIMORE 001 E 02622

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital + - 118 Registered No.....

City of BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Muller

(a) Residence No. Glen Burnie Md St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. 3 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, widowed or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth Muller

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Anthony Muller

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth (unknown)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Hosp. Records.

(Address) .....

15- Filed ..... 192 Robert P. Harrison, Registrar.

9 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 8th 25

17- I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1925 to Oct 8th 1925 that I last saw h. alive on Oct 8th 1925 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Strangulated Inguinal Hernia -

(Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

or Senility (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Oct 4th 1925

Was there an autopsy? yes

What test confirmed diagnosis? Operative findings

(Signed) M. Beverly, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cascia Holy Cross Cem. DATE OF BURIAL, Oct. 10 19 25

20-UNDERTAKER Margaret G. Flynn ADDRESS 422 Light St.

Spec.—1-12-23—M&T—500 Blks.

E 02623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02623

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 19-W ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E Fogerty

(a) RESIDENCE No. 227 S. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of or) WIFE of Elizabeth Fogerty

6 DATE OF BIRTH (month, day, and year) Mch 17 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Industrial

(c) Name of employer Delco

062

9 BIRTHPLACE (city or town) Mass.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs Jennie Fogerty
(Address) 229 S Bucknell

15 Filed ..... 19 ..... Registrar

Robert P. Harrison,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1925, to October 7, 1925, that I last saw him alive on Oct. 7, 1925, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

myocarditis

Infectious arthritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. D. Lipsky, M. D.

, 19 (Address) Bon Secours Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	10/10 25
20 UNDERTAKER	ADDRESS
Forrest Funeral Home	Fayette

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 02624

CERTIFICATE OF DEATH.

E 02624

No. 123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Carrie Eccleston

(a) RESIDENCE NO. 173 S. Highland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Arch. Eccleston

6 DATE OF BIRTH (month, day, and year) March 14 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	57	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Washington Irwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Jennie Tarbock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Archibald Eccleston

(Address) 173 S Highland Ave

15 Oct 9 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-30-25, 19..., to 10-8, 1925,

that I last saw her alive on 10-8, 1925

and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Cholemia (General)

Cholelithiasis

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Gall Stones

7 years (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 10-8-25

Was there an autopsy? No

What test confirmed diagnosis? Lab. & operation

(Signed) Horace Howell, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Oct 12 1925

20 UNDERTAKER Russ & Millstead

ADDRESS 2334 Jefferson St

TION is very important See instructions on back

E 02625

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

44

E 02625

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 857 N Fulton Ave ST. 17-W WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Freeland

(Residence in Baltimore: No. 857 N Fulton Ave St. Lifetime yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	Colored	Married

6 DATE OF BIRTH November 7, 1865
(Month) (Day) (Year)

7 AGE 60 yrs. 5 mos. 22 ds. — If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

9 BIRTHPLACE (State or country) Maryland

PARENTS

10 NAME OF FATHER John Freeland

11 BIRTHPLACE OF FATHER (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (State or country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Josephine Freeland
(Address) 857 Harlem Ave

15 Robert P. Harrison,
Filed ..... 191 Burial Permit ... REGISTRAR

OCT 10 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 8, 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to Oct. 8 1925,
that I saw h— alive on Oct 7, 1925,
and that death occurred, on the date stated above, at 8.45 A.M.
The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Oedema of Legs.

(Duration) ... yrs. 4 mos. ... ds.

(Signed) Jno Rowlands M. D.
Oct 8, 1925 (Address) 1504 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL Oct 10th 1925

20 UNDERTAKER Mrs R. A. Elliott — ADDRESS 1125 Ashland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Every answer must be given. Words like "Chronic," "Old Age," "Infirmity," are indefinite and are of little value. Be sure that your answer is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 02626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-00E 02626

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 Oakland ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Haywood Leon Harrison

(a) RESIDENCE NO. 1743 Oakland Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	c	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 26. 25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Theodore R. Harrison

11 BIRTHPLACE OF FATHER (city or town) Statesville (State or country) N.C.

12 MAIDEN NAME OF MOTHER Margaret M. Brown

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Mrs. Margaret Harris
(Address) 1743 Oakland Ave

15 Filed ..... Robert P. Harrison Registrar

OCT 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1925, to Oct. 10, 1925; that I last saw h.. alive on Oct. 9, 1925; and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth—

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. L. Berry M. D.

, 19 (Address) 1520 E. monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Oct 10 1925
20 UNDERTAKER Mrs R A Elliott	ADDRESS 1725 Aisondale

TION is very important. See instructions on

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 02627

E 02627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1503 W Saratoga St. (WARD) 19-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Wilkins

(a) RESIDENCE. No. 1503 W Saratoga St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Col	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Wilkins

6 DATE OF BIRTH (month, day, and year) Mar, 17 T. W.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unkn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Carrie Wilkins (Address) 1503 Saratoga

15 Filed OCT 9 1925 . 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 . 1925 to Oct 8 . 1925, that I last saw h[illegible] alive on Oct 8 . 1925, and that death occurred, on the date stated above, at 8.45 m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Regular

(Signed) F. E. Fleck, M. D.

Oct 9/25 (Address) 1503 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL Oct 12 1925

20 UNDERTAKER Samuel H Bundick ADDRESS 575 N Bentalou

THIS is very important. See instructions on back

S. A. E.

O. D. A. K.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02628

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02628

CERTIFICATE OF DEATH.

Registered No. 44

1-PLACE OF DEATH

City of BALTIMORE: (No. 507 W Hoffman St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Nicholson

(a) Residence No. 507 W Hoffman St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widow, Widower or Divorced. (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or WIFE of): Geo. W. Nicholson

6-DATE OF BIRTH (month, day and year): Dec 20 1848

7-AGE: 77 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Port Deposit Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14- (Informant): Rosa E. Fosken

(Address): 507 W Hoffman St

15-

Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 8/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1925 to Oct 8 1925 that I last saw h. Ev alive on Oct 8 1925 and that death occurred, on the date stated above, at 1 2 m.

The CAUSE OF DEATH* was as follows:

Carcinomata

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. M. Board M. D.

10/9 1925 (Address) 2005 Hillen Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem.

DATE OF BURIAL: 10 1925

20-UNDERTAKER: Samuel T Wasley

ADDRESS 578 N Eden St

Instructions on back of Certificate.

Robert P. Harrison

Spec—12-23-21—E.B.R.S—400 Bks.

E 02629 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02629

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1720 W. Carey St., 15-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Georgie Burkett.

(a) Residence No. 1720 W. Carey St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ? mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) —

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of William H. Burkett

6-DATE OF BIRTH (month, day and year) May 14, 1878

7-AGE. 47 yrs. 4 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... 041

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

(c) Name of employer Mrs. Edward Schumacher

9-BIRTHPLACE (city or town) (State or Country), Lancaster Co Va.

PARENTS.

10-NAME OF FATHER, Thomas H. Hall

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Adlina McKee

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14- (Informant) Geo. E. Burkett Home W. Carey

(Address) 1720 W. Carey

15- Filed ..... 192.. Registrar.

Instructions on back of certificate.

Robert P. Farnham
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 9 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1925 to Oct. 9, 1925 that I last saw h.. alive on Oct. 8, 1925 and that death occurred, on the date stated above, at 5.10 A. m. The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 6 mos. ds

CONTRIBUTORY (Secondary) Occupation -

(Duration) 3 yrs. 7 mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) W. H. Wright M. D

Oct 9, 1925 (Address) 1209 Presstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cem	10/10/1925
20-UNDERTAKER	ADDRESS
David Easton	916 Pine.

Spec.—1-10-21—M&T—1500 Bks.

E 02630 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02630

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1003 Whitecoat St., 16-6 WARD)

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dorothy Thomas

(a) RESIDENCE NO. 1003 Whitecoat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	1	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Richard Thomas

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Mason

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Richard Thomas

(Address) 1003 Whitecoat

15 Filed ....., 19 .....

Registrar

Robert P. Harrison, Burial Permit Clerk

OCT 10 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7th, 1925, to Oct 8th 1925

that I last saw him alive on Oct 8th 1925

and that death occurred, on the date stated above, at 2.00 m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Carl E. Ball M. D.

, 19 (Address) 1127 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Oct 10 1925

20 UNDERTAKER Virginia A. Brooks

ADDRESS 1463 N. Carey St

CAUSE OF DEATH. See instructions on back of certificate. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02631

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.. University Hospital .....St., ... Ward) 4-1

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.....Benjamin Rogers.....

(a) Residence No..St Louis, Mo.....St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James J Rogers

6-DATE OF BIRTH (month, day and year) Oct 14, 1889

7-AGE. 36 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..At Home

(b) General nature of industry, business, or establishment in which employed (or employer)..... 021

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country) St Louis, Mo

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14-Informant James J Rogers

(Address) 1602 St Louis St

15-Filed ....., 192.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 6th 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 13th, 1925, to Oct. 6th, 1925, that I last saw h[illegible] alive on Oct. 6th, 1925, and that death occurred, on the date stated above, at 6:30 Am.

The CAUSE OF DEATH* was as follows:

Pneumococcal Septicemia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of .....

Was there an autopsy? NO

What test confirmed diagnosis? —

(Signed) R. S. Madison, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary Hampden — DATE OF BURIAL, Oct. 10, 1925

20-UNDERTAKER: W. W. Cook — ADDRESS 502 E North Ave

Robert P. Harrison

LO 1925 Burial Permit Clerk.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02632

E 02632

CERTIFICATE OF DEATH.

REGISTERED NO. 12

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 E. 30th. ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Elizabeth Hitchcock

(a) RESIDENCE NO. 1931 E. 30th. St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 5, 1847,

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Josiah Hitchcock

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Mass.

12 MAIDEN NAME OF MOTHER Margaret Wittemore

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Scotland

14 Informant R. L. Landeman
(Address) 1931 E. 30th St.

15 Filed ..., 19 ... Registrar

Robert P. J. Garrison, Registrar of Vital Statistics

10 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1925, to Oct 8, 1925, that I last saw her alive on Oct 8, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 2 yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 2 yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) Thos. A. Stevens M. D.

10/9. 1925 (Address) 2878 Stafford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem — DATE OF BURIAL Oct. 10 1925

20 UNDERTAKER Wm. C. Black — ADDRESS 927 N. Broadway

TION is very important. See instructions on back

Spec.—1-10-21—M&T—1500 Blks.

E 02633

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02633

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Belmar Ave. ST., 76-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine V. German

(a) RESIDENCE NO. 7 Belmar Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore German

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	73	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Alexandra Ray

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary C. German

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Mrs. Florence R. Heppner
(Address) 7 Belmar ave Overlea

15 Filed ....., 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1923, to Oct 9, 1925.

that I last saw h[illegible] alive on Oct 7, 1925.

and that death occurred, on the date stated above, at 1.20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute Ulceration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno C. Clark, M. D.

Oct. 1925 (Address) Latrobe Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Oct. 12 1925
20 UNDERTAKER	ADDRESS
Wm. C. Black	927 N. Broadway

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Blks.

E 02634

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02634

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) BALTIMORE CITY HOSPITALS ST., (WARD) 9-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert S Orrion

(a) RESIDENCE No. 2013 Cecil Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Music Teacher

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edw. D. Orrion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Beckwith Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..., 19 Robert P. Harrison, Registrar

Oct 12 1925 Burial Permit Clerk.

TION is very important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 2 ..., 1925, to Oct 9 ..., 1925, that I last saw him alive on Oct. 9 ..., 1925, and that death occurred, on the date stated above, at 12:40P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Myocardial failure

(duration) yrs. 4 (History) mos ds.

CONTRIBUTORY (Secondary) Cellulitis of leg

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) H Lindsay Miller, M. D.

10/9, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Oct, 12 1925

20 UNDERTAKER W. W. Mears & Son

ADDRESS 1051 N. Calvert St

Spec.—1-10-21—M&T—1500 Bks.

E 02635

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02635

CERTIFICATE OF DEATH.

69

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Little-Pine ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Naomi A. Cole

(a) RESIDENCE No. 920 Little-Pine ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 25, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	—	—	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Wm Cole

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Rhoda Randolph

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Rhoda Cole (Address) 922 Little-Pine St.

15 Filed OCT 9 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

TION is very important See instructions on back

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8, 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 7, 1925 to Oct 7, 1925, that I last saw her alive on Oct 7, 1925, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Hemophilia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

(Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Oct 10 1925
20 UNDERTAKER Leon Hall	ADDRESS Deep

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02636

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Union Memorial Hospital St. 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Kate Wheary

(a) Residence No. 522 S. Clinton St., 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced wife of the late Edward Wheary

6-DATE OF BIRTH (month, day and year) Nov 30, 1864

7-AGE. 61 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laundry work.

(b) General nature of industry, business, or establishment in which employed (or employer). 41

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Joseph Shott (d)

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Mollie Keenright (d)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Mrs. Kate Wheary

(Address) 522 S. clinton st

15-

Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/7/25

17- I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1925 to Oct. 7, 1925, that I last saw her alive on Oct. 7, 1925, and that death occurred, on the date stated above, at 8:05 P.m.

The CAUSE OF DEATH* was as follows:

acute cardiac failure, from

old cardio-renal disease

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary oedema

Pulmonary metastatic carcinoma (?)

(Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs.

(Signed) C. H. Berlinghof M. D.

10/7/ 1925 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery — DATE OF BURIAL. Oct. 10th, 1925

20-UNDERTAKER. Lilly & Zeiler — ADDRESS 4036 Wolfe St

INSTRUCTIONS ON BACK OF CERTIFICATE

OCT 10 1925 Robert P. Harrison, Burial Permit Clerk

Cor.—1-12-23—M&T—100 Bks.

E 02637

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02637

CERTIFICATE OF DEATH.

202

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 721 N. Poatt St., (Ward) 27-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos Jones

(a) RESIDENCE NO. 721 N. Poatt St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4/24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hubert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Edward Jones (Address) 721 N Poatt St

15 Filed 1925, 192 Robert E. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident.
Cook was Fractured
Ac Broncho Pneumonia

(Duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) C Rawlins

(Duration) yrs. mos. 1 ds.

(Signed) C E Wades, M. D.

(Coroner)

(Address) 1425 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt auburn — DATE OF BURIAL 10/10/25

20 UNDERTAKER R C Gross — ADDRESS 1405 McElderry

Spec.—1-10-21—M&T—1500 Bks.

Time of burial extended Oct. 12, 25. Dr. Stempel Asst. Com

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02638 E 02638

CERTIFICATE OF DEATH.

REGISTERED NO. 95

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Ginger

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. Cannot mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Ginger

6 DATE OF BIRTH (month, day, and year) Nov 9 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Obt	76		—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (?)
(State or country) Germany

PARENTS

10 NAME OF FATHER Mathias Steinsberg

11 BIRTHPLACE OF FATHER (city or town) (?)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Maria Olin.

13 BIRTHPLACE OF MOTHER (city or town) (?)
(State or country) Germany

14 Informant Records of Mt Hope Retreat
(Address) Baltimore Md.

15 Filed OCT 1925 . 19 ROBERT P. HARRISON, Registrar
Public Records Clerk.

TION is very important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1925, to Oct 6, 1925, that I last saw h alive on Oct 6, 1925, and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis - Cum
Arteria - Sclerosis -

abt (duration) 6 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Senile Psychosis -

abt (duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem ~~Forest Hunt Cem London~~ DATE OF BURIAL Oct 12 1925

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

Time of burial extended
to Oct. 12, 25.
J. Francis Thumpel
Asst. Com.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02639

CERTIFICATE OF DEATH.

E 02639
9025

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3706 Fleet St. ST., 76 WARD)

2-FULL NAME Mary Anna Kispert

(a) RESIDENCE NO. 3706 Fleet St. ST., 76 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Aloysius Kispert.

6 DATE OF BIRTH (month, day, and year) July 15- 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home

(c) Name of employer

9 BIRTHPLACE (city or town) ..... Baltimore
(State or country) ..... Md.

PARENTS

10 NAME OF FATHER George Jonser

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) ..... Germany.

12 MAIDEN NAME OF MOTHER Walburga Thies

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) ..... Germany

14 Informant ..... Mrs. Francis Schaefer (Daughter)
(Address) ..... 1913 E. Lombard St.

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 7 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10 , 19 25 , to Oct. 7 , 19 25 ,
that I last saw her alive on Oct. 7 , 19 25 ,
and that death occurred, on the date stated above, at 10 a.m. P. m.

The CAUSE OF DEATH* was as follows:

General arterio-sclerosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Wm. J. Schmitt, M. D.

Oct 8. 1925 (Address) 704 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Oct. 17th 1925
20 UNDERTAKER	ADDRESS
Lilly and Zirkin	403 S. Mosher St.

CAUSE OF DEATH. See instructions on back of certificate. ATTENTION is very important.

ROBERT F. HARTSON,
Chief Vital Statistics Clerk.

Spec.—1-10-21—M&T—1500 Bks.

02640

HEALTH DEPARTMENT—CITY OF BALTIMORE

02640

CERTIFICATE OF DEATH.

REGISTERED NO. 99-L 02640

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3733 Mt. Pleasant Ave ST., 76 WARD

2-FULL NAME Catherine May Updegraff.

(a) RESIDENCE NO. 3733 Mt. Pleasant Ave ST., 76 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Harry N. Updegraff.

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Irene Lange

13 BIRTHPLACE OF MOTHER (city or town) Baltimore City
(State or country) Maryland

14 Informant Harry N. Updegraff
(Address) 3733 Mt. Pleasant Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1925, to Oct 7, 1925,

that I last saw h[illegible] alive on Oct. 7, 1925

and that death occurred, on the date stated above, at 8.35 P. m.

The CAUSE OF DEATH* was as follows:

Chorea

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank A. Glantz, M. D.

10/7, 1925 (Address) 3244 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Oct 10 1925

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH IS very important. See instructions on back of certificate.

OCT 10 1925 Robert E. Harrison
Burial Permit Clerk.

Cor.—1-12-23—M&T—100 Bks.

E 02641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02641

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 16 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Finnerty

(a) RESIDENCE NO. 1222 S. Clinton St ST., 26th WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Finnerty

6 DATE OF BIRTH (month, day, and year) Aug 16-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	1	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Edward Finnerty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Monahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sarah Finnerty
(Address) 1222 S. Clinton St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Depressed fracture of skull

Accidently fell down stairs at his home. (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Wallen, M. D.
(Coroner.)

10-10-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL Oct 13 1925

20 UNDERTAKER Lilly & Jaler

ADDRESS 4033 S. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

E 02642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02642

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 H Alley WARD) 5-2

2-FULL NAME Thomas William Gray

(a) RESIDENCE NO. 1309 H Alley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) c 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47				

8 OCCUPATION OF DECEASED
*(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Francis Dodd
(Address) 703 N. Caroline St

15 Filed ..... 19.. Registrar

TION is very important. See instructions on back.

10 1925 Robert F. Harrison
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to Oct 9, 1925, that I last saw h[illegible] alive on October 9, 1925, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.
Aortic and Mitral Insufficiency

(duration) yrs. 9 mos ... ds.

CONTRIBUTORY (Secondary) heart Aortic dilatation of (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Geo. S. Allen, M. D.

19 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery

DATE OF BURIAL Oct 12 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02643 02643

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. monument ST., 1-3 WARD) 12

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Dyc

(a) RESIDENCE NO. 908 N. Montford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia V. Dyc

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 03
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS
10 NAME OF FATHER Frank Skiera
11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia
12 MAIDEN NAME OF MOTHER Barbara Vodicka
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Julia V. Dyc
(Address) 908 N Montford Ave

15 Filed OCT 10 1925, 19 Robert P. Harrison Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 19 25, to Oct 7, 19 25, that I last saw her alive on Oct 7, 19 25, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

1. Myocardial failure

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Cholecystitis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Cholecystectomy Sept 7, 1923

Was there an autopsy? no

What test confirmed diagnosis? Usual lab test plus operation

(Signed) A. Victor Bilgi, M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct. 12 1925
20 UNDERTAKER Frank Crockson	ADDRESS 1906 Eastern Ave

TION is very important. See instructions on back.

Spec.—1-10-21 M&T 1500 Bks.

E 02644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02644

CERTIFICATE OF DEATH.

49

REGISTERED NO. 7-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N. Luzerne ST., WARD)

2-FULL NAME Joseph Benesch

(a) RESIDENCE NO. 914 N Luzerne ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Lonesch

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Ignatious Benesch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Antonia Benesch (Address) 914 N Luzerne Ave

15 Filed ..... 19 ..... Registrar

TION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1925

I HEREBY CERTIFY, That I attended deceased from May 8 1925 to Oct 8 1925

that I last saw him alive on Oct 8 1925

and that death occurred, on the date stated above, at 9.55 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed William J. Brawer M. D.

(Address) 814 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Oct 12 1925

20 UNDERTAKER Frank Graudon

ADDRESS 1906 Eutaw

OCT 10 1925

Burial Permit

02645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02645

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1112 N. Mount St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Dorsey

(Residence in Baltimore: No. 1112 N. Mount St. 20 St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	colored	widow

6-DATE OF BIRTH. Feb. 2, 187[illegible]
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
50 yrs. 8 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... [illegible]

9-BIRTHPLACE. (State or Country). Md.

PARENTS

10-NAME OF FATHER. Wm. Heiss

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Lottie Tayne

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie R. Dorsey

(Address) 1112 N. Mount St.

15-

Filed ..... 192 ..... Registrar.

Robert P. Harrison

is very important. Get information.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 9, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

Oct. 20 1925 (Address) 2802 Edmondson Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. L. Peters DATE OF BURIAL. Oct. 12, 1925

20-UNDERTAKER. [illegible] ADDRESS [illegible]

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02646

CERTIFICATE OF DEATH.

124

E 02646

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle Smith

(a) RESIDENCE No. 325 Diamond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): 1833

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Harry Paton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Nancy Clemen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Baltimore City Hospitals Records

15 Filed 1925. 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

TION is very important See instructions on back

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9 .19 25. to Oct. 7 .19 25.

that I last saw h alive on Oct. 7 .1925.

and that death occurred, on the date stated above, at 9:05 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; Hypertension

Chronic Nephritis

(duration) ? yrs mos ds

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller M. D.

10/9. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 10/10/25

20 UNDERTAKER: Dennis Eaton

ADDRESS 516 Eager

Spec.—1-10-21—M&T—1500 Blks.

E 02647

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02647

CERTIFICATE OF DEATH.

X128

1-PLACE OF DEATH. Baltimore Md - West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raynor Ave & Dukeland ST. 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr William J Liebno Jr.

(a) RESIDENCE No. Woodlawn, Baltimore Co. Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. William J Liebno Jr.

6 DATE OF BIRTH (month, day, and year) Jan. 17, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	29	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 86

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER William J. Liebno

11 BIRTHPLACE OF FATHER (city or town) Woodlawn (State or country) Baltimore Co. Md.

12 MAIDEN NAME OF MOTHER Sarah E. Kuehner

13 BIRTHPLACE OF MOTHER (city or town) Ohio (State or country)

14 Informant (Address) Mrs. Wm. Liebno Jr. Windsor Mill Road, Woodlawn

15 Filed 10-8-1925, 19 Robert P. Harrison, Registrar

TION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1925, to Oct 8, 1925,

that I last saw him alive on Oct 8, 1925,

and that death occurred, on the date stated above, at 6.20 A m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

Hypertension

(duration) yrs. mos 42 ds.

CONTRIBUTORY (Secondary) Acute Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Woodlawn Md

Did an operation precede death? No Date of

Was there an autopsy? No clinical findings and

What test confirmed diagnosis? Laboratory Examinations

(Signed) Dr. Harry Wolferson M. D.

(Address) West End Sec Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem Baltimore Md — DATE OF BURIAL Oct 10 1925

20 UNDERTAKER Joseph B Cook & — ADDRESS 1013 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

02648

HEALTH DEPARTMENT—CITY OF BALTIMORE

02648

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... ST., 11-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Press Alston

(a) RESIDENCE NO. Spamons Point Md. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O'H O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Cecil Alston

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C

12 MAIDEN NAME OF MOTHER Missouri McCoberee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Hospital Record (Address) Preston st

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

Burial Permit Clerk

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-8-25 19

17 I HEREBY CERTIFY, That I attended deceased from 10-3-25, 19..... to 10-8-25, 19.....

that I last saw h— alive on 10-8-25, 19.....

and that death occurred, on the date stated above, at 12 M

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. B. Butler, M. D.

19 (Address) 426 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Simpson S.C.	Oct 10, 1925
20 UNDERTAKER	ADDRESS
John F Denny	715 E Lombard St

pec.—1-12-23—M&T—500 Bks.

E 02649

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02649

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 20-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reuben H. Tall, Sr.

(a) RESIDENCE No. 3019 Frederick Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 9/841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Tall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hester Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1925

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1925, to October 7, 1925, that I last saw h. im alive on July 6, 1925, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
And Cerebral Thrombosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis w/Hypertension and Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings.

(Signed) Harry Meadows M. D.

10/7/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Oct 10 1925

20 UNDERTAKER John F Denny

ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 02650

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02650

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 Rosedale ST. 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick G Yingling

(a) RESIDENCE NO. 1536 Rosedale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie A Yingling

6 DATE OF BIRTH (month, day, and year) May 25 75

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

066

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Yingling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Keller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Minnie A Yingling (Address) 1536 Rosedale

15 Filed OCT 10 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1922 to Oct 7, 1925, that I last saw him alive on Oct 7, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Phys. Examination

(Signed) John A. L. Whatland M. D.

10/8, 1925 (Address) 14-19 Poplar Grove St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 10/10 1925

20 UNDERTAKER I M Rouzer

ADDRESS 2238 W North

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02651

E 02651

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Athol Ave North of Frederick Rd ST., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James W. Kirkman

(a) RESIDENCE NO. Athol Ave. N. of Frederick ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ness Kirkman

6 DATE OF BIRTH (month, day, and year) Aug 24 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Resident

(b) General nature of industry, business, or establishment in which employed (or employer) W. Railway

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John W. Kirkman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sallie Emmert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Walter N. Kirkman

(Address) Rocking Road

15 Filed ....., 19 ..... Registrar

TION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1925

17 I HEREBY CERTIFY, That I attended deceased from January, 1925, to October 9th, 1925.

that I last saw him alive on October 9th, 1925.

and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma prostate gland

(duration) yrs. 6+ mos ds.

CONTRIBUTORY (Secondary) Metastases Spinal cord

(duration) ✓ yrs. 3 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No ✓

What test confirmed diagnosis? ✓

(Signed) Frederick V. Beitler M. D.

Oct 10, 1925 (Address) Reisterstown Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Oct 12 1925

20 UNDERTAKER John O. Mitchell ADDRESS 220 W. Fayette St.

Robert P. Harrison

OCT 10 1925

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 02652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02652

CERTIFICATE OF DEATH.

135

REGISTERED NO.

1-PLACE OF DEATH Howard A Kelly Hospital

CITY OF BALTIMORE: (No. 1418 Eutaw Pl. ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Morris

(a) RESIDENCE NO. 3318 Edgerton Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Mary Murray Morris

6 DATE OF BIRTH (month, day and year): June 3, 1853

7 AGE — Years: 72 Months: 4 Days: 6 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Robert W. Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Elsie Morris Bates 3318 Egerton Road

15 Filed , 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1925 to Oct 9, 1925

that I last saw him alive on Oct 9, 1925

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Benign hypertrophy of Prostate

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Grant E Ward M. D.

19 (Address) 1418 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount

DATE OF BURIAL: Oct 12 1925

20 UNDERTAKER: Chas Mitchell (x)

ADDRESS: Mt Lafayette

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02653

CERTIFICATE OF DEATH.

90 E 02653

1-PLACE OF DEATH Church Home & Infirmary

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 14 WARD) 2

2-FULL NAME Mrs Sara Sills

(a) RESIDENCE NO. Marlborough Apts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Sills

6 DATE OF BIRTH (month, day, and year) Aug 4 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	80	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mass.
(State or country)

PARENTS

10 NAME OF FATHER Ichabod E. Clark

11 BIRTHPLACE OF FATHER (city or town) Mass
(State or country)

12 MAIDEN NAME OF MOTHER Rachel Mosher

13 BIRTHPLACE OF MOTHER (city or town) Mass
(State or country)

14 Informant Rachel Sills Burnett
(Address) Marlborough Apts

15 Filed ....., 19 Robert F. Harrison, Registrar

TION is very important. See instructions

10 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9th 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 29, 1925, to Oct 9, 1925, that I last saw her alive on Oct 9th, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

with Myocardial failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Sept 20. 25

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) F. W. Wright, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 12 1925

20 UNDERTAKER	ADDRESS
John D. Mitchell	1200 N. Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18-E 002 / 18-E 02654

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Aileen Mary Shanahan.....

(a) Residence No. 940 Franklin Road St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, ✓ Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —(child)

6-DATE OF BIRTH (month, day and year) Nov. 1924

7-AGE, 7 yrs. 11 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore, Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Bert Shanahan

11-BIRTHPLACE OF FATHER (city or town) Seattle, Wash.
(State or Country),

12-MAIDEN NAME OF MOTHER, Hazel Phelan

13-BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or Country),

14- (Informant) Bert Shanahan

(Address) 940 Franklin Rd.

15- Filed OCT 16 1925 192.... Robert P. Harrison, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/10/25.

17- I HEREBY CERTIFY, That I attended deceased from October 8, 1925 to October 10, 1925.

that I last saw h.. alive on October 10, 1925,

and that death occurred, on the date stated above, at 12.35 a.m.

The CAUSE OF DEATH* was as follows:

Acidosis (Following Anaesthesia)

Acute (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Operation for Correction of Club Foot (Duration) — yrs. — mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/9/25.

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Leo I. Brown, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct. 12 1925

20-UNDERTAKER, Josiah Syfer — ADDRESS 1600 W. North ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02655 02655

CERTIFICATE OF DEATH.

99-02

5-2

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1409 McElderry ST., 5 WARD)

2-FULL NAME Loretta P. Johnson.

(a) RESIDENCE NO 1409 McElderry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of C. Henry Johnson

6 DATE OF BIRTH (month, day, and year) Apr. 7 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm. Thompson (Address) 22 S. Howard Street

15 Filed Oct 12 192 Robert F. Ellison, Registrar.

R 1525 Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis (duration) yrs. mos. ds.

(Signed) J. S. H. Pace M. D. (Coroner.)

10-10-26. 192 (Address) 508 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Oct 12 192 6
20 UNDERTAKER Chas. H. Johnson	ADDRESS 1 E. Lanvale St.

Spec.—1-10-21—M&T—1500 Bks.

E 02656

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02656

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1835 W Lombard ST., 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Ringedorf

(a) RESIDENCE No. 1835 W Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Ringedorf

6 DATE OF BIRTH (month, day, and year) Dec 25 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany Baltimore Md

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) E Mildred Ringedorf 1833 W Lombard

15 Filed OCT 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Oct 10, 1925,

that I last saw h- alive on Oct 10, 1925,

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. two mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Louis A Hoffman, M. D.

10/10, 1925 (Address) 57 S Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 12 1925
20 UNDERTAKER	ADDRESS
Henry Lutz Jr	203 Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02657 ×60 E 02657

CERTIFICATE OF DEATH.

REGISTERED No. 2539

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital ST., 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Virginia Bowman

(a) RESIDENCE No. Westminster, Md. R.D. ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Milton Bowman

6 DATE OF BIRTH (month, day, and year) July 2 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	48	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll County, Md

PARENTS

10 NAME OF FATHER Joseph Duttera

11 BIRTHPLACE OF FATHER (city or town) Carroll Co (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rebecca Frock

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co (State or country) Maryland

14 Informant Milton Bowman (Address) Westminster Md. RD.

15 Filed OCT 11 1925 19 ROBERT R. KRAMER Registrar

Physical Records Clerk

TION is very important

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 5 1925 to Oct 10 1925, that I last saw her alive on Oct 10 1925, and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Thyroid adenoma

(duration) 0 yrs. 7 mos 0 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) 0 yrs. 7 mos. 0 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Oct 10 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Sherman S Jarrett, M. D.

, 19 (Address) Womens Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Silver Run Md

DATE OF BURIAL Oct 13 1925

20 UNDERTAKER John N Little

ADDRESS Littlestown Pa

Spec.—1-12-23—M&T—500 Blks.

E 02658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02658

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 W. West ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lilie Hoyles

(a) RESIDENCE No. 526 W. West ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lore Hoyles

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laun

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rockhill S. Carolina

PARENTS

10 NAME OF FATHER West Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lore Hoyles

(Address) 526 W. West

15 Filed ....., 19 .... ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct, 9 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept, 10, 19 25, to Oct, 9, 19 25, that I last saw h[illegible] alive on Oct, 9, 19 25, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis -

+ nephritis -

(duration) yrs. unknown mos. ds.

CONTRIBUTORY (Secondary) Uraemia -

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Uraemia ++

(Signed) Dan Francisco, M. D.

10/10 1925 (Address) 122 W. Fay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rockhill S. C.	Oct 10 1925
20 UNDERTAKER	ADDRESS
C. L. Brown & Son	131 N. Howard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02659

CERTIFICATE OF DEATH.

31 E 02659

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 672 Wash. Boulevard St., 17-1 WARD)

2-FULL NAME Bridget Koyne

(a) RESIDENCE NO. 672 Wash. Blvd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) July 26-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Koyne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Feeny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary A. Monahan

(Address) 672 Wash Blvd

15 Filed OCT 11 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925, to Oct 8, 1925; that I last saw h[illegible] alive on Oct 8, 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kadan, M. D.

, 19 (Address) 2306 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Virginia & Sec	10-12 1925
20 UNDERTAKER	ADDRESS
Eldridge & Mod. St Augustine's Cemetery	1000 Park St

TION is very important. See instructions on b

Spec.—1-12-23—M&T—500 Blks.

02660

HEALTH DEPARTMENT—CITY OF BALTIMORE

02660

CERTIFICATE OF DEATH.

+110

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 25-2 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Edith Wirell

(a) RESIDENCE NO. Emmitsburg Md. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 22-1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	21 yrs.	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Anthony Wirell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Anthony Wirell (Address) Emmitsburg Md

15 Filed . . , 19 . . Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-10-1925

17 I HEREBY CERTIFY, That I attended deceased from 10-1-, 1925, to 10-10, 1925, that I last saw h- alive on 10-10, 1925 and that death occurred, on the date stated above, at 9.05 p m

The CAUSE OF DEATH* was as follows:

Cardiac failure -

post operative

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary), Empyema & diverticulum of intestine (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 10/10/25

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Karl Steinmiller, M. D.

, 19 (Address) 321 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmitsburg Md — DATE OF BURIAL OCT 13 1925

20 UNDERTAKER M. F. Shuff & Son — ADDRESS Emmitsburg

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02661

CERTIFICATE OF DEATH.

49 E 02661

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Rosedale ST., 15-7 WARD)

2-FULL NAME Mrs. Henrietta R. Weber,

(a) RESIDENCE NO. 1804 Rosedale, ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 65 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (b) ~~Husband~~ of (or) WIFE of: Theodore Weber

6 DATE OF BIRTH (month, day, and year): 1840

7 AGE: Years 85; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr B. Rosenheim
(Address) 517 Title Building

15 Filed OCT 11 1925 19

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6 1925, to Oct. 10 1925, that I last saw h alive on Oct. 9 1925, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Bladder

unknown (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & Symptoms

(Signed) Charles L. B..., M. D.

Oct 10. 1925 (Address) 1111 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Oct 12th 1925

20 UNDERTAKER: George Schulting & Sons

ADDRESS: 126 E Monument

Cor.—1-12-25—M&T—100 Bks.

E 02662 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02662

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 26-1 WARD) REGISTERED NO. 185

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Booz

(a) RESIDENCE NO. 309 Valley View Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Booz

6 DATE OF BIRTH (month, day, and year) Sept 12-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	0	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer United Railways

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Grace D. Booz (Address) 309 Valley View Ave

15 Filed ..... 192 ..... Burial Permit Issued

OCT 11 1925

ROBERT N. KRAUSER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure due to inter-trochanteric fracture of rt. femur (Accidently tripped & fell while walking on road August 2/25) duration: yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Ellis, M. D. (Coroner.)

10-10-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., 2 mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL Oct 12 1925

20 UNDERTAKER W. S. Cook — ADDRESS 502 E. North Ave

Spec.—1-10-21—M&T—1500 Blks.

Dr Shannon 700 N Fulton Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02663

E 02663

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 946 W. Fayette ST., 18 WARD) 7

2-FULL NAME Elizabeth A. Kohler

(a) RESIDENCE No. 946 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Isaac K. Kohler

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Basket Maker 6

(b) General nature of industry, business, or establishment in which employed (or employer) 8

(c) Name of employer: Blind School

9 BIRTHPLACE (City or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Leah Chalk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Wm. A. Jackson 946 W. Fayette St

15 Filed OCT 11 1925, 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1925, to Oct 10, 1925, that I last saw h[illegible] alive on Oct 9, 1925, and that death occurred, on the date stated above, at 330 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo E Shannon M. D.

, 19 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 13 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Lafayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02664 E 02664

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 607 ST., George 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Trift

(a) RESIDENCE NO. 607 ST., George WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Trift.

6 DATE OF BIRTH (month, day, and year) 4-16-1883.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) md.
(State or country)

PARENTS

10 NAME OF FATHER Robt Griffin

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Priscilla Holley

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

14 Informant Jack Trift
(Address) 607 George St.

15 Filed OCT 11 1925, 19 ROBERT B. KRAUTER, Registrar
Burial Permit Clerk.

TION is very important. See instruction

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1925, to Oct 9th, 1925, that I last saw her alive on Oct 9th, 1925, and that death occurred, on the date stated above, at 4.55 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
of the Heart.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F Brown, M. D.

10/10 1925 (Address) 501 Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 10-11-1925

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1234 Eutaw St.

Spec.—6-9-14—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02665 — E 02665

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 Wilhelm St.; 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas O'Connor

(a) RESIDENCE. No. 106 Wilhelm St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine OConnor

6 DATE OF BIRTH (month, day, and year) Dec 2 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Cleaninghler 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John OConnor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant William OConnor (Address) 106 Wilhelm St

15 Filed ..... 19..... Registrar

ROBERT N. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 5 1925, to Oct 9 1925

that I last saw him alive on Oct 9 1925

and that death occurred, on the date stated above, at 3 a- m.

The CAUSE OF DEATH* was as follows:

E Pneumonia 1 day

Carcinoma Tongue (duration) yrs. mos. 1 day

CONTRIBUTORY (Secondary)

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Kelly & Cullen

(Signed) X E. Richardson M. D

1925 (Address) 112 W. 20 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cem	Oct 13 1925

20 UNDERTAKER Chenoweth & Son ADDRESS 917 Chestnut

THIS IS VERY IMPORTANT.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

E 02666

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S.Milton Ave ST.: 1-E WARD)

2-FULL NAME HERMAN PONIATOWSKI,

(a) RESIDENCE. No. 615 S.Milton Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 25-1925.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, MD.

PARENTS

10 NAME OF FATHER Bronislaw Poniatowski,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Sophia Brukiewa,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) POland,

14 Informant Mrs.Sophia Poniatowska,
(Address) 615 S.Milton Ave

15 Filed OCT 11 1925, 19.. ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1925, to Oct 10th, 1925, that I last saw him alive on Oct 9th, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Ileo - colitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. [redacted] mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob L Weiner, M. D.

, 19 (Address) 308 B. way.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St.Stanislaus Cemetery	Oct.12./25
20 UNDERTAKER M.F. Sadowski,	ADDRESS 705 S.Ann

Spec.—1-10-21—M&T—1500 Blks.

E 02667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 02667

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2430 Madison Av ST., 13-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katz Adler

(a) RESIDENCE NO. 2430 Madison Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Seligman J. Adler

6 DATE OF BIRTH (month, day, and year) April 2nd 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	78	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Lazarus Goldheim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Lot Kuan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Laurence Goldheim

(Address) 2426 Mad. Av

15 Filed OCT 11 1925 19.. ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

TION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1924 to Oct 9th 1925.

that I last saw h[illegible] alive on Oct. 9th 1925.

and that death occurred, on the date stated above, at 8 00 m.

The CAUSE OF DEATH* was as follows:

arterio-sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) myocarditis (duration) 1 yrs. mos. ds.

18 Where was disease contracted, if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) T. Frederick Lutz M. D.

Oct 11 1925 (Address) 7040 Exeter Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chev Sholom	10/12 1925
20 UNDERTAKER	ADDRESS
Dan'l Goldheim	118 Park Royal

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02668

CERTIFICATE OF DEATH.

90 E 02668

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1384 W. North Ave.; 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Katzenstein

(a) RESIDENCE No. 1384 W. North Ave STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE Abraham Katzenstein

6 DATE OF BIRTH (month, day, and year) Apr. 2, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Isaac Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Herbert Katzenstein (Address) 1384 W. North Ave

15 Filed ....., 19 ..... Registrar ROBERT R. KRAUTER Burial Permit Clerk.

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/10/1925

17 I HEREBY CERTIFY, That I attended deceased from 9/11, 19 25, to 10/10/25, 19

that I last saw ~~him~~ alive on 10/4/25, 19

and that death occurred, on the date stated above, at 10 45 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) / yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) / yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. S. Ettinger, M. D.

10/10 19 25 (Address) 622 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	10/12/1925.

20 UNDERTAKER Baird Sondheim ADDRESS 117-25 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02669

E 02669

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. Lafayette & Fulton ST., 11-1 WARD)

REGISTERED NO. 479

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Jane Martin

(a) RESIDENCE No. 1210 Mt. Royal Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? 67 yrs. 8 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 8, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Allan Martin

11 BIRTHPLACE OF FATHER (city or town) Hollywood (State or country) County Down Ireland

12 MAIDEN NAME OF MOTHER Eliza Stuart

13 BIRTHPLACE OF MOTHER (city or town) Hollywood (State or country) County Down Ireland

14 Informant Miss Mary Alice Hammar (Address) 1210 Mt. Royal Ave

15 Filed ..., 19... ROBERT R. KRAUTER, Registrar

OCT 11 1925 Burial Permit Clerk.

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 11, 1925, to Oct 10, 1925, that I last saw her alive on Oct 10, 1925, and that death occurred, on the date stated above, at 10 40 a m.

The CAUSE OF DEATH* was as follows:

Metastatic carcinoma of mediastinum

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Sept 18, 25

Was there an autopsy? No

What test confirmed diagnosis? History & Physical exam.

(Signed) Frederick Henry Hook M. D.

, 19 (Address) Women's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery — DATE OF BURIAL Oct 12th 1925

20 UNDERTAKER Wilbur W. Stevens — ADDRESS 1018 Edmondson Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02670

CERTIFICATE OF DEATH.

E 02670

1-PLACE OF DEATH

REGISTERED NO. 26-690

CITY OF BALTIMORE: (No. 1 S. Fifth St. Brooklyn, Md. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Baumann.

(a) RESIDENCE NO. 1 S. Fifth St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Miranda Baumann.

6 DATE OF BIRTH (month, day, and year) May, 28, 1874.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51,	4,	11.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman. 62

(b) General nature of industry, business, or establishment in which employed (or employer): Asphalt Refinery,

(c) Name of employer: Co, Brooklyn, Md.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: George Baumann.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Mary Matren.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Miranda Baumann.
(Address): 1 S. Fifth St.

15 Filed ..., 19... Registrar

OCT 11 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16th 1924 to Oct. 9th 1925 that I last saw ~~him~~ alive on Oct 8th 1925 and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency of heart

(duration) 1 yrs. 5 mos 23 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Dorothy Kleibel M. D.

10/10 1925 (Address) 1224 Monroe, Sts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Oct 12 1925
20 UNDERTAKER	**ADDRESS**
A. Howard Evans	305 E. Fort Ave.

Spec. 4 10-23 1500 Blks.

E 02671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 02671

REGISTERED NO.

1-PLACE OF DEATH South Baltimore Gen'l Hospital

CITY OF BALTIMORE: (No. 1213 Light ST., 24-1 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delma Lonnie Evans

(a) RESIDENCE NO. 333 Webster ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred X yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of infant

6 DATE OF BIRTH (month, day, and year) January 5, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
		9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Berkely Evans

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Irene Klebe

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Berkely Evans (Address) 333 Webster St

15 Filed OCT 11 1925, 19 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 19 25, to Oct 9, 19 25, that I last saw h alive on Oct 9, 19 25, and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Gastro-enteritis - Malnutrition

(duration) yrs. 8 mos. 8 ds.

18 Where was disease contracted if not at place of death? at home -

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) James Wilson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Oct 12 1925

20 UNDERTAKER A. Howard Evans ADDRESS 38 E Fort Ave

IT IS very important that this question be answered correctly and fully.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02672 E 02672

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 N. Bentalow ST., 15-9 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Suskin

(a) RESIDENCE No. 1644 N. Bentalow ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5 If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Suskin

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shopping

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

(c) Name of employer L. O. Suskin

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Aron Suskin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachael Kramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. Ida Suskin
(Address) 1644 N Bentalow St

15 Filed OCT 11 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-10- 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925 to Oct. 10, 1925 that I last saw him alive on Oct. 10, 1925 and that death occurred, on the date stated above, at 10a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma, probably of Pancreas with metastasis to liver and lungs (duration) yrs. 9 mos. 9 days

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) A. A. Brooman, M. D.

(Address) 2340 Eastern Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holmes Cemetery — DATE OF BURIAL 10-11- 1925

20 UNDERTAKER Jos. Lewis, (X) — ADDRESS E. Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 02673

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02673

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Infirm (ST.) 1145-1 (WARD) 16-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna L Murphy

(a) RESIDENCE NO. Fairmount Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3/4 yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 21 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James F Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fairmont W. Va.

12 MAIDEN NAME OF MOTHER Margaret Bozard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fairmont W Va

14 Informant Margaret E Bozard

(Address) Fairmont W Va

15 Filed OCT 12 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 22 1925 to Oct 11 1925, that I last saw h alive on Oct 11 1925, and that death occurred, on the date stated above, at 12-10 A m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Dysentery

(duration) yrs. mos. 7 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Chas F Blair M. D.

Oct 11. 1925 (Address) 1504 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmont W. Va. DATE OF BURIAL Oct. 13 1925.

20 UNDERTAKER M. Daley & Sons ADDRESS 1127 N. Rose St

TION is very important. See instructions

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02674

CERTIFICATE OF DEATH.

24-001 E 02674

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Ruxton ave ST., 15-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barnett Fletcher

(a) RESIDENCE NO. 1717 Ruxton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? 17 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Esther

6 DATE OF BIRTH (month, day, and year) Aug 18, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	1	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailoring
(b) General nature of industry, business, or establishment in which employed (or employer) 880
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Fletcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Esther Fletcher
(Address) 1717 Ruxton ave

15 Filed ..... 19 .....
Registrar

TION is very important. See instructions on back

OCT 12 1925 ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 6 1925 to Oct 10 1925

that I last saw him alive on Oct. 10 1925

and that death occurred, on the date stated above, at 7 30 p. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phy. Exam.

(Signed) I Barry Linden M. D.

1911 1925 (Address) 2421 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL 10/12 1925

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Baltimore St

pec.—1-12-23—M&T—500 Bks.

E 02675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02675

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 24-1 WARD)

REGISTERED No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Pearson

(a) RESIDENCE No. 1208 Battery Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Pearson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Zuelch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Baltimore City Hospitals. (Address) Baltimore, Md.

15 Filed OCT 2 1925, 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 9-25

17 I HEREBY CERTIFY, That I attended deceased from June 16, 19 25 to October 9, 19 25, that I last saw h[illegible] alive on October 9, 19 25, and that death occurred, on the date stated above, at 12.10P. a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis w/Ovarian Cyst

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings.

(Signed) Harry Goldsmith M. D.

10/9/1925 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Oct 13 1925

20 UNDERTAKER Margaret A. Flynn

ADDRESS 1422 Light St

Size—12-23-21—E.B.R.S.—400 Blks.

E 02676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02676

1-PLACE OF DEATH

City of BALTIMORE: (No. 1232 Washington Blvd St., Ward) 21-254-002

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Shanley

(a) Residence No. 123 Washington St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE: White | 5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 22-25

7-AGE, ...yrs. ....mos. 19 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Shanley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Kate Joyce

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Wm. Shanley
(Address) 1232 Washington Blvd

15- Filed OCT 12 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 10/11/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 19 25 to Oct 11 19 25
that I last saw h[illegible] alive on Oct 11 19 25
and that death occurred, on the date stated above, at 1.0 a.m.
The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Herbert Dorsey, M. D.
, 19 (Address) 1717 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St. Peters Cem | DATE OF BURIAL, Oct. 12, 1925

20-UNDERTAKER, Margaret A. Flynn | ADDRESS 1422 Light

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02677

CERTIFICATE OF DEATH.

100-001

E 02677

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Linnard ST. 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen M Carney

(a) RESIDENCE NO. 629 Linnard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 24. 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
25	—	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Edward S. Carney

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Anna M Adolph

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant Edward Carney
(Address) 629 Linnard St.

15 Filed OCT 12 1925 19 ROBERT R. KRAUTER, Registrar
Vital Records Clerk.

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1925, to October 9, 1925, that I last saw h alive on October 9, 1925 and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia + Exhaustion

(duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P Ibell, M. D.

, 19 (Address) Wyliie ave Pleasantown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL Oct 12 1925

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1422 Light St.

Spec.—1-10-21—M&T—1500 Bks.

02678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 02678

1-PLACE OF DEATH 3118 Windsor Ave ST., 15 WARD)

CITY OF BALTIMORE, (NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Harrison Grimes

(a) RESIDENCE NO. 3118 Windsor Ave ST., 15 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Grimes

6 DATE OF BIRTH (month, day, and year) July 17 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supervisor Department Store

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Bernheimer Leader Co.

9 BIRTHPLACE (city or town) (State or country) B. C. Co. Maryland

PARENTS

10 NAME OF FATHER John Harrison Grimes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ella Landsdowne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Ruth Grimes (Address) 3118 Windsor ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to Oct 11, 1926; that I last saw him alive on Oct 10, 1926; and that death occurred, on the date stated above, at 2-a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? City - Not Known

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clin. at Edgewood Oct/26

(Signed) Clin. S. Parker, M. D.

, 19 (Address) 8123 W North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem DATE OF BURIAL Oct 13 1925

20 UNDERTAKER Wm Frickie & Sons ADDRESS North Ave

THIS IS very important ROBERT R. KRAUTER, Registrar

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02679

CERTIFICATE OF DEATH.

X 100-001

E 02679

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 33rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mr. George W. Clark

(a) Residence No. 6301 Elmwood Road Phila. Pa St., Ward Phila Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Beatrice Clark

6-DATE OF BIRTH (month, day and year) Aug 13 1865

7-AGE. 60 yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Coal Business

(b) General nature of industry, business, or establishment in which employed (or employer)..... 045

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Augustus Clark

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Hannah Richardson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Mr. B. J. Clark Brother

(Address) 324 not Holly St. Balto. Md.

15- Filed ..... 192 ROBERT R. KRAMER Registrar.

OCT 12 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) October 10th 1925

17- I HEREBY CERTIFY, That I attended deceased from 7 A.M. Oct. 10th 1925 to 2.35 AM. Oct. 10th 1925

that I last saw him alive on October 10th 1925

and that death occurred, on the date stated above, at 2.35 a.m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia

P. Corner J. Monroney

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Mitral Heart Disease

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Thomas C. Otto M. D.

, 19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Olivet	Oct. 12 1925
20-UNDERTAKER.	ADDRESS
Wm Fickett & Son	N & Pa

Spec.—1-10-21—M&T—1500 Bks.

E 02680 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02680

CERTIFICATE OF DEATH. 15-5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Clifton Ave ST., 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Heath McLaughlin

(a) RESIDENCE NO. 3604 Clifton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John McLaughlin

6 DATE OF BIRTH (month, day, and year): January 6-1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Richard Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Martha M. Bowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mrs. Emma Chickering (Address) 3604 Clifton Ave

15 Filed OCT 12 1925 ROBERT R. KRAUTER, Registrar

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1925, to Oct 9, 1925, that I last saw her alive on Oct 8, 1925, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Senile

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wesley Cole, M. D.

Oct 12 1925 (Address) 2202 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: Oct 1925

20 UNDERTAKER: J. J. Tichnor & Sons

ADDRESS: N. Pa Ave

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02681

CERTIFICATE OF DEATH.

101-001 E 02681

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 N. Carlin ST., 7-1 WARD)

2-FULL NAME Joseph Underwood

(a) RESIDENCE NO. 927 N. Carlin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~Wife of~~ Sadie Underwood

6 DATE OF BIRTH (month, day, and year) 10/15/1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pa

(State or country)

PARENTS

10 NAME OF FATHER Elijah Underwood

11 BIRTHPLACE OF FATHER (city or town) Pa

(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant (Address) Wife 927 N. Carlin St.

15 Filed OCT 12 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/9/1925

17 I HEREBY CERTIFY, That I attended deceased from 9/28/, 1925, to 10/9/, 1925, that I last saw him alive on 10/8/, 1925, and that death occurred, on the date stated above, at 5.45A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

10/9/, 1925 (Address) 917 Eilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury

DATE OF BURIAL Oct 12 1925

20 UNDERTAKER John W Henderson

ADDRESS 1502 Monument

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02682

CERTIFICATE OF DEATH.

74-001 E 02682

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 W Pratt ST., 18-3 WARD)

2-FULL NAME Henrietta Higgons

(a) RESIDENCE NO. 932 W. Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 3-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jeff Dundon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Hanelty Md

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Josephine Foster
(Address) 932 W Pratt

15 Filed OCT 12 1925 19.... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/10/25

17 I HEREBY CERTIFY, That I attended deceased from 10/9/25 19.... to 10/10/25 19....,

that I last saw her alive on 10/10/25 19....,

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Hypertension (250)

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Bernard Fenny, M. D.

10/17/1925 (Address) 910 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 13 1925
20 UNDERTAKER	ADDRESS
John J Fields	1300 W Lombard

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02683

E 02683

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2806 N. Calvert St., (or) 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Benjamin Fauth

(a) Residence No. 2806 N Calvert St., 12 Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 74 yrs. 9 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Fauth

6-DATE OF BIRTH (month, day and year) Jan-1-1851

7-AGE 74 yrs. 9 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Real-Estate

(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate

(c) Name of employer Self

9-BIRTHPLACE (city or town) (State or Country) Catonsville Maryland

PARENTS.

10-NAME OF FATHER, Frederick Fauth

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Frankfurt Germany

12-MAIDEN NAME OF MOTHER Catherine - ???

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Frankfurt Germany.

14- (Informant) Mrs Jennie Fauth (Wife) (Address) 2806 N Calvert St

15- Filed OCT 12 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 10th 25

17- I HEREBY CERTIFY, That I attended deceased from Sept 3rd, 19 25, to Oct 10th, 19 25

that I last saw him alive on Oct 10th, 19 25

and that death occurred, on the date stated above, at 1-20 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. 1 mos. 8 wks. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? A A Co Ind

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Clarence [illegible] M. D.

, 19 (Address) 808 Colonial Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery | DATE OF BURIAL, Oct 10 19 25

20-UNDERTAKER, Stewart & Moran Co | ADDRESS 108 W. North Ave.

20 E. Wooden Sec.

E 02684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02684

Registered No. C.....

1-PLACE OF DEATH
City of BALTIMORE: (No. Md. Genl. Hospital, 129 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Faye Leon Teetsell

(Residence in Baltimore: No. 2226 Oak Street. St.; yrs. 3½ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH April 1 1921
(Month) (Day) (Year)

7-AGE. 4 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or Country). St. Paul - Minn.

PARENTS.

10-NAME OF FATHER. Frank L. Teetsell

11-BIRTHPLACE OF FATHER. (State or Country) Minneapolis Minn.

12-MAIDEN NAME OF MOTHER. Mildred E. Jones

13-BIRTHPLACE OF MOTHER. (State or Country) Balto Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank L. Teetsell (father)
(Address) 2226 Oak Street.

15- Filed OCT 12 1925 192 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 10, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
1st 2nd degree burns of body (accidental)
(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) clothing caught fire while playing with matches
(Duration) yrs. mos. ds.

(Signed) J. J. Pumphrey (Coroner)
10-11 1925 (Address) 2802 Eutaw

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death 0 yrs. 0 mos. 2 ds. In the State 3 yrs. 6 mos. ds.

Where was disease contracted, if not at place of death?
2226 Oak Street.

Former or usual residence 2226 Oak St.

19-PLACE OF BURIAL OR REMOVAL. London Park Cemetery
DATE OF BURIAL. Oct 23 1925.

UNDERTAKER. STEWART & WOODEN COMPANY (WILLIAM F. WOODEN, Successor)
ADDRESS 108 W. NORTH AVE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02685 E 02685

CERTIFICATE OF DEATH.

Registered No. C 179

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital S. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta M. Trippe

(Residence in Baltimore: No. 12-E Madison St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Single

6-DATE OF BIRTH: July (Month) 5 (Day) 1850 (Year)

7-AGE: 75 yrs. 3 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or Country): Talbot Co. Md.

PARENTS:

10-NAME OF FATHER: Wm. R. Trippe

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary L. Trippe

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary L. Trippe

(Address) 12 E Madison St

15-

Filed ..... 192.. ..... Registrar.

ROBERT R. KRAUTER,

OCT 12 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 10 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Second degree burn of practically entire body (Accidental)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John M. Crissey M. D. (Coroner)

Oct 11 1925 (Address) 1632 Bolton Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 14 yrs. 14 mos. 14 ds. In the State 75 yrs. 3 mos. 5 ds.

Where was disease contracted, if not at place of death?

12-E-Madison St.

Former or usual residence 12-E-Madison St.

19-PLACE OF BURIAL OR REMOVAL: Easton-Md. DATE OF BURIAL: Oct 12 1925

20-UNDERTAKER: STEWART & WOOLEN COMPANY (WILLIAM F. WOOLEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Cor.—1-12-23—M&T—100 Blks.

Dierszen

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02686 — 90 — E 02686

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 106 E Baca ST., 21-3 WARD

2-FULL NAME Thos. H Dierszen

(a) RESIDENCE NO. 108 E Baca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lylian M Dierszen

7 DATE OF BIRTH (month, day, and year) July 8th 1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Crane Operator
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Baltimore Tube Works

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Adolph Dierszen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Lylian Dierszen
(Address) 108 E Baca St

15 Filed OCT 12 1925 .192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia Seizures

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)
192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means And Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Oct 13 1925

20 UNDERTAKER Wm Cook. — ADDRESS E Balto

Spec.—1-10-21—M&T—1500 Blks.

02687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital 10-117 REGISTERED NO. E 02687

CITY OF BALTIMORE: (No.) Caroline & Oliver (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert L. Linthicum.

(a) RESIDENCE No. 907 E Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Linthicum,

6 DATE OF BIRTH (month, day, and year) Apr 17, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Prof Reader

(b) General nature of Industry, business, or establishment in which employed (or employer) 063

(c) Name of employer Balto Sun

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER John T Linthicum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Katrina Hayden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga.

14 Informant Jesse N Linthicum

(Address) 514 Rossiter Ave.

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

OCT 12 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/11 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/29, 1925, to 10/11, 1925, that I last saw h.. alive on 10/11, 1925, and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH* was as follows:

Post mortem appendicitis at

(duration) yrs. mos 2/ ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 36 Da

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 10/5/25.

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operation

(Signed) Simon L. Manual, M. D.

, 19 (Address) St Paul Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Oct 14 1925
20 UNDERTAKER	ADDRESS
Wm Cook	822 E North Ave

Spec.—1-12-23—M&T—500 Blks.

02688

HEALTH DEPARTMENT—CITY OF BALTIMORE

62 E 02688

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 W. Hill ST., 23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Anderson

(a) RESIDENCE NO. 227 W. Hill ST., 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Herbert T. Prelow

11 BIRTHPLACE OF FATHER (city or town) Norfolk
(State or country) North Va

12 MAIDEN NAME OF MOTHER Francis Anderson

13 BIRTHPLACE OF MOTHER (city or town) West
(State or country) Point Va

14 Informant Francis Anderson
(Address) 227 W. Hill St

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

OCT 12 ... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/10 1925

17

I HEREBY CERTIFY, That I attended deceased from 10/9, 1925, to 10/10, 1925, that I last saw her alive on 10/10, 1925, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia (duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Physical

(Signed) Wm Bullock, M. D.

, 19 (Address) 709 Hart St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion C	Oct 12 1925
20 UNDERTAKER	ADDRESS
J. H. Brown & Son	W. Mt. Pr.

Spec.—1-10-21—M&T—1500 Bks.

02689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 02689

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 N. Mount ST., 15-13 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Makel

(a) RESIDENCE No. 1432 N. Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Washington Makel

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE: Years 67; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

PARENTS

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant: William Makel

(Address) 1732 N. Mont St

15 Filed . 19 ROBERT R. KRAUTER, Registrar

OCT 12 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-8- 1925

17 I HEREBY CERTIFY, That I attended deceased from 10 6 , 1925 to 10-8- , 1925 ,

that I last saw h alive on 10-8- , 1925 ;

and that death occurred, on the date stated above, at 12 p. m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Arterio Disease

about

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George C Ba , M. D.

, 19 (Address) 1706 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemtery

DATE OF BURIAL: Oct 12 1925

20 UNDERTAKER: Mrs Jas H. Dennis per T. C. Nelson

ADDRESS 303 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02690 — CERTIFICATE OF DEATH. — 111-002 E 02690

1-PLACE OF DEATH Hebrew Hosp. — REGISTERED NO. .....

CITY OF BALTIMORE: (No. Monument ST., 15-3 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Jennie Schapiro

(a) RESIDENCE NO. 3703 Towanda ST., ... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 36 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Schapiro

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER William Barr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Celia —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) R.

14 Informant Max Schapiro (Address) 3703 Springdale Av.

15 Filed OCT 12 1925 19 ..... ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

TION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 19 25, to Oct 9, 19 25, that I last saw her alive on Oct 9, 19 25, and that death occurred on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

1. Myocardial failure
2. Surgical shock

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) duodenal ulcer (duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 10/9/25

Was there an autopsy? Polya operation

What test confirmed diagnosis? Clinical exam.

(Signed) Samuel R. Siegel, M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cemetery	10-12 19 25
20 UNDERTAKER	ADDRESS
Jos Levin,	1439 E. Balto

Spec.—1-12-23—M&T—500 Bks.

E 02691 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02691

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Eutaw Place ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Col. Israel Rosenfeld

(a) RESIDENCE NO. 2221 Eutaw Place ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Rosenfeld

6 DATE OF BIRTH (month, day, and year) Oct. 8-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Moses Rosenfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Rupfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Myra W. Rosenfeld

(Address) Paramus, Md.

15 Filed OCT 12 1925 19.... ROBERT R. KRAUTH, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-10-1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1925, to Oct 10, 1925, that I last saw him alive on October 10, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm B Wolf, M. D.

19 (Address) 113 W. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cemetery — DATE OF BURIAL 10-12 1925

20 UNDERTAKER: Jos Levin — ADDRESS 1139 E. Balto

Spec.—1-19-H—M&T—1500 Bks.

Exempt. ✓

1847 02692

HEALTH DEPARTMENT—CITY OF BALTIMORE 02692

CERTIFICATE OF DEATH.

7-1 × 100-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. WARD)

CITY OF BALTIMORE: (NO. ST.,

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Levi Hempt.

(a) RESIDENCE NO New Cumberland Pa. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Amanda Hempt

6 DATE OF BIRTH (month, day, and year): May 11, 1846

7 AGE: Years 80 Months Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 1/6

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: Jacob. Hempt.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Margaret Pa

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed ..... 19 .....

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

OCT 12 1925

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 11th 19 25

17

I HEREBY CERTIFY, That I attended deceased from Sept. 24th 19 25, to Oct. 11th 19 25

that I last saw h[illegible] alive on Oct. 11th 19 25

and that death occurred, on the date stated above, at 4 40 P. m.

The CAUSE OF DEATH* was as follows:

Benign prostatic hypertrophy c urinary retention.

Septicaemia.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? New Cumberland Pa.

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carroll James, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cumberland Pa

DATE OF BURIAL: 10/14/25

20 UNDERTAKER: Joseph Adrens

ADDRESS: 221 Berry

Spec.—1-10-21—M&T—1500 Bks.

E 02693

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1812 Hennaman Ave ST., E-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geraldine V. Satterfield

(a) RESIDENCE No. 1812 Hennaman Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 5 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Emory W. Satterfield

11 BIRTHPLACE OF FATHER (city or town) Balto,
(State or country) Md.

12 MAIDEN NAME OF MOTHER Geraldine A. Cole

13 BIRTHPLACE OF MOTHER (city or town) Washington,
(State or country) D.C.

14 Informant Emory W. Satterfield
(Address) 1812 Hennaman Ave

15 Filed OCT 12 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1925, to Oct 10, 1925, that I last saw her alive on Oct 9, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Acute Mich Infection

(duration) yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) Pharyngitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W. Whitefield Jr. M. D.

10/10, 1925 (Address) 1700 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Oct 12 1925
20 UNDERTAKER Gurkin + Gurkin	ADDRESS 1739 E. Eager St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02694

CERTIFICATE OF DEATH.

90

E 02694

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3303 Walbrook Ave ST., 15-7 WARD)

2-FULL NAME Gertrude Dunder Auer

(a) RESIDENCE NO. 3303 Walbrook Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr John E Auer

6 DATE OF BIRTH (month, day, and year) Aug 13/1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph G. Dunder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sophia M. Rosener

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant M. Helen Hayward

(Address) 216 Augusta Ave

15 Filed OCT 12 1925, 19 .. ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) about Oct 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1920, to Oct 10, 1925, that I last saw h[illegible] alive on Oct 9, 1925, and that death occurred, on the date stated above, at 11.20 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

about 10
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

about 10
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood & Physical

(Signed) W S Hublett, M. D.

Oct 12, 1925 (Address) 7220 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Oct 14 1925

20 UNDERTAKER Harry R. Armacost — ADDRESS 4204 Ridgewood Ave

02695 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02695

CERTIFICATE OF DEATH. Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Stmr Middlesex. Foot of Woodall St. Ward) 24-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Walker. Sr

(Residence in Baltimore: No. Fredericksburg, Va. St.; yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. October 22, 1858. (Month) (Day) (Year)

7-AGE. 66 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman on
(b) General nature of industry, business, or establishment in which employed (or employer): Stmr. Middlesex.

9-BIRTHPLACE, (State or Country). Fredericksburg, Va.

PARENTS.

10-NAME OF FATHER. James Walker

11-BIRTHPLACE OF FATHER, (State or Country). Fredericksburg, Virginia.

12-MAIDEN NAME OF MOTHER. Jane L. Lowrey

13-BIRTHPLACE OF MOTHER, (State or Country). Fredericksburg, Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carroll M. Walker. (son)

(Address) Fredericksburg, Va.

15- Filed OCT 12 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 11, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease or the Heart.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Oct. 12, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Fredericksburg Va. DATE OF BURIAL. Oct 12 1925

20-UNDERTAKER. Jas B Cook ADDRESS 1003 E Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2696

CERTIFICATE OF DEATH.

90 E 02696

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 6-2 WARD)

2-FULL NAME Joseph Levine

(a) RESIDENCE NO. 2201 E Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny Levine

6 DATE OF BIRTH (month, day, and year) 1-5-6

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Presser

(b) General nature of Industry, business, or establishment in which employed (or employer) 880

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Levine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Levine

(Address) 1439 E Balt St

15 Filed OCT 12 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-12 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-6, 1925, to 10-12, 1925,

that I last saw h/M alive on 10-12, 1925

and that death occurred, on the date stated above, at 6:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Heart Block

Chr. Bronchitis & Emphysema

(duration) 1 yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clin. Signs & Symptoms

(Signed) R. Ritter Lehr, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herm Rm

DATE OF BURIAL 10/14 1925

20 UNDERTAKER Jack Levis 1439 E Balt St

ADDRESS

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02697

CERTIFICATE OF DEATH.

E 02697

9-6 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1723 Lamont Ave ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael T. Wolfe

(a) RESIDENCE NO. 1723 Lamont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Oct 19-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Thos. Wolfe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Ellen Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: H. C. Wiedefield
(Address): 914 Greenmount Ave

15 Filed OCT 12 1925 ROBERT R. KRAUTER Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 11-1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Valvular (Mitral) Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Price, M. D.
(Coroner)
10-12-25 192 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Crackedia Cemetery — DATE OF BURIAL: Oct 14 1925

20 UNDERTAKER: H C Wiedefield — ADDRESS: Pat Gre

Spec. 1-10-ZI-M&T-1500 Blks.

E 02698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

E 02698

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2771 Alameda ST. 9-3 WARD)

2-FULL NAME John J. White Sr.

(a) RESIDENCE NO. 2771 Alameda ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget G. White

6 DATE OF BIRTH (month, day, and year) Feb. ? 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) 961

(c) Name of employer

9 BIRTHPLACE (city or town) County Roscommon

(State or country) Ireland

PARENTS

10 NAME OF FATHER Martin White

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Mary Boyle

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant John White Jr.

(Address) 2771 Alameda Baltimore

15 Filed ..... 19 ..... Registrar

OCT 12 1925 ROBERT H. WAINER Burial Permit Clerk.

TION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from August 5, 1925 to Oct. 10, 1925 that I last saw h in alive on Oct. 9, 1925 and that death occurred, on the date stated above, at 9 00 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Sigmoid

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2771 Alameda

Did an operation precede death? Yes Date of March, 1925

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence & Post

(Signed) Geo. B. Seybert, M. D.

, 19 (Address) 2802 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catholic Cemetery	Oct 14 1925
20 UNDERTAKER	ADDRESS
J. C. Trudeau	Fremont Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02699

E 02699

CERTIFICATE OF DEATH.

X 33

16-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General (Hosp.) WARD)

2-FULL NAME William Hart

(a) RESIDENCE NO. 2025 Harlem ST., WARD Augusta

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mal

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov 30 1869.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unk 086

9 BIRTHPLACE (city or town) (State or country) Accomac Co. Va

PARENTS

10 NAME OF FATHER John T. Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Accomac Co. Va

12 MAIDEN NAME OF MOTHER Nancy Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Accomac Co. Va

14 Informant (Address) Self

15 Filed OCT 12 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-10 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-12, 1925, to 10-10, 1925

that I last saw him alive on 10-10-25, 1925

and that death occurred, on the date stated above, at 10:15 P m.

The CAUSE OF DEATH* was as follows:

Fbc. Carcinoma

Tuberculosis of intestines

(duration) 4 yrs — mos — ds.

CONTRIBUTORY (Secondary) Pernicio - pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 9-18-25

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) J. Mccarthy, M. D.

, 19 (Address) West Balto. Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Oct 14 1925

20 UNDERTAKER: Josiah Ryder ADDRESS: 16 W. Mulb St

Spec.—3-10-21 M&T 1500 Blks.

E2700 HEALTH DEPARTMENT—CITY OF BALTIMORE E2700

CERTIFICATE OF DEATH. 117

REGISTERED NO. 7-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Homes Infirmary St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Frank J. Vittek.

(a) RESIDENCE NO. 506 N. Washington St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia B. Vittek

6 DATE OF BIRTH (month, day, and year) May 13/68

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of Industry, business, or establishment in which employed (or employer) 11 088

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Jas. Vittek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Sophia B. Vittek

(Address) 506 N. Washington

15 Filed OCT 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 15 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1 1925 to Oct. 15 1925.

that I last saw h... alive on October 15 1925.

and that death occurred, on the date stated above, at 4:20 A m.

The CAUSE OF DEATH* was as follows:

Appendiceal abscess

Fecal fistula (caecum)

(duration) yrs. 4 mos. 15 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 1st

Was there an autopsy? No.

What test confirmed diagnosis? operation

(Signed) Watt W. Eagle, M. D.

OCT 16, 1925 (Address) Church Homes Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL 10/19/25

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

Spec. 1-10-21—M&T 1500 Blks.

02701

HEALTH DEPARTMENT—CITY OF BALTIMORE E 02701

CERTIFICATE OF DEATH.

122-062

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 903 E Balto ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Weinberg

(a) RESIDENCE NO. 903 E. Balto ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

1 Length of residence in city or town where death occurred 14 yrs. 10 mos. — ds. How long in U. S., if of foreign birth? 14 yrs. 10 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	14	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER David Weinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Merentloom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant David Weinberg
(Address) 903 E Balto St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 15 1925 to ~~Sept~~ Oct. 12 1925 that I last saw him alive on October 12 1925 and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Hepatic Cirrhosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Morris Nelson M. D.

10/12/1925 (Address) 6 S. Exeter St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rest — DATE OF BURIAL Oct 12, 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

HON IS VERY important

OCT 12 1925 Robert P. Harrison, Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02702

CERTIFICATE OF DEATH.

E 02702

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2 Hebrew Hospital ST. -1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jake Monloff

(a) RESIDENCE NO. 1725 Jefferson ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 7 mos. 7 ds. How long in U. S., If of foreign birth? 12 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah 41K

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Monloff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah Rosa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sarah Monloff (Address) 1725 Jefferson st

15 Filed ....., 19 Robert E. Harrison, Registrar

12 1925 Burial Permit Clerk

TION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 9, 1925, to Oct 11, 1925; that I last saw him alive on Oct 11, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Philip Jacobson M. D.

10/11 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel	10/12 1925
20 UNDERTAKER	ADDRESS 1127
Jos Levinson & Bro	E Balto st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02703 ✓ E 02703

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 14-1 T.B. WARD) Baltimore City Hospitals

2-FULL NAME Ernest Henderson

(a) RESIDENCE NO. 531 Mosher st. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Sugar foundry

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Richmond
(State or country) Virginia

PARENTS

10 NAME OF FATHER Antmes Henderson

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie Johnson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Virginia

14 Informant Hospital Records
(Address) Robert F. Carlson,

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1925, to Oct. 9, 1925, that I last saw him alive on Oct. 9, 1925, and that death occurred, on the date stated above, at 7.55 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) M. O. McClane Jr. M. D.

10-10-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va.

DATE OF BURIAL 10/13/25

20 UNDERTAKER Geo. T. A. Gibson

ADDRESS 1735 Druid Hill Ave

Spec.- 1-10-21 - M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02704

CERTIFICATE OF DEATH.

38 E 02704

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Davis

(a) RESIDENCE NO. 675 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Levi Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Baltimore City Hospitals Records

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1925 to Oct. 8, 1925.

that I last saw him alive on Oct. 8, 1925,

and that death occurred, on the date stated above, at 7:53 P m.

The CAUSE OF DEATH* was as follows:

Syphilis; Central Nervous System Syphilis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Mallet M. D.

10/10, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 10/11/25

20 UNDERTAKER Wm. H. Holland

ADDRESS 631 Druid Hill Ave

...ec.—1-12-23—M&T—500 Bks.

E 02705

HEALTH DEPARTMENT—CITY OF BALTIMORE E 02705

CERTIFICATE OF DEATH.

1-1 113

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201½ S. Madeira ST., 1 WARD)

2-FULL NAME Josephine M. Doemling

(a) RESIDENCE NO. 201½ S. Madeira ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 13 1924

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER John Doemling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant John Doemling
(Address) 201½ S. Madeira

15 Filed ..... 19..... Registrar

Robert P. Harrison,

2 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/10, 1925, to 12/11, 1925, that I last saw her alive on 10, 1925, and that death occurred, on the date stated above, at 1005 A m.

The CAUSE OF DEATH* was as follows:

Acute Thrombosis

(duration) not yrs. known mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? By usual Signs

(Signed) Samuel S. Feldy, M. D.

, 1925 (Address) 3325 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wendel's Mt. Olivet

DATE OF BURIAL Oct 12 1925

20 UNDERTAKER Baltimore Conn

ADDRESS Balto

Spec.—1-10-21—M&T—1500 Bks.

E 02706 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02706

8462

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. B-2113

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robt. Baues.

(a) RESIDENCE NO. 119 S. Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 11 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER John Bowen

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country)

12 MAIDEN NAME OF MOTHER Lillian Schiffer

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL.

15 Filed , 19 Robert F. Harrison, Registrar

2 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept, 13th, 1925, to Oct. 11th, 1925, that I last saw he alive on Oct. 11th, 1925, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, secondary

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute G. I. Indigestion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Thos. W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL Oct 12 1925

20 UNDERTAKER Kendall Dugdale

ADDRESS 3701 L

TION IS VERY IMPORTANT

Spec.—1-12-23—M&T—500 lbs.

E 02707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02707

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital — REGISTERED NO. 20-461

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Baby Longfellow

(a) RESIDENCE NO. 22/40 Williams Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 10 - 25

7 AGE	Years	Months	Days	If LESS than 1 day, 13 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry Longfellow

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Kaiser

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore

14 Informant Mother
(Address)

15 Filed 12 1925, 19 Robert P. Harrison, Registrar
Deputy Registrar Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/9/25 - 11.55 PM 19 ..... to 10/10/25 1 PM 19 .....
that I last saw her alive on 10/10/25, 19 .....
and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Premature - 7½ months
gestation - cause unknown

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gust L Wilson M. D.

19 (Address) 3300 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Oct 12 1925
20 UNDERTAKER	ADDRESS
Jos Joerdens & Son	2173 Pa Ave

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02708

E 02708

CERTIFICATE OF DEATH.

REGISTERED NO. 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2848 Woodbrook Ave (Ward) 32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie E Medura

(a) RESIDENCE NO. 2848 Woodbrook Ave (STREET)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Albert Medura

6 DATE OF BIRTH (month, day, and year): March 31 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Albert Medura (Address)

15 Filed ..., 19... Registrar

Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 10 1925

17 I HEREBY CERTIFY, That I attended deceased from 1 - 1, 1924, to 10 - 10, 1925.

that I last saw h— alive on 10 - 10, 1925.

and that death occurred, on the date stated above, at 7.25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma

(duration) 1 yrs. - mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 0

Was there an autopsy? No

What test confirmed diagnosis? Examination of Specimen

(Signed) Wm F Burgess M. D.

10/11, 1925 (Address) 1924 Hilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: Oct 13 1925

20 UNDERTAKER: Chenowith Son — ADDRESS: 3417 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02709 E 02709

CERTIFICATE OF DEATH.

22-57

1-PLACE OF DEATH

CITY OF BALTIMORE) (No. BALTIMORE CITY HOSPITALS ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Rose

(a) RESIDENCE NO. 708 S. Banover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5b If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
	78 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER ? Hoeger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed Oct 12, 1925 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1925, to Oct. 10, 1925, that I last saw h alive on Oct. 10, 1925, and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetic gangrene of feet (duration) ? yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

10/11, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvert Cemetery

DATE OF BURIAL Oct. 14 1925

20 UNDERTAKER F. A. Kirkwood & Son

ADDRESS 703 Hanover

Spec—12-23-21—E.B.R.S.—400 Bks.

02710

HEALTH DEPARTMENT—CITY OF BALTIMORE

02710

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wesley Miller

(a) Residence No. Galestown, Maryland St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M.

4-COLOR OR RACE, W.

5-Single, Married, Widowed, or Divorced, (Write the word.) M

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Miller.

6-DATE OF BIRTH (month, day and year) 1855

7-AGE, 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9-BIRTHPLACE (city or town) Galesville, Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, George Miller

11-BIRTHPLACE OF FATHER (city or town) Germany
(State or Country),

12-MAIDEN NAME OF MOTHER, Annie Myers

13-BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country),

14- (Informant) University Hospital

(Address)

15- Filed ..... 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10-12-25

17- I HEREBY CERTIFY, That I attended deceased from 9-29-25 to 10-12 1925;

that I last saw h. alive on 10-12-25,

and that death occurred, on the date stated above, at 2 38 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia & Uremia

Acute (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 10/6/25

Was there an autopsy? Yes.

What test confirmed diagnosis? —

(Signed) Leo J. Brown, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Joseph's cemetery DATE OF BURIAL, Oct. 15, 1925

20-UNDERTAKER, Fredrick Lassahn Son ADDRESS Fullerton Md

2 1925 Burial Permit Issued

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02711 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02711

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 24-101-2 2-Registered No.

City of BALTIMORE: (No. 1817 Westphal Place Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Anna M. Jans

(a) Residence No. 1817 Westphal Pla. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Jans

6-DATE OF BIRTH (month, day and year) May 26-184

7-AGE. 81 yrs. 4 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None.

(b) General nature of industry, business, or establishment in which employed (or employer). 0

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Matthew Banes.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

11- (Informant) Albert Jans (Address) 1817 Westphal Place

13- Filed Oct 12 1925 Robert P. Harrison Registrar.

Oct 12 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 11-925

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1925 to Oct 11 1925

that I last saw h. alive on Oct 11 1925 and that death occurred, on the date stated above, at 6 30 PM

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Graham M. D

Oct 11, 1925 (Address) 3100 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross — DATE OF BURIAL. 10/14 1925

20-UNDERTAKER. I. Few McCully — ADDRESS 1305 E. Fort.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02712 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02712

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4234 W. West St.) 21-3 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis C. Fromme.

(a) RESIDENCE. NO. 4234 W. West ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	white	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Pauline R. Fromme

6 DATE OF BIRTH (month, day, and year) Oct. 15th 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinists

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Christian H. Fromme

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Koch. Died 12 1913 (Address)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Fromme (Address) 4232 W. West St.

15 Filed ..... 1925 . 19 ..... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 . 1925 . to Oct 11 . 1925 . that I last saw him alive on Oct 10 . 1925 . and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) no yrs. no mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Left Ventricle (duration) no yrs. no mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) Raymond S. Klaus, M. D. (Address) Lakeland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	10/13 1925
20 UNDERTAKER	ADDRESS
J. Fav McCully	190 E. Fort

Spec.—1-10-21—M&T—1500 Blks.

E 02713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02713

CERTIFICATE OF DEATH.

REGISTERED NO. 74-006

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 851 N. 36th St. ST., (Ward) 13-4

2-FULL NAME Laura A. Tyson

(a) RESIDENCE NO. 851 N. 36th St. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis L. Tyson

6 DATE OF BIRTH (month, day, and year): July 12-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	53	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Francis E. Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Maryland

12 MAIDEN NAME OF MOTHER: Mary E. Bevard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Francis L. Tyson

(Address): 851 N. 36th St.

15 Filed OCT 13 1925 12 Registrar: HUBERT R. KRAUTER, Health Commissioner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Oct 9, 1925, that I last saw her alive on Oct 9, 1925, and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis

(Signed) C. C. Henderson, M. D.

, 19 (Address) 850 N. 36 St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lions Brudlands (Balto. Co.)

DATE OF BURIAL: Oct 13 1925

20 UNDERTAKER: Horace H. Burgee

ADDRESS: 3631 Falls Road.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 02714

E 02714

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3447 Roland Ave. ST., 13 WARD

2-FULL NAME Aptile Kuhrman

(a) RESIDENCE No. 3447 Roland Ave. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lydia Kuhrman

6 DATE OF BIRTH (month, day, and year): Aug. 6-1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 4 years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): York Co. Pennsylvania

PARENTS

10 NAME OF FATHER: Conrad Kuhrman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Anna Mary Stalter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Mrs. Annie M. Kopp

(Address): 3447 Roland Ave

15 Filed OCT 13 1925, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Oct 12, 1925.

that I last saw him alive on Oct 10, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis &
Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial insufficiency

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) [illegible], M. D.

Oct 12 1925 (Address) 3429 Clifton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Columbia (Lancaster) Pa. Mt. Joy Cemetery

DATE OF BURIAL: Oct 14 1925

UNDERTAKER: Horace H. Burgee

ADDRESS: 3631 Falls Rd.

ROBERT R. KRAUSEN
Registrar of Vital Statistics

E 02715 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02715

CERTIFICATE OF DEATH. 24-001

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. 433 So. Bentalou St. 20-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary G. Shook

(Residence in Baltimore: No. 433 So. Bentalou St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Dec 23rd 1860 (Month) (Day) (Year)

7-AGE. 65 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country). Balto, Md

PARENTS:
10-NAME OF FATHER. Christian Zucker
11-BIRTHPLACE OF FATHER. (State or Country). Germany
12-MAIDEN NAME OF MOTHER. Unknown
13-BIRTHPLACE OF MOTHER. (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Oscar Shook
(Address) Halethorpe, Md

15-
OCT 13 1925
Filed ..... 19.....
ROBERT R. KRAUTER, Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 10th 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

8 hrs (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.
Coroner.
Oct 11 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or, if deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem	Oct 13th 1925
20-UNDERTAKER. Robert S. Brooks & Son	ADDRESS 601 Calhoun & Holton Sts

Budd.

Spec.—1-10-21—M&T—1500 Bks.

E 02716

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02716

CERTIFICATE OF DEATH.

31 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 S Bonaparte St., Catonsville WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgiana Budd

(a) RESIDENCE NO. 914 S Bonaparte St., Catonsville WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Budd

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Morris Temple

9 BIRTHPLACE (city or town) (State or country) Md. Anderson

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Harry H. Crowell (Address) 914 S. Bonaparte Catonsville

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/9, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20th, 1925 to Oct. 8, 1925, that I last saw h alive on Oct 8th, 1925 and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows: Fibroid Phthisis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Overwork Influenza

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Le Chin, M. D.

1925 (Address) 924 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 10/12/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Cathedral

ROBT. P. KRAUTER
Deputy Registrar of Vital Statistics

Spec.—1-10-21—M&T—1500 Blks.

02717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02717

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 652 George ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Dorsey

(a) RESIDENCE NO. 652 George ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feby 11/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jos Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hartford Co Md

12 MAIDEN NAME OF MOTHER: Gertrude Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Jos Dorsey 652 George

15 Filed OCT 13 1925, 19 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 11th, 1925, to Oct 12, 1925, that I last saw h[illegible] alive on Oct 11th, 1925, and that death occurred, on the date stated above, at 12.15 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Gustav Gottmann M. D.

, 19 (Address) 626 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lamel Cem

DATE OF BURIAL: 10/13/1925

20 UNDERTAKER: David Eaton

ADDRESS 916 Cane

Spec.–1-10-21–M&T–1500 Blks.

02718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E 02718

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 720 N Milton Ave ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Peth

(a) RESIDENCE NO. 720 N. Milton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: I

6 DATE OF BIRTH (month, day, and year): May 20 1923

7 AGE: Years 2 | Months 4 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John Peth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Rosie Hadley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: John Peth (Address) 720 N Milton Ave

15 Filed OCT 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1925, to Oct 10, 1925, that I last saw h... alive on Oct 10, 1925, and that death occurred on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) [illegible] M. D.

10 , 19 (Address) 900 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 13 1925

20 UNDERTAKER: Frank Crockett — ADDRESS: 1906 Gilmor

Spec.—1-10-21—M&T—1500 Bks.

02719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 02719

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 S Charles ST., 22-2 WARD)

2-FULL NAME Barbara Kotzum

(a) RESIDENCE NO. 12 S Church ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Kotzum

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Ludwig Kranoe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Barbara Kova

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Joseph Kotzum (Address) 12 S Church St

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1925, to Oct 12, 1925, that I last saw h alive on Oct 12, 1925, and that death occurred, on the date stated above, at 4.55 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Asthenia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Campbell, M. D.

Oct 25, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Oct 15 1925
20 UNDERTAKER	ADDRESS
Chas Crook & Son	1900 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

2720

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02720

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No.) Lafayette & Johns ST., 11-1 WARD)

2-FULL NAME Mrs. Margaret Howard Hackett Berkley

(a) RESIDENCE NO. 1305 Park Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? 27 yrs. 9 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unmarried

6 DATE OF BIRTH (month, day, and year) January 8, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	27	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Librarian 009

(b) General nature of industry, business, or establishment in which employed (or employer) Johns Hopkins Univ

(c) Name of employer Johns Hopkins Univ.

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Henry J. Berkley

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella Linthicum

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Dr. Henry J. Berkley
(Address) 1305 Park Ave.

15 Filed OCT 3 1925 ROBERT R. KRAMER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 12 1925

17 I HEREBY CERTIFY, That I attended deceased from October 9, 1925, to October 12, 1925, that I last saw her alive on October 12, 1925, and that death occurred, on the date stated above, at 5:50 p.m.

The CAUSE OF DEATH* was as follows:

Landry's Paralysis

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia 6 hrs
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? History & Physical Exam.

(Signed) J. Lothrop Hart M.D., M. D.

, 19 (Address) Woman's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Oct 14th 1925
20 UNDERTAKER	ADDRESS
Henry Jenkins & Son Co	Orchard & Mt Holly Sts

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02721

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 02721

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 E Madison ST.. 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sidonia Johnson

(a) RESIDENCE. NO. 1428 E Madison ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 1 1908

7 AGE: 17 Years 9 Months 15 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jno Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Hester Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Rosetta Johnson (Address) 1428 E Madison

15 Filed , 19 Registrar

OCT 13 1925 ROBERT F. KIRWAN Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 10 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Oct 10, 1925.

that I last saw h[illegible] alive on Oct 9, 1925

and that death occurred, on the date stated above, at 7.10 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lungs

(duration) yrs. 10 mos. da.

CONTRIBUTORY (Secondary) Exhaustion in Love working from Housework (duration) Entire mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum Test

(Signed) W Clyde Brown M. D.

, 19 (Address) 2017 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Oct 13 1925
20 UNDERTAKER Mrs R. G. Elliott	ADDRESS 1725 Ashland ave

E 02722

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02722

CERTIFICATE OF DEATH.

167-001

22-2

1-PLACE OF DEATH

City of BALTIMORE: (No. 720 Light St. St. Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alvin S. Beauchamp.

(Residence in Baltimore: No. 720 Light St. St.; 35 yrs. 4 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-Single, Married, Widowed or Divorced, (Write the word.): Married.

6-DATE OF BIRTH: May 23, 1890 (Month) (Day) 1..... (Year)

7-AGE: 35 yrs. 4 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon keeper.
(b) General nature of industry, business, or establishment in which employed (or employer): 044

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Robert H. Beauchamp.

11-BIRTHPLACE OF FATHER, (State or Country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Laura Smith.

13-BIRTHPLACE OF MOTHER, (State or Country): St. Michaels. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Myrtle O. Beauchamp. (wife)

(Address) 720 Light St.

15-

Filed OCT 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk. 192.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 9, 1925 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.

Suicide.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Oct. 12, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 13 1925

20-UNDERTAKER: John F Denny — ADDRESS: 915 Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02723

CERTIFICATE OF DEATH.

101-001

E 02723

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 William St., 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth L Moran

(a) RESIDENCE NO. 1114 William ST. 24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daughter

6 DATE OF BIRTH (month, day, and year): Jun 23 1916

7 AGE: Years 9 Months 11 Days — If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 000

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country): a a co Md

12 MAIDEN NAME OF MOTHER: Anna Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 Informant: Mrs Anna Moran

(Address): 1114 William St.

15 Filed OCT 13 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1925, to Oct 11, 1925, that I last saw her alive on Oct 11, 1925, and that death occurred, on the date stated above, at 6 00 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of,...

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

Oct 13 1925 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Oct 14 1925

20 UNDERTAKER: Chas. L. Grove — ADDRESS: 1501 E Lord Balto

Spec.—1-10-21—M&T—1500 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001
E 02724

REGISTERED NO.

02724

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Mount ST., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elnora Reid

(a) RESIDENCE NO. 406 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 18th 1924

7 AGE — Years: | Months: 10 mths | Days: | If LESS than 1 day, ... hrs or ... min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Irving Reid

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Catherine Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto co Md

14 Informant: Irving Reid (Address) 406 N. Mount st

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from October 8, 1925, to Oct 10, 1925, that I last saw h[illegible] alive on October 10, 1925, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no (Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dr C W Kennard M. D.

10-11-1925 (Address) 708 Euson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Oct 13th 25

20 UNDERTAKER: A. Jones — ADDRESS: 111 S Gilmor St

IT IS very important that

ec.—1-12-23—M&T—500 Blks.

Geck.

E 02725

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002 E 02725

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. City ST., 25-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Gicksy.

(a) RESIDENCE NO. 256 Cedar ST. Curtis Bay WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 10/10/25

7a AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	3 days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md. Col. Agnes Hospital

PARENTS

10 NAME OF FATHER Wm. Adam Gicksy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Weinberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Wm Gicksy 206 Cedar St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to Oct 12, 1925, that I last saw h[illegible] alive on Oct 12, 1925 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lung Labor

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Norbert C Nitsch, M. D.

10/12/ 1925 (Address) 2151 Wilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	25 19 25

20 UNDERTAKER ADDRESS

F.D. Wiesent 1850 W Balto

Spec.—1-10-21—M&T—1500 Bks.

1926 8th Burdines

HEALTH DEPARTMENT—CITY OF BALTIMORE

Catonsville 90 2935

02726

CERTIFICATE OF DEATH.

REGISTERED NO. B 02726

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2631 Wilkens Ave (or) 70-6 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Westphal

(a) RESIDENCE NO. 2631 Wilkins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? 55 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. A. Westphal

6 DATE OF BIRTH (month, day, and year) May 15 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wm Seitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Antonnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Albert Westphal (Address) 2631 Wilkens ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 8 , 1925, to Oct 10 , 1925.

that I last saw h er alive on Oct 9 , 1925

and that death occurred, on the date stated above, at 1.05 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Buchman, M. D.

, 19 (Address) 375 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park.	Oct 15th 1925

20 UNDERTAKER ADDRESS

F B. Westphal 850 N Bucks Lo

Spec.—1-10-21—M&T—1500 Bks.

E 02727. **HEALTH DEPARTMENT—CITY OF BALTIMORE** VE 02727.

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1045 N. Bare ST., 21-3 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa M Gripp Tripp

(a) RESIDENCE NO. 1045 N Bare ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Everhard Gripp

6 DATE OF BIRTH (month, day, and year): Oct 15-1865

7 AGE: Years 60; Months; Days; If LESS than 1 day.....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Christian Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christiane Gremmel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Everhard Gripp (Address) 1145 N. Bare St

15 Filed OCT 13 1925, 19.... ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 10 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/9/25, 19.... to 10/10/25, 19...., that I last saw h[illegible] alive on 10/10/25, 19.... and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) [illegible] yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Everhard Gripp, M. D.

(Address) 1145 N Bare St 10/12/25, 19....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Oct 13 1925

20 UNDERTAKER: Robt J Turner & Co — ADDRESS: 1443 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 02728 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 02728

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 53 N Caroline ST., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Mitchell

(a) RESIDENCE NO. 53 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of John Mitchell

6 DATE OF BIRTH (month, day, and year) April 12/ 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Charlemagne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) John Mitchell (Husband) 53 N Caroline st

15 Filed OCT 13 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1925, to Oct 10, 1925, that I last saw h[illegible] alive on Oct 9 1925 and that death occurred, on the date stated above, at 10 55 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.C. Contributed Oct 10

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tubercular Growth in abdomen Intussusception

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. F. Mowbray M. D.

10/10 1925 (Address) 1729 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL Oct 13 1925

20 UNDERTAKER Robert Williams ADDRESS 1518 McElderry St

...—1-12-23—M&T—500 Blks.

Elsie K Polk

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02729

E 02729

X 202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) RESIDENCE NO. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

HUBERT R. KRAUTER
Assistant Registrar of Vital Statistics

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02730

CERTIFICATE OF DEATH.

100 E 02730

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 S. Rose ST., 1 WARD) 1-3

2-FULL NAME Deloras. Olszewski

(a) RESIDENCE NO. 817 S Rose ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 6-1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None Child

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Joseph Olszewski

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md (State or country)

12 MAIDEN NAME OF MOTHER Mary Grabowska

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant Mrs. Mary Olszewski

(Address) 817 S. Rose St.

15 Filed OCT 13 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 19..., to Oct 12, 1925, that I last saw h.. alive on Oct 12, 1925, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O. L. Long M. D.

12. 1925 (Address) 2701 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL Oct 14. 1925

20 UNDERTAKER M. F. Sadowski ADDRESS 905 S. Ann St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02731

E 02731

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Caroline & Oliver Sts.

CITY OF BALTIMORE: (No. St. Joseph's Hosp ST., WARD) 16 ✓

REGISTERED NO. 27-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Watson

(a) RESIDENCE NO. #319 Sharp St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 12, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) St. Joseph's Hosp
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Peter J. Watson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New York City

12 MAIDEN NAME OF MOTHER Mary Daltruis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lithuania Russia

14 Informant Mrs A. Urban
(Address)

15 Filed OCT 13 1925 19 ... Registrar

ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Oct 12, 1925, that I last saw h[illegible] alive on Oct 12, 1925, and that death occurred, on the date stated above, at 8:35 P. m.

The CAUSE OF DEATH* was as follows:

Atelectasis,

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Dystocia,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab Test.

(Signed) Jurgen Jensen, M. D.

10/14, 1925 (Address) St Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct 13 1925
20 UNDERTAKER	ADDRESS
John Gehlhaus	425 S Pac

TION is very important. See instructions

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02732

CERTIFICATE OF DEATH.

1-51

E 02732

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1124 D. Ellwood Ave St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia May Keith

(a) Residence No. 1124 D. Ellwood Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 9-4-1924

7-AGE. 1 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Wm E. Keith

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary E. Parker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore

14- (Informant) Wm E. Keith
(Address) 1124 D. Ellwood Ave

15- Filed ..... 192.. ROBERT P. KRAUTER, Registrar.

OCT 13 1925
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 11. 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 26th, 1925 to Oct. 11. 1925

that I last saw her alive on Oct. 10th, 1925

and that death occurred, on the date stated above, at 2-15 P m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Fever

(Duration) — yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(Duration) — yrs. — mos. 10 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) D W Jones M. D

10-12. 1925 (Address) 1011 D. Ellwood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: 10-13-, 1925

20-UNDERTAKER: John A. Inman — ADDRESS: 3000 E Balt

Worley

E 02733 HEALTH DEPARTMENT—CITY OF BALTIMORE 24-001 E 02733

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1656 Warwick Av St., 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flora Worley

(Residence in Baltimore: No. 1656 Warwick Ave St.; yrs. 46 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. June 15, 1879

(Month) (Day) (Year)

7-AGE. 75 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Boston Mass

PARENTS:

10-NAME OF FATHER. Wm. Dagde

11-BIRTHPLACE OF FATHER, (State or Country). Boston mass

12-MAIDEN NAME OF MOTHER. Flora Dagde

13-BIRTHPLACE OF MOTHER, (State or Country). Boston mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice E. Worley

(Address) 1656 Warwick Ave

15- OCT 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk

Filed ..... 192.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 11, 1925

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) arterio sclerosis

(Duration) 2 yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner)

Oct. 12 1925 (Address) J. T. Hennessy

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cem

DATE OF BURIAL. 10 14 1925

20-UNDERTAKER. George T. Ruth

ADDRESS 1135 Hanford

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02734

CERTIFICATE OF DEATH.

57 E 02734

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N Hamburg ST., 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen M. Brocksmith

(a) RESIDENCE NO. 610 N Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry. Brocksmith.

6 DATE OF BIRTH (month, day, and year) March 20 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Worker

(b) General nature of industry, business, or establishment in which employed (or employer) — 169

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Iowa.

PARENTS

10 NAME OF FATHER Chas H Bergman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York State

12 MAIDEN NAME OF MOTHER Margt Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Margaret Bergman. (Address) 610 N Hamburg St

15 Filed OCT 13 1925, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27/25, 19..... to Oct 11/25 19.

that I last saw her alive on Oct 11/25 19.

and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry B Brocksmith, M. D.

(Address) 1132 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 10-13 1925

20 UNDERTAKER James Dignan & Son — ADDRESS 1000 S Paca St

TION IS very important

Spec—12-23-21—E.B.R.S.—400 Eks.

E 02735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02735

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: No. 100 ½ S Paca St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) 21

2-FULL NAME Charlotte Selby

(a) Residence No. 100½ S Paca St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or WIFE of) Harry L Selby

6-DATE OF BIRTH (month, day and year) Feb 2-1871

7-AGE 54 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). .....

12-MAIDEN NAME OF MOTHER. Elizabeth Vandolsen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

14- (Informant) Harry L Selby

(Address) 100½ S Paca St

15- Filed ..... 19..... Registrar.

OCT 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 11-25

17- I HEREBY CERTIFY, That I attended deceased from Oct 11 19 25 to Oct 11 19 25

that I last saw him alive on Oct 11 19 25 10 50 p m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia Edema

..... (Duration) ..... yrs. 6 mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John G Schumacher M.D.

19 (Address) 1 West Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL, 10-13 1925

20-UNDERTAKER. James Dignan & Son

ADDRESS 1000 S Paca St

Spec.—1-10-21—M&T—1500 Bks.

Grewq

HEALTH DEPARTMENT—CITY OF BALTIMORE

02736

CERTIFICATE OF DEATH.

129 E 02736

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 N Fanvale ST., 16-5 WARD)

2-FULL NAME George A Letmate

(a) RESIDENCE No. 1934 N Fanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha A. Letmate

6 DATE OF BIRTH (month, day, and year) Dec 29 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stove + Roofworker

(b) General nature of industry, business, or establishment in which employed (or employer) 184

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John H Letmate

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Louise Schroder.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Martha A Letmate
(Address) 1934 N Fanvale St

15 Filed ..... 19 ..... Registrar

HON IS VERY IMPORTANT

OCT 13 1925

ROBERT H. KRAUTEN, Health Department

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to Oct 11, 1925

that I last saw him alive on Oct 11, 1925

and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) ..... yrs. ..... mos ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin Murray, M. D.

, 19 (Address) 1517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Cemetery Druid Hill Pk	10-14 1925

20 UNDERTAKER	ADDRESS
Mrs Chas A G Rohde	600 Washington Ave

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02737 100-00 E 02737

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 S. Charles ST., 23-1 WARD)

2-FULL NAME Doris E. Jacobs.

(a) RESIDENCE NO. 1513 S. CHarles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

If married, widowed, or divorced HUSBAND) of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 3, 1925.

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		2	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Walter Jacobs.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Francis Perrica.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Walter Jacobs. (Address) 1513 S. Charles St.

15 Filed OCT 13 1925 ROBERT R. CHESTER, ... Registrar

Permit Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12/25

17 I HEREBY CERTIFY, That I attended deceased from Oct 5/25, 19..., to Oct 12/25, 19...,

that I last saw her alive on Oct 12/25, 19...

and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? H. H. Holl

(Signed) ..... M. D.

Oct 13/25 (Address) 1203 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. — DATE OF BURIAL Oct 14 1925

20 UNDERTAKER C. Howard Evans — ADDRESS 35 E. Fayette

...—1-12-23—M&T—500 Blks.

02738

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02738

CERTIFICATE OF DEATH.

44 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 William St. ST., 24-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Galloway.

(a) RESIDENCE No. 1108 William ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug, 28, 1863.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
62.	2	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work B. & O. Clerk. 04

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James H. Galloway.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary A Lloyd.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mary E. Kuhn.

(Address) 1108 William St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from October 2, 1925, to Oct 11, 1925, that I last saw h~~e~~live on Oct 11, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of throat

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. P. Eckenbrand M. D.

, 19 (Address) 1412 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery DATE OF BURIAL Oct 14 1925

20 UNDERTAKER A. Howard Evans ADDRESS 38 E. Fort Ave

OCT 13 1925 ROBERT P. CHANLER Burial Permit Clerk

Dec.—6-9-19—H. P. Co.—1000 Bks.

E 02739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

E 02739

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 620 S. Ann ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Sam Sasek

(a) RESIDENCE. No. 620 S. Ann St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 12, 1925

7 AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employrr "

9 BIRTHPLACE (city or town) (State or country) Balto. city

PARENTS

10 NAME OF FATHER George Sasek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Florence Barczak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant George Sasek
(Address) 620 S. Ann St

15. Filed . 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Oct 12, 1925.

that I last saw h— alive on 11 11 , 1925.

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth of Seven months

(duration) yrs. mos. ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

19 (Address) 39 N Gaylord Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	Oct 13 1925

20 UNDERTAKER F. W. Ozazenski ADDRESS 1930 Eastern Ave

Dr Wisey 4000 Edmondson Ave

Spec.—1-10-21—M&T—1500 Blks.

E 02740

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02740

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2435 N. Gorth Ave ST., 15-9 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Paulus

(a) RESIDENCE NO. 2435 N Gorth Ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 20 1875

7 AGE: Years 50 | Months 6 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER George Paulus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Elenor Spelshouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Margaret Spelshouse 2435 N. Gorth Ave

15 Filed 13 1925, 19 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 14, 1925, to Oct 11, 1925,

that I last saw him alive on Oct 11, 1925,

and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Chronic Interstitial Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George L. Wisey, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 10/14 1925

20 UNDERTAKER: Wm Cook

ADDRESS 502 E Mon

Spec—12-23-21—E.B.R.S.—400 Bks.

02741

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02741

CERTIFICATE OF DEATH.

15-5 90

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2405 Roslyn Avenue St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Sheehan

(a) Residence No. 2405 Roslyn Avenue St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 50 yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius Sheehan

6-DATE OF BIRTH (month, day and year) Aug. 18, 1849

7-AGE. 75 yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Michael Corrigan

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Ellen Murphy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) John J. Sheehan
(Address) 2405 Roslyn Avenue

15- Filed ..... 192 ..... Robert P. Harrison, Registrar.

1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 11/25

17- I HEREBY CERTIFY, That I attended deceased from May 16 19 23 to Oct 11 19 25
that I last saw him alive on Oct 11/ 19 25
and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:
Chronic valvular disease of heart

(Duration) 2 yrs. 4 mos. 26 ds.

CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) John W. Dandridge M. D.
, 19 (Address) 1714 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. 10/14 19 25

20-UNDERTAKER. Henry W. Spears & Son

ADDRESS 805 N Calvert St

Cor.—1-12-23—M&T—100 Bks.

02742 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02742

CERTIFICATE OF DEATH. 99-001

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 109 S Eutaw ST., 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucie Perkins

(a) RESIDENCE NO. 109 S. Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Divorced

a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1896

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Day work

(c) Name of employer 070

BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant E Bryan

(Address) 1631 Orleans St

15 Filed 10 1925, 192 Robert F. Harrison, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows?

Cardiac Dropsy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 3 ds.

(Signed) James M. Fenton, M. D.

(Coroner.)

Oct 13, 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn cemetery DATE OF BURIAL Oct 14 1925

20 UNDERTAKER Edward Bryan ADDRESS 1631 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

E 02743

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02743

CERTIFICATE OF DEATH.

REGISTERED NO. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 S. Monroe ST. 20-5 WARD)

2-FULL NAME Mary Gillen

(a) RESIDENCE NO. 128 S. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced (or) WIFE of Edward Gillen

6 DATE OF BIRTH (month, day, and year) 12/10/1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Michael Gillen

(Address) 2005 Fredrick

15 Filed OCT 13 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/11 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1924, to Oct 11-, 1925.

that I last saw her alive on Oct 11-, 1925,

and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. ? mos ds.

CONTRIBUTORY (Secondary) ✓ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Ethelbert Hammond M. D.

10/13, 1925 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Catholic Cemetery DATE OF BURIAL Oct 14 25

20 UNDERTAKER George L. Schwab ADDRESS 2101 Fredrick Ave

02744 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02744

CERTIFICATE OF DEATH. 5 114

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 628 Baker St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilery Fennwick

(Residence in Baltimore: No. 628 Baker St.; yrs., 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH. about (Month) (Day) 1860 (Year)

7-AGE. 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gardner
(b) General nature of industry, business, or establishment in which employed (or employer): Oh

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Sam. Fennwick

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Dorothy Mathews

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Fennwick

(Address) 628 Baker St.

15-

Filed ..... Robert P. Harrison, Registrar.

31925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 11, (Month) (Day) 192.5. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

ac. Dil. of Lear

5 min.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) dc. Gastr. Enteritis 12 hrs.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. T. Hennessy M. D.
(Coroner.)

Oct 12, 1925 (Address) 2801 Kennedy Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	10/13/1925

20-UNDERTAKER, David Easton ADDRESS 516 Barre

Spec.—8-24-14—M. & T.—2000 Bks.

Inez R. Burns

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02745

CERTIFICATE OF DEATH.

1132 02745

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N. Schroeder St.; 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inez. R. Burns

(Residence in Baltimore: No. 124 N. Schroeder St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug. 12 (Month) (Day), 1825 (Year)

7-AGE, 6 weeks yrs. mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Burns

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen C. Lloyd

(Address) Babies & Children's Home

15-

Filed ..... 191.4 R. Harrison ..... Registrar.

10 13 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10/13 (Month) (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10/12 1925, to 10/13 1925, that I saw her alive on 10/12 1925, and that death occurred, on the date stated above, at 7:15 a.m.

The CAUSE OF DEATH* was as follows:

Intussusception

(Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration).....yrs. 1 mos.....ds.

(Signed) C. L. Holden M. D.

10/13, 1925 (Address) Resident Physician

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem

DATE OF BURIAL, 10/14/25, 192...

20-UNDERTAKER David Garbut

ADDRESS 916 Pine

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02746

E 02746

CERTIFICATE OF DEATH.

5-1 129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 265 Colvin ST., 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Stafford

(a) RESIDENCE NO. 265 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Mary L. Stafford

6 DATE OF BIRTH (month, day, and year) July 10, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Isaiah Stafford

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Isaiah Stafford

(Address) 265 Colvin St.

15 Filed 3 1925, 19 Robert F. [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 12 1925

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1925 to October 12, 1925, that I last saw him alive on October 11, 1925, and that death occurred, on the date stated above, at 4:00 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) 2 yrs. 2 mos. 11 ds.

CONTRIBUTORY (Secondary) Toxaemia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Geo. S. Allen M. D.

1925 (Address) 508 Commerce St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL Oct 14 1925

20 UNDERTAKER Samuel Hensley ADDRESS 538 N Eden St

Dec. 6-9-19 H. P. Co. 1000 Blks.

02747

HEALTH DEPARTMENT—CITY OF BALTIMORE

02747

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Aliceanna ST.: 23 WARD)

2-FULL NAME Mary V. Smith

(a) RESIDENCE. NO. 1618 Aliceanna ST., 23 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 24/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. Balto

PARENTS

10 NAME OF FATHER Wm. H. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Wm. H. Smith
(Address) 1618 Elm St.

15 Filed ..... 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Oct 13, 1925, that I last saw h alive on Oct 13, 1925, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(7½ Mo. Uteri Gestation)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. C. Campbell, M. D.

Oct 13, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	Oct 14 1925
20 UNDERTAKER Margaret L. Flynn	ADDRESS 1422 Light St

Spec.—1-10-21—M&T—1500 Blks.

E 02748

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02748

CERTIFICATE OF DEATH.

10.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST., 11-2 WARD)

REGISTERED NO.

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth Bond

(a) RESIDENCE No. 932 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 6, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Belair Md

PARENTS

10 NAME OF FATHER William Bond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Belair Md

12 MAIDEN NAME OF MOTHER Belle Doney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Churchville Harford Co.

14 Informant William Bond. father

(Address)

15 Filed 12 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Oct 13, 1925, that I last saw h alive on Oct 13, 1925, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Diphtheria, Nasal, Tonsillar opharyngeal

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Positive Diph. Culture

(Signed) Myron G. Tull M. D.

10/13 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sewell md — DATE OF BURIAL Oct 14 1925

20 UNDERTAKER H K McComas & Sons — ADDRESS Abingdon md

Spec.—1-10-21—M&T—1500 Bks.

02749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 02749

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609. Aisquith ST., 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minie Russo

(a) RESIDENCE NO. 609. Aisquith ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 10 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 15-1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	1.	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Providence R.I.

PARENTS

10 NAME OF FATHER Joseph Russo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Balsamo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Joseph Russo 609 Aisquith St.

15 Filed OCT 14 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 25 1925 to Oct. 12 1925

that I last saw h[illegible] alive on Oct 12 1925

and that death occurred, on the date stated above, at 3 15 m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys - Examination

(Signed) Henry H. Ebers 9. M. D.

10/13 1925 (Address) 2210 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 10 14 1925

20 UNDERTAKER George J Ruth

ADDRESS 1735 Harford Av

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02750

E 02750

CERTIFICATE OF DEATH.

REGISTERED NO. 15-13

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Gold ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Harsey

(a) RESIDENCE. NO. 705 Gold ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Harsey

6 DATE OF BIRTH (month, day, and year) Sept. 14, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Washing & ironing

(b) General nature of industry, business, or establishment in which employed (or employer) " " 0/0

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jos. Douglas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore Md.

12 MAIDEN NAME OF MOTHER Emma Brown 10/12

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eastern Shore Md.

14 Informant Harry Harsey (Address) 705 Gold St.

15 Filed OCT 14 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1925, to Oct. 10, 1925, that I last saw h-e alive on Oct. 10, 1925, and that death occurred, on the date stated above, at 1 20 P. m.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Oct 16 1925

20 UNDERTAKER Virginia A. Brooks ADDRESS 1463 N. Carey

Spec 1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02751

CERTIFICATE OF DEATH.

3 E 02751

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST., WARD 16-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Freedman Fletcher

(a) RESIDENCE NO. 1212 Harlem Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Webster Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Frances Lebrue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Record

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 14 1925, 19 ROBERT P. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 27th, 1925, to Oct. 9th, 1925, that I last saw h[illegible] alive on Oct. 9th, 1925 and that death occurred, on the date stated above, at 5-50 a. m.

The CAUSE OF DEATH* was as follows:

Rectovaginal fistula prolapse rectum

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) yrs. 4 6 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Aug 28

Was there an autopsy? yes

What test confirmed diagnosis? Op. and autopsy

(Signed) J. L. Baldwin, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Oct 17, 25

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1463 N Caro

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02752

CERTIFICATE OF DEATH.

1001

E 02752

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 318 N. Belvidere Ave ST.; 21-2 WARD)

2-FULL NAME Laura Alice Smith

(a) RESIDENCE. NO. 318 N. Belvidere Ave ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of George J. Smith

6 DATE OF BIRTH (month, day, and year) Aug 5 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ellicott City Md

PARENTS

10 NAME OF FATHER Lewis Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Ann Kailer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co. Md

14 Informant (Address) Mr. Geo. Smith 318 Belvidere Ave

15 Filed . 19 Registrar

OCT 14 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 9 , 1925, to Oct. 13 , 1925, that I last saw her alive on Oct. 13 , 1925, and that death occurred, on the date stated above, at 12 20 a m.

The CAUSE OF DEATH* was as follows:

Slow hemorrhage into 4th Ventricle resulting in Paralysis of Pneumogastric Nerve -

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms -

(Signed) H. K. Buckley , M. D.

, 19 (Address) 1266 W. Belvidere

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Oct 16/25

20 UNDERTAKER A. S. Marshall ADDRESS 3539 Falls Rd

...DEPARTMENT—CITY OF BALTIMORE

E 02753

CERTIFICATE OF DEATH.

1 W E 02753

REGISTERED NO.....

(If death occurred in a hospital or institution, give NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST., 19-1 WARD)

2-FULL NAME Eugene M Elderdice.

(a) RESIDENCE NO. 1614 W Balto ST. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced-

5a ~~Married, widowed, or~~ divorced
HUSBAND of (or) ~~Widow of~~ Grace Elderdice

6 DATE OF BIRTH (month, day, and year) ? ? 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	44	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman 16
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer H Ganse & Bro.

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Dr. Linn H Elderdice

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Rose ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) ?

14 Informant Mr. C. M Johnson.
(Address) Silver Spring

15 ...ROBERT H. KRAUTER... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11, 1925

17 I HEREBY CERTIFY, That I took charge of remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to ... on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull
(Suicide) Jumped from 7th
(Accident) window (duration) ..... yrs. ..... mos. .....

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... d...

(Signed) O. T. Hemmings ..... M. D.
(Coroner)
Oct. 13, 1925 (Address) 280 Eutaw ...

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos.; In ...

Where was disease contracted, if not at place of death? ... Md Gen Hosp.

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk. DATE OF BURIAL 10/13/25 192...

20 UNDERTAKER Harry A Wi... ADDRESS 1531 W Lond...

...TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02754

CERTIFICATE OF DEATH.

Wilhelm Park 129

E 02754

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 115 Wilhelm ave ST.. 25-3 WARD)

2-FULL NAME. Ida S. Radford

(a) RESIDENCE. NO. 115 Wilhelm ave ST., WARD. 20

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): April 22/1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Wm Schroeder

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Emly Meilcrot

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Karl Fasang 115 Wilhelm ave

15 Filed OCT 14 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1 1925 to Oct 13 1925 that I last saw her alive on Oct 13 1925 and that death occurred, on the date stated above, at 3:30a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Walter A. Fox, M. D.

10/13, 1925 (Address) 547 Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters — DATE OF BURIAL: Oct 16 1925

20 UNDERTAKER: Mr. Mrs N S Finch — ADDRESS: 1737 N Crad

Spec.-1-10-21 M&T 1500 Bks.

Samuel Dorsey

HEALTH DEPARTMENT—CITY OF BALTIMORE

02755

CERTIFICATE OF DEATH.

129 E 02755

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ST., 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Dorsey

(a) RESIDENCE NO. 1302 Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred not known yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer not known

9 BIRTHPLACE (city or town) Catonsville (State or country) Maryland

PARENTS

10 NAME OF FATHER Alpha Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sally Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant City Hospital Records (Address)

15 Filed OCT 14 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 12 1925

17 I HEREBY CERTIFY, That I attended deceased from August 22, 1925, to October 12, 1925, that I last saw him alive on October 11, 1925, and that death occurred, on the date stated above, at 7 Hm.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Myocarditis

Hypertension

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General Laboratory

(Signed) R. Hooper Lunt, M. D.

Sept 13 1926 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville St Thomas's Cemetery, md

DATE OF BURIAL Oct 14 1925

20 UNDERTAKER Thos James E. H. Dennis or F. O. Wilson

ADDRESS 1302 Pulaski

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02756

CERTIFICATE OF DEATH.

31 E 02756

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4210 Park Heights Ave ST., 15-13 WARD)

2-FULL NAME Giuseppe Barbera

(a) RESIDENCE NO. 4210 Park Heights Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Barbera

DATE OF BIRTH (month, day, and year) Aug 29th 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57 yrs			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 945

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Anthony Barbera

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine Catania

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Anthony C Barbera
(Address) 4210 Park Heights Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1925, to Oct 12, 1925, that I last saw him alive on Oct 12, 1925 and that death occurred, on the date stated above, at 11 15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi A DiStefano M. D.

Oct 14, 1925 (Address) 407 N. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct 15 1925
20 UNDERTAKER	**ADDRESS**
Frank V Pipitone	1800 E 32nd

Spec.—1-10-21—M&T—1500 Blks.

Coronor O.K. Coroners Case

Coronor notified

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02757

CERTIFICATE OF DEATH

E 02757

O.K. J.S.H. Wilson, Coroner

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., (WARD) 19-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Hellman

(a) RESIDENCE NO. 537 S. Fulton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 29 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nail

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Nathan Hellman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Freda Zunnikoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joseph Zunnikoff
(Address) 537 S Fulton Ave

15 Filed OCT 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-14 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-13, 1925, to 10-14, 1925

that I last saw him alive on 10-14, 1925

and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Severe Gastro-intestinal disturbance with wasting

(duration) — yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) J. Victor Selzer M. D.

Oct 14 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel Cy	10/14 1925
20 UNDERTAKER	ADDRESS
Sol Levinson & Bro	1127 E Balto St

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02758

CERTIFICATE OF DEATH.

90 E 02758

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1014 Eastern ave St. 2-1 WARD)

2-FULL NAME Frank Ferraro

(a) RESIDENCE NO. 1014 Eastern ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ferraro

DATE OF BIRTH (month, day, and year) Oct 10 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Michael Ferraro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Vincent Romeo

(Address) 1014 Eastern ave

15 Filed OCT 14 1925 ROBERT R. KRAUTER, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1925, to ~, 19..., that I last saw him alive on Oct 10th, 1925 and that death occurred, on the date stated above, at 8¼ m.

The CAUSE OF DEATH* was as follows:

Primary cause:
arteri sclerosis and
myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Faulkner, M. D.

, 19 (Address) 119 N. Milton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Oct 16 1925

20 UNDERTAKER Wendell Duffel & Son — ADDRESS 37 S. ...

c.—1-12-23—M&T—500 Bks.

E 02759

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02759

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 S Burley ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Behr

(a) RESIDENCE NO. 1108 S Burley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24e yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Behr

DATE OF BIRTH (month, day, and year) May 24 1863

AGE. Years	Months	Days	If LESS than 1 day, hrs. or min.
62 —			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman O&B

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baker & Whitley

8 BIRTHPLACE (city or town) (State or country) Bath

PARENTS

10 NAME OF FATHER Jacob Behr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Behr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna Behr

(Address) 1108 S Burley

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1925

17

I HEREBY CERTIFY, That I attended deceased from 10/9/25, 1925, to 10/13, 1925, that I last saw h 4 alive on 10/13, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis (duration) yrs. mos. ds. obtained by physician

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Daniel S Fisher, M. D.

, 1925 (Address) 3320 Pattapsco

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL Oct 16 1925

20 UNDERTAKER Wendell Dryden Son

ADDRESS 373 Mo

(Lawiewski)

Spec.—1-10-21—M&T—1500 Bks.

E 02760 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02760

CERTIFICATE OF DEATH.

REGISTERED NO. 16100

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2515 Fox ST., 24-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dr. Lawiewski

(a) RESIDENCE NO. 2515 Fox ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 18 75

7 AGE Years Months Days If LESS than 1 day, hrs. or min. 1 hour

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Napolion Lawiewski

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Julia Marshall

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Julia Lawiewski (Address) 2515 Fox St

15 Filed OCT 14 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1925, to Oct 13, 1925, that I last saw h alive on Oct 13, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Bowels

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos Wilczynski M. D.

19 (Address) 804 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: N. Stanislaus Cem — DATE OF BURIAL: Oct. 14 1925

20 UNDERTAKER: Stephen J Fialkowski — ADDRESS: 1008 Kenwood ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02761

CERTIFICATE OF DEATH.

E 02761

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ____ ST., 3-4 WARD)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Debiba or (Deppish)

(a) RESIDENCE NO. 920 South Caroline ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-5-60 or (1860)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
Given —	70?			
Actual —	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0440

(b) General nature of industry, business, or establishment in which employed (or employer) not known

(c) Name of employer not known

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland DEPPISH

PARENTS

10 NAME OF FATHER Edward Debiba or

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) ____
(State or country) not known

14 Informant City Hospitals Records
(Address)

15 Filed OCT 14 1925 ____ Registrar

ROBERT P. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 6, 1925, to October 11, 1925, that I last saw him alive on October 11, 1925, and that death occurred, on the date stated above, at 8.30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Transverse Colon

Metastatic Carcinoma Liver

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ____ Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? General Laboratory

(Signed) R. Hooper Smith, M. D.

Sept 13 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 15 1925
20 UNDERTAKER Robt J Turner Inc	ADDRESS 1442 N. Broadway

Burial Permit Issued

Cor.—1-12-23—M&T—100 Bks.

Mulgrew.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02762

90 E 02762

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Eager ST., 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Leonard Mulgrew

(a) RESIDENCE NO. 520 Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced-(write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 21, 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	3	21	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER J. F. Mulgrew

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER M. Murphy

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant M. Murphy
(Address) 520 Eager

15 Filed ..... 192 ..... ROBERT A. KRAUTER, Registrar
Burial Permit

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cor. Hs. Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) W. J. Ney, M. D.
(Coroner.)

Dec. 14, 1927 (Address) 1027 Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Dec. 16, 1927

20 UNDERTAKER Elmer W. Conkling — ADDRESS 1224 E. Eager St.

E 02763

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02763

CERTIFICATE OF DEATH.

20-182

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Foot of Haynes St. St., Ransteads Wharf. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas M. Hachett Sr.

(Residence in Baltimore: No. 309 S. Payson St. St.; yrs. 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. May 25, 1870 (Month) (Day) (Year)

7-AGE. 55 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Theatrical
(b) General nature of industry, business, or establishment in which employed (or employer): Mechanic. 086

9-BIRTHPLACE, (State or Country). Reading, Pa.

PARENTS:

10-NAME OF FATHER. Thomas Hackett.

11-BIRTHPLACE OF FATHER, (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Mary Kelly.

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas M. Hackett Jr. (son)

(Address) 309 S. Payson St.

15- Filed OCT 14 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Missing October 9, 1925
Body found October 12, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Accidental fall from a wharf.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Oct. 13, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Loyola Cathedral Cemetery Oct 15 1925

20-UNDERTAKER. ADDRESS.
George L. Schwab 1101 Frederick Ave.

ec —1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02764

CERTIFICATE OF DEATH.

14-2 31

E 02764

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Madison Ave ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mandelle E. Harris

(a) RESIDENCE No. 1817 Madison Ave ST., WARD

(Usual place of abode).

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Jones Harris

6 DATE OF BIRTH (month, day, and year) Aug. 31st 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sparrows Point Md.

PARENTS

10 NAME OF FATHER W. H. Hore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Estella Epps. (Address) 1317 Madison Ave

15 Filed ..., 19... ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1925. to Oct. 12, 1925; that I last saw her alive on Oct. 12, 1925, and that death occurred, on the date stated above, at 9:40 p m.

The CAUSE OF DEATH* was as follows:

Pneaumonia (Bronchial)

(duration) .. yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis (Pulmonary)

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

, 19 (Address) 1028 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury Cemetry	Oct 15 1925
20 UNDERTAKER Mrs R. A. Elliott	ADDRESS 1225 Ashland Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02765

CERTIFICATE OF DEATH.

101-001

E 02765

1-PLACE OF DEATH

City of BALTIMORE: (No. 818 Warner St. St., 21-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Job Lee

(a) Residence No. 818 Warner St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 36 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Madison Md. Eastern Shore

PARENTS.

10-NAME OF FATHER, George Lee

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Eastern Shore

12-MAIDEN NAME OF MOTHER, Annie Seamo.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Eastern Shore.

14- (Informant) Annie Lee

(Address) 818 Warner Street

15- Filed OCT 14 1925 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/12/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1925 to Oct 12 1925, that I last saw h alive on Oct 12 1925, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) yrs. 6 mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. A. Corbin M. D.

, 19 (Address) 655 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md. DATE OF BURIAL, Oct. 14 1925

20-UNDERTAKER, Walter S. Spriggs ADDRESS 1391 W. Hamburg St

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 02766

02766

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1539 N Caroline St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie R ~~XXXX~~.McCubbin.

(a) RESIDENCE NO. 1539 N Caroline St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

If married, widowed, or divorced
HUSBAND of (or) WIFE of John O McCubbin.

DATE OF BIRTH (month, day, and year) July 30

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Co.

PARENTS

10 NAME OF FATHER Edward Norwood.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co.

12 MAIDEN NAME OF MOTHER Don't Know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Edward E Eitel. (Address) 1539 N Caroline

15 Filed ..., 19 ... RUBERT R. KRAUTER, Registrar

OCT 14 1925 Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1925 to Oct 13, 1925, that I last saw h[illegible] alive on Oct 12 1925 and that death occurred, on the date stated above, at 7.45 19 25 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John W. Henderson, M. D.

, 19 (Address) 1714 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Salem Cem Upper Falls — DATE OF BURIAL Oct 15/25

20 UNDERTAKER John Ulrich — ADDRESS 2008 Balcom

Spec.—1-10-21—M&T—1500 Bks.

Dr Long 2701 Eastern Ave.

E 02767 HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 02767

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 417 N. Montford Ave. ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J Miller

(a) RESIDENCE NO. 417 N. Montford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Miller

6 DATE OF BIRTH (month, day, and year): Dec 9, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Wilhem Lenhart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Verna B. Lyerson

(Address) 419 N. Montford Ave.

15 Filed OCT 14 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 14 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1 1925 to Oct 14 1925

that I last saw h[illegible] alive on Oct 13 1925

and that death occurred, on the date stated above, at 2 10 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) none yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. L Long, M. D.

Oct 14 1925 (Address) 2701 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Lutheran

DATE OF BURIAL: Oct 16, 1925

20 UNDERTAKER: Ellen Leroy

ADDRESS: 5476 Reisterstown Rd

Spec—12-23-21—E.B.R.S.—400 blks.

02768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02768

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital

Registered No.....

City of BALTIMORE: (No. 33 1/2 Calvert St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Master James Donneberg

(a) Residence No. 148 Cedar ave Roland Park Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb. 4 1917

7-AGE. 8 yrs. 7 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town).... Maryland
(State or Country).

PARENTS.

10-NAME OF FATHER, Otto F Donneberg

11-BIRTHPLACE OF FATHER (city or town).. Maryland.
(State or Country).

12-MAIDEN NAME OF MOTHER, Elizabeth Rehbraun

13-BIRTHPLACE OF MOTHER (city or town).. Maryland.
(State or Country).

14- (Informant) Otto F Donneberg

(Address) 148 Cedar Ave

15- Filed OCT 14 1925 192.... ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from October 12 1925 to Oct 13, 1925

that I last saw h.... alive on Oct 13 1925

and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Epidemic cerebrospinal meningitis

Two

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture (organism found)

(Signed) H. L. Hannah M. D.

19 (Address) Union memorial Hospital.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Oct 15 1925

20-UNDERTAKER. William Lenk

ADDRESS 502 E Lanvale Ave.

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02769

E 02769

CERTIFICATE OF DEATH.

13-4 199

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie May Wright

(a) RESIDENCE NO. 67 Darby St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stewart C. Wright

6 DATE OF BIRTH (month, day, and year) Aug 5 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Twiste Winder
(b) General nature of industry, business or establishment in which employed (or employer) Cotton Mills
(c) Name of employer 046

9 BIRTHPLACE (city or town) Balto. Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER Jos. W. Robinson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Laura Shipley

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Hopkins Hospital
(Address)

15 Filed OCT 14 1925, 192 ROBERT R. KRAUTER, Registrar
Social Purity Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Coroner, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis-incomplete Abortion
(Self induced)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) JSH Voller M. D.
Coroner.

Oct 13/25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL Oct. 15 1925

20 UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Rd.

Spec.—1-10-21—M&T—(50) Blks.

LAUGHERY

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02770 — 159 — E 02770

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1223 N. Bond ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Laughery

(a) RESIDENCE NO. 1223 N. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 Mins How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 13-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John H. Laughery

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Maude C. Fulson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Jno H. Laughery (Address) 1223 N. Bond St.

15 Filed ..... 19 ..... Registrar

OCT 14 1925 ROBERT R. KRAMER, Clerk.

N. B. [illegible] Thereby [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/13 25 to 10/13 25, that I last saw h[illegible] alive on 10/13 25, and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial malformation

(duration) yrs. mos 15 Mins ds.

CONTRIBUTORY (Secondary) Cardiac Malformation

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? none

What test confirmed diagnosis? Clinical

(Signed) Wm F Kelly, M. D.

10/14 1925 (Address) 4 Belvidere Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Hamden	Oct 17 1925

20 UNDERTAKER	ADDRESS
Horace F. Burgee	263 Hall St.

PLACE OF MOTHER (city or town) Pennsylvania
(country)

Ann E. Vaughey
[illegible] Pond St

. 19 ..... Registrar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cemetery — DATE OF BURIAL Oct 17 1925

20 UNDERTAKER Frank F. Burger — ADDRESS [illegible] Fallsway

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02771

CERTIFICATE OF DEATH.

100-001

E 02771

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 346 Rosebank Ave. Govans. 27-7 WARD

2-FULL NAME Susie Alverda Boyd

(a) RESIDENCE NO. 346 Rosebank Ave. Govans, ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of James Harry Boyd

DATE OF BIRTH (month, day, and year) Dec. 18, 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	9	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William W. Addison

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Susanna Atler

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant James H. Boyd
(Address) 346 Rosebank Avenue

15 Filed OCT 4 1925 Robert F. Arrigan, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925, to Oct 13, 1925.

that I last saw h alive on Oct 13, 1925

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

Bronchopneumonia

(duration) ... yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Typical findings

(Signed) G. W. Bishop, M. D.

10-13 1925 (Address) 501 Sheridan Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Oct 16 1925

20 UNDERTAKER Jas B Cook — ADDRESS 1503 N Bethune St

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02772

CERTIFICATE OF DEATH.

74-001 ✓ E 02772

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 450 Whitridge Ave (Street) 12-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Baseman

(a) RESIDENCE No. 456 Whitridge Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of John F Baseman

DATE OF BIRTH (month, day, and year) July 24 18

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Ind (State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Fred Skiffer (Address) 450 Whitridge Ave

15 Filed ..., 19... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Oct 12, 1925, that I last saw h[illegible] alive on Oct 5, 1925, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W. Donaldson, M. D.

, 19 (Address) 1714 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 15 1925
20 UNDERTAKER	ADDRESS 1617
Chenoweth & Son	Chestnut

Spec.—1-10-21—M&T—1500 Bks.

02773

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 02773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. Third St. ST., 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Richard Hoffeld.

(a) RESIDENCE NO. 117 S. Third St. ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 25-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	/	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John R. Hoffeld.

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Adelaide Rung.

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant John R. Hoffeld (Address) 117 S. Third St.

15 Filed Oct 4 1925, 19.. Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Oct 13, 1925; that I last saw h[illegible] alive on Oct 13, 1925; and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Oedema
Acute Intestinal Stasis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature], M. D.

1925 (Address) 3326 Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Oct. 15 1925
20 UNDERTAKER	ADDRESS
Lilly and Zirkin	403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02774 02774

CERTIFICATE OF DEATH.

REGISTERED NO. 155

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4-3 WARD

2-FULL NAME Ira Williams

(a) RESIDENCE NO. Athelton Howard Co ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE Colored. | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) January 16, 1895

7 AGE 30 Years 2 Months 28 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer,

(b) General nature of Industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland,

12 MAIDEN NAME OF MOTHER Ellen Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant (Address) Hosp Record,

15 Filed ..... 19 ..... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-14- 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-11- 1925, to 10-14 1925.

that I last saw him alive on 10-14 1925.

and that death occurred, on the date stated above, at 11.45 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency—

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Osteomyelitis of both tibia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-14-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Bonyun M. D.

19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Howard Co Locust Chapel Cem

DATE OF BURIAL Oct. 16 1925

20 UNDERTAKER Easton Sons

ADDRESS Ellicott City Md

ec.—1-12-23—M&T—500 Bks.

02775

HEALTH DEPARTMENT—CITY OF BALTIMORE

10109 E 02775

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 w. Mulberry ST., 4-1 WARD)

2-FULL NAME Peter Vinci

(a) RESIDENCE NO. 639 w Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) april 30-1906

7 AGE: Years 19 yrs; Months; Days; If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit dealer

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER Joseph Vinci

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Dora Glorioso

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address) Joseph Vinci 639 w. Mulberry St

15 Filed ..... 19..... Registrar

PA 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1923

17 I HEREBY CERTIFY, That I attended deceased from Sept 22 1923, to Oct 13, 1923, that I last saw h[illegible] alive on Oct 13, 1923 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Oct 14, 1923 (Address) 1407 N. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: 10/16 1923

20 UNDERTAKER: George J. Ruth — ADDRESS: 1735 Harford Av

Spec.—1-10-21—M&T—1500 Bks.

E 02776

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02776

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 N. ~~Front~~ Pearl St., 4-1 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank C Fonti.

(a) RESIDENCE NO. 320 N Pearl. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Fonti

6 DATE OF BIRTH (month, day, and year): Feb 10 1858

7 AGE: Years 67 Months Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit

(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Italy.

PARENTS

10 NAME OF FATHER: Frank Fonti

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy.

12 MAIDEN NAME OF MOTHER: Sarah Liberto

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

14 Informant: Sarah Fonti

(Address) 320 N. Pearl St

15 Filed ..... 19 .....

Registrar

Robert F. Harrison,

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/13/25

17 I HEREBY CERTIFY, That I attended deceased from 9/9, 1925, to 10/13/25, 19.

that I last saw him alive on 10/13/25, 19

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Head Pancreas

Metas. to Liver

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 9-9-25

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Bernard J. Ferry, M. D.

19 (Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Oct 15 1925

20 UNDERTAKER: Geo. J. Ruth

ADDRESS: 1735 Harford Ave.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02777

CERTIFICATE OF DEATH.

E 02777

31

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1704 W. Lexington ST., 19-1 WARD

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bert Hagens

(a) RESIDENCE No. 1704 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colrd	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Channie Hagens

6 DATE OF BIRTH (month, day, and year) Aug 20th 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	1	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dealer in
(b) General nature of industry, business, or establishment in which employed (or employer) Coal & Wood
(c) Name of employer Self

043

9 BIRTHPLACE (city or town) So. Ca.
(State or country)

PARENTS

10 NAME OF FATHER John Hagens

11 BIRTHPLACE OF FATHER (city or town) So. Ca.
(State or country)

12 MAIDEN NAME OF MOTHER Magella McNeal

13 BIRTHPLACE OF MOTHER (city or town) So. Ca.
(State or country)

14 Informant Samuel Singleton
(Address) 1704 W. Lexington St

15 Filed OCT 14 1925, 192 ... Robert F. Garrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Ren Known
(duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

(Signed) Thos. E. Horton, M. D.
(Coroner.)

Oct 14th, 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dillon L. C. | DATE OF BURIAL Oct 14th 1925

20 UNDERTAKER A. Jones | ADDRESS N. L. Gilmor

Spec.—1-10-21—M&T—1500 Blks.

E 02778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

E 02778

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Maxwell

(a) RESIDENCE NO. 2218 Mura ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred) Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Maxwell

6 DATE OF BIRTH (month, day, and year): Aug 20. 1885

7 AGE: Years 70 | Months 1 | Days 24 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): 150

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Charles Maxwell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Dovison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant (Address): Harry Maxwell 2218 Mura St

15 Filed ..... 1925 ..... 19 ..... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-14 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-9, 1925, to 10-14, 1925, that I last saw h/m alive on 10-14, 1925, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:

Primary Splenomegaly

(duration) 0 yrs. 4 mos. 14 ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? Yes 10-14-25

What test confirmed diagnosis? Autopsy + Clin. Sign.

(Signed) J. Victor Feliz, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Oct 17 1925

20 UNDERTAKER: W. M. Cook ADDRESS: 512 E Baltimore

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02779 E 02779

CERTIFICATE OF ~~DEATH~~.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2136 Vine ST., 70-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Kirkwood

(a) RESIDENCE NO. 2136 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles F.

6 DATE OF BIRTH (month, day, and year): Oct 14 1883

7 AGE: Years 1/2; Months —; Days —; If LESS than 1 day, ... hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Maryland

PARENTS

10 NAME OF FATHER: Edward Ludwig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Mukins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Charles F. Kirkwood

(Address): 2136 Vine

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1925, to Oct 14, 1925, that I last saw h[illegible] alive on Oct 13, 1925, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Focal Degeneration Heart 2

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Epilepsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Thos. Kolarsky M. D.

Oct. 17, 1925 (Address) 1900 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: Oct 16 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Nor[illegible]

Cor.—1-12-25—M&T—100 Blks.

02780 E 02780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9-4 90

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 715 E. 22nd St ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvatore Tamburo

(a) RESIDENCE NO. 715 E. 22nd St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Connetta Z. Tamburo

7 DATE OF BIRTH (month, day, and year) Aug 17, 1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	2	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Miller

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Salvatore Tamburo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Connetta Z. Tamburo 315 E. 22nd St

15 Filed ....., 192 ..... Registrar

1-14-1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. McCellan, M. D. (Coroner.)

Oct 14-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct 15 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

02781

HEALTH DEPARTMENT—CITY OF BALTIMORE

02781

CERTIFICATE OF DEATH.

X 147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Hamlin

(a) RESIDENCE NO. Ruxton Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Amelia Court House Va

PARENTS

10 NAME OF FATHER: George Hamlin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Amelia Va

12 MAIDEN NAME OF MOTHER: Anne Town

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Amelia Va.

14 Informant: W E Sisson

(Address) Johns Hopkins Hospital

15 Filed: 10-15-1925, Robert T. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1925, to Oct. 12, 1925, that I last saw her alive on Oct. 12, 1925 and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Thrombo-phlebitis, Post-abortal

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W E Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Amelia Court House Va.	Oct 15 1925
20 UNDERTAKER: Mrs James H. Dennis per T. E. Kelson	ADDRESS 1303 Pennsylvania Ave

or.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02782

CERTIFICATE OF DEATH.

101-001 E 02782

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 W. Beverly St. ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Galligher.

(a) RESIDENCE NO. 130 W. Beverly St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. ---- mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Charles M. Galligher.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine Maloney.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant W. V. Galligher.
(Address) 1640 Pennsylvania Ave.

Filed OCT 15 1925, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 12, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza.

(duration) yrs. mos. 2 ds.

(Signed) Otto M. Leinhardt, M. D.
(Coroner.)

Oct 14, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..yrs., ..mos., ..ds. In the State ..yrs., ..mos., ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western	Oct 15 192
20 UNDERTAKER W. M. Cook	ADDRESS 502 E. North Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2783 — E 02783

CERTIFICATE OF DEATH.

Registered No. 84

1-PLACE OF DEATH

City of BALTIMORE: (No. Riviera apts St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin J. Kohn

(a) Residence No. Eutaw & Lake Drive St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) unknown

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work, Printer 063

(b) General nature of industry, business, or establishment in which employed (or employer) Industrial Printer

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), New York

PARENTS.

10-NAME OF FATHER, Joseph Kohn

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Babette Berinzer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Mrs.

(Address) Riviera Apts

15-

Filed OCT 15 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1925, to Oct 13, 1925, that I last saw h. m. alive on Oct 13, 1925, and that death occurred, on the date stated above, at 6.9 m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) acute dilatation of heart (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. Frederick Lentz, M. D.

Oct 13, 1925 (Address) 2080 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oheb Shalom Cem — DATE OF BURIAL, 10/15, 1925

20-UNDERTAKER: J. Abrams Co — ADDRESS 3314 Reisterstown

...—1-12-23—M&T—500 Blks.

02784

HEALTH DEPARTMENT—CITY OF BALTIMORE

162 E 02784

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) St. Agnes Hospital ST., 19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Bennett

(a) RESIDENCE NO. 3225 Strike ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 10/13/26

AGE	Years	Months	Days	If LESS than 1 day 17 hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

PARENTS

9 BIRTHPLACE (city or town) St Agnes Hospital (State or country) Baltimore, Md.

10 NAME OF FATHER Roy Milton Bennett.

11 BIRTHPLACE OF FATHER (city or town) Elbridge (State or country) Md.

12 MAIDEN NAME OF MOTHER Fairy Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Roy M Barrett

(Address) 3316 S Stricker St

15 Filed OCT 15 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1925, to Oct 13, 1925, that I last saw h/i alive on Oct 13, 1925 and that death occurred, on the date stated above, at 6 40 P m

The CAUSE OF DEATH* was as follows:

Congenital Asthenia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward Neudahner M. D.

10/14/26 (Address) 24 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Oct 15, 1925

20 UNDERTAKER John J Fields — ADDRESS 1200 N Fremont

Spec.—1-10 21 M&T 1500 Bks.

E 02785

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02785

CERTIFICATE OF DEATH.

REGISTERED No. 1291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Pinkett

(a) RESIDENCE No. 911 Wilmer Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Charlie Pinkett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed OCT 15 1925 ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1925, to Oct 13, 1925, that I last saw him alive on Oct. 13, 1925, and that death occurred, on the date stated above, at 2:45P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. 3(History) mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) H Lindsay Miller. M. D.

10/14 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 10/15/1925

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Ea ave

Spec. 6-9-19—H. P. Co.—1000 Blks.

E 02786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23-1 113

E 02786

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Allen ST.; 23 WARD)

2-FULL NAME Gloria V. Fitzhugh

(a) RESIDENCE. No. 1024 Allen ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 27/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Fitzhugh
11 BIRTHPLACE OF FATHER (city or town) Dorchester Co.
(State or country) Md.
12 MAIDEN NAME OF MOTHER Ella Quimby
13 BIRTHPLACE OF MOTHER (city or town) Dorchester Co.
(State or country) Md.

14 Informant Charles Fitzhugh
(Address) 1024 Allen St.

15 Filed OCT 15 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 16 1925 to Oct 14 1925
that I last saw h alive on Oct 14 1925
and that death occurred, on the date stated above, at 2.30 P. m.
The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical

(Signed) R. O. Campbell M. D.
Oct 14 1925 (Address) 1644 Harwood Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A A Co	10-15 1925
20 UNDERTAKER E & B Hasle 115 E Nsth	ADDRESS

TION IS VERY Important. Be

Spec.—1-10-21—M&T—1500 Blks.

02787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-2 90 E 02787

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Poplar Grove ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H.Rogers,

(a) RESIDENCE NO. 1006 Poplar Grove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Mary E.Rogers,

6 DATE OF BIRTH (month, day, and year) January 18,1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City.Md.

PARENTS

10 NAME OF FATHER Geo.Poe Rogers,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Pentz,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Mary E Rogers (Address) 1006 Poplar Grove St

15 Filed OCT 15 1925 19 ROBERT R. KRAUTER, Registrar

Public Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 14 1925 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 11 .1925. to Oct 14 .1925.

that I last saw h ~~im~~alive on Oct 14 .1925.

and that death occurred, on the date stated above, at 1 20 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 1 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) 1 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) E W Bullup, M. D.

, 19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Mt Olivet DATE OF BURIAL OCT 17 1925 19

20 UNDERTAKER Geo W Little ADDRESS 2700 EDMONDSON AVE.

Spec.—1-10-21—M&T—1500 Bks.

02788

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

02788

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 W. Lexington ST., 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis M. Shipley,

(a) RESIDENCE NO. 1213 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

6a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary E. Shipley,

6 DATE OF BIRTH (month, day, and year) August 25. 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Balto. City.

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER Columbis I. Shipley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Sullivan,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Mary E Shipley (Address) 1213 W Lexington St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 14 1925

17 I HEREBY CERTIFY, That I attended deceased from August 1. 19 25. to Oct 14 19 25.

that I last saw h alive on 19 ,

and that death occurred, on the date stated above, at 12 10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Hard Sclerosis

(duration) yrs 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Dunn, M. D.

, 19 (Address) 117 North Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR~~ REMOVAL: Mt Olivet

DATE OF BURIAL: OCT 16 1925 19

20 UNDERTAKER: Geo W Little

ADDRESS

ROBERT H. KRAUSER, Burial Permit Officer

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02789

CERTIFICATE OF DEATH.

16-6 31

E 02789

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals (T B) ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John pharr

(a) RESIDENCE NO. 722 Vincent st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Tobacco factory

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Sept Pharr

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Eliza Pfiffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records

(Address) M. T. H.

15 Filed OCT 15 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Office

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1925, to Oct. 10, 1925, that I last saw him alive on Oct. 10, 1925, and that death occurred, on the date stated above, at 12.30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) Unknown yrs. mos ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLane Jr. M. D.

10-10-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 10/15 1925

20 UNDERTAKER D J Fahey Sons — ADDRESS 1317 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02790

CERTIFICATE OF DEATH.

1100-001 E 02790

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., (WARD) Hinspeter Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Schultz

(a) RESIDENCE NO. 119 S Green ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Schultz

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	47 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Robert Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER May Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15 1925. to Oct. 11 1925. that I last saw h[illegible] alive on Oct 11 1925. and that death occurred, on the date stated above, at 6:10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

(duration) yrs 4½ (History) mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

10/12 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 10/15 1925

20 UNDERTAKER J J Fahey Sons

ADDRESS 1318 Light St

ROBERT B. KRAUSER

Burial Permit Clerk

Registrar

Spec.—1-10-21 M&T 1500 Blks.

E 02791

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02791

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 216 N. Carey ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine V. Garrigues

(a) RESIDENCE NO. 216 N. Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry H Garrigues

6 DATE OF BIRTH (month, day, and year): Aug 19 1844

7 AGE: Years 81 Months 1 Days 24 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: J Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Vandegrift

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs. Mary F. Garrigues

(Address) 216 N. Carey St.

15 Filed ..... 19 ..... Registrar

OCT 15 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 13. 1925

17 I HEREBY CERTIFY, That I attended deceased from March 18 1923, to Oct 13 1925, that I last saw h alive on Oct 13 1925, and that death occurred, on the date stated above, at 7.35 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach Intestinal Tract

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A Evans, M. D.

19 (Address) 101 N Carey.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Oct 15 1925

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W Fayette

...—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02792

CERTIFICATE OF DEATH.

16-5 100-001 E 02792

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md. ST., WARD)

2-FULL NAME Joseph Orlando

(a) RESIDENCE NO. 1905 Harlem Ave. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Cutino Orlando

DATE OF BIRTH (month, day, and year) March 19 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1925, to October 13, 1925, that I last saw him alive on October 12, 1925, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis w/Cerebral Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) Chas. E. Lawrence M.D.

10/15/25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Oct 16 1925

20 UNDERTAKER J. Braunigan Sons

ADDRESS 517 N Schroeder St

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 02793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02793

CERTIFICATE OF DEATH

REGISTERED NO. 89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 East Pratt ST.: 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Kramer

(a) RESIDENCE. NO. 2007 East Pratt ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Kramer

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clothing

(b) General nature of industry, business, or establishment in which employed (or employer): Presser

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Sanchen Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Rebecca Kramer 2007 E. Pratt St

15 Filed ... 19... Registrar

OCT 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1st 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15 1925, to Oct. 1st 1925, that I last saw him alive on Oct. 1st 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris
Acute Pericarditis 2 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis 9 (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isac Singler M. D.

10/1X, 1925 (Address) 2002 E. Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mehren Rosedale — DATE OF BURIAL: 10/15 1925

20 UNDERTAKER: Jack Lewis 1439 — ADDRESS: E Balto St

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02794

CERTIFICATE OF DEATH.

15-4 44 ✓

E 02794

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 3513 Springdale ST., 15 WARD)

2-FULL NAME Solomon Fodes

(a) RESIDENCE NO. 3513 Springdale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 7 mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Fodes

DATE OF BIRTH (month, day, and year) Sept 28-1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61		16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Fodes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Liba Fodes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sarah Fodes

(Address) 3513 Springdale ave

15 Filed OCT 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/14 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1917 to Oct. 14, 1925.

that I last saw him alive on Oct. 14, 1925,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Esophagus

About (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Roentgen Ray.

(Signed) Theodore H. Johnson, M. D.

, 19 (Address) 1013 N. Charles St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holmes Friendship

DATE OF BURIAL: 10/15 1925

20 UNDERTAKER: Jack Levin

ADDRESS: 1439 Fremont Ave

Burial Permit

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02795 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3015 E Monument St. 1-3 Ward) 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Green

(a) Residence No. 3015 E Monument St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nettie Green

6-DATE OF BIRTH (month, day and year): March 6-1894

7-AGE, 31 yrs. 7 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: 031

(b) General nature of industry, business, or establishment in which employed (or employer): Machinest

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: John Green

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Katherine Zajia

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

14- (Informant) Frank Green

(Address) 609 N Curley St

15- Filed OCT 15 1925 19... ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 14-1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925 to Oct 14, 1925

that I last saw him alive on Oct 12, 1925

and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Epilepsy

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sp Ex

(Signed) F. C. Blades, M. D.

Oct 14, 19 (Address) 4326 B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. DATE OF BURIAL, Oct 17, 1925

20-UNDERTAKER: John C. Miller ADDRESS 3019 E Monument St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02796

CERTIFICATE OF DEATH.

45 E 02796

1-PLACE OF DEATH St Josephs. Hospital

CITY OF BALTIMORE: (No. Oliver & Caroline ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Charles A. Rogers

(a) RESIDENCE NO. 1732 E. Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Clara M. Rogers.

6 DATE OF BIRTH (month, day, and year) Jan. 7-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motor Man. U.R.Co

(b) General nature of industry, business, or establishment in which employed (or employer) 078

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles. A. Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Emma J. Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Clara M. Rogers.

(Address) 1732 E. Lafayette Ave.

15 Filed OCT 15 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1925, to Oct. 12, 1925, that I last saw him alive on Oct 12, 1925, and that death occurred, on the date stated above, at 4.00 p. m.

The CAUSE OF DEATH* was as follows:

Toxemia - due to urinary suppression.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Carcinoma of Sigmoid

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 10/3/25

Was there an autopsy? None

What test confirmed diagnosis? Clinical.

(Signed) B. M. Rhoden M. D.

Oct. 12th 1925 (Address) St. Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London PK Cem — DATE OF BURIAL 10/15 1925

20 UNDERTAKER Emily J. Herwig — ADDRESS 2016 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

02797

REGISTERED NO. 159 02797

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST., 9-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene C Pierson Jr.

(a) RESIDENCE NO. 1307 Hollerook ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/16/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Eugene C Pierson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Mary C Whalen

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant St Joseph Hospital Paradise (Address)

Filed OCT 15 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/16 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/6, 1925, to 10/16, 1925, that I last saw him alive on 10/16, 1925, and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

(Congenital heart disease.
Patent ductus arteriosus

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Amos D Pierson M. D.

10/15 1925 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Hartford Conn DATE OF BURIAL October 16 1925

20 UNDERTAKER Henry Hoech Son ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02798

CERTIFICATE OF DEATH.

† 10001 E 02798

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dale B. Loomis.

(a) RESIDENCE NO. 219 W Monument St ST., ... WARD Carthage Ill.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. 4 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct 26, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Iowa

PARENTS

10 NAME OF FATHER J. C. Loomis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER Elizabeth Dugan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Iowa.

14 Informant Dale B Loomis

(Address) 219 W. Monument St

15 Filed OCT 15 1925, 19.. ROBERT R. KRAUTER, Registrar

Burial Permit C 312

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to Oct 15, 1925; that I last saw him alive on Oct 15, 1925; and that death occurred, on the date stated above, at 7 50 A m.

The CAUSE OF DEATH* was as follows:

Double Lobar pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Toxemia & Cardiac Dilatation (duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ....., M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carthage Ills

DATE OF BURIAL: 10/15 1925

20 UNDERTAKER: George J Ruth

ADDRESS: 1735 Harford

Cor.—1-12-23—M&T—100 Bks.

Wushuak.

E 02799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 02799

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 S. Ann ST., 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Washuak

(a) RESIDENCE No. 413 S. Ann ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvester Washuak

DATE OF BIRTH (month, day, and year) Oct 10 1863

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62		3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework Odd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer at home

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Alexander Wilkinson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) md

12 MAIDEN NAME OF MOTHER Hannah Cavanaugh

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) md

14 Informant John H. Washuak
(Address) 1702 Harwood Ave

15 Filed OCT 15 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 1 yrs. mos. ds.

(Signed) James M Hinton, M. D.
(Coroner.)

Oct 16, 1925 (Address) 700 E Chases

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Oct 16 1925

20 UNDERTAKER Libly & Zeiler — ADDRESS 4030 Aliceanna

Spec.—1-10-21—M&T—1500 Blks. Health Dep

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02800

CERTIFICATE OF DEATH.

+84 E 02800

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., ... WARD 1)

2-FULL NAME Sandy J. Gardner.

(a) RESIDENCE NO. Arnolds-Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Gardner

6 DATE OF BIRTH (month, day, and year) Nov-22-1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	39	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) A A Co Md
(State or country)

PARENTS

10 NAME OF FATHER James Gardner

11 BIRTHPLACE OF FATHER (city or town) A.A. Co Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Byes

13 BIRTHPLACE OF MOTHER (city or town) A. A. Co Md
(State or country)

14 Informant William Gardner
(Address) Annapolis Md.

15 Filed ....., 19 .....
Registrar

OCT 15 1925 ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 2, 1925, to Oct 15, 1925, that I last saw him alive on Oct 15, 1925, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(duration) 1 yr. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Oct. 14 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Walter E Eagle M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arnolds Station Md. — DATE OF BURIAL Oct 18 1925

20 UNDERTAKER Jas. S. Taylor Sons — ADDRESS Annapolis Md

Spec.—1-10-21—M&T—1500 Blks.

Burechnik

E 02801 HEALTH DEPARTMENT—CITY OF BALTIMORE V-001

CERTIFICATE OF DEATH. 12 E 02801

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Orechnik

(a) RESIDENCE NO. 2224 E Madison St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male, Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year) 1890 Aug 17

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
35	1890	ONE	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer · 040

(b) General nature of industry, business, or establishment in which employed (or employer): Not Known

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Frank Orechnik

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Sophia Biagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. md.

14 Informant: Sophia Orechnik (Address) 2224 E Madison St

15 Filed OCT 15 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-14 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-7, 1925, to 10-14, 1925, that I last saw h~~im~~ alive on 10-14, 1925, and that death occurred, on the date stated above, at 9.50 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy - Clinical Signs & Symptoms

(Signed) Peter Sulkin M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 17 1925

20 UNDERTAKER: August Pasek — ADDRESS: 2406 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks. Katherine Lasek

E 02802

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

90 E 02802

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 518 S Regester ST., V-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katrina Lasek —

(a) RESIDENCE NO. 518 S. Regester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. - mos. - ds. How long in U. S., if of foreign birth? 30 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Lasek.

7 DATE OF BIRTH (month, day, and year) Not Known.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland,

PARENTS

10 NAME OF FATHER Joseph Szaszyk.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Jorobro.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Joseph Lasek (Address) 518 S. Regester St.

15 Filed OCT 13 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13. 1925

17

I HEREBY CERTIFY, That I attended deceased from April —, 1924, to October 13, 1925, that I last saw h.. alive on October 13, 1925, and that death occurred, on the date stated above, at 10-15 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac - Valvular Dis — Aortic - Stenosis et Regurg. —

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Robert Krauter, M. D.

, 19 (Address) 125 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. DATE OF BURIAL Oct 17. 1925.

20 UNDERTAKER M. J. Sadowski ADDRESS 405 S. Ann

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02803 E 02803

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital • 3-1 31 ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; NO.

2-FULL NAME Henry Adams.

(a) RESIDENCE NO. 1131 ~~317~~ Watson st. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE Colored. | 5 ~~Single, Married~~, Widowed, or ~~Divorced; (write the word)~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Isaac Adams.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.
12 MAIDEN NAME OF MOTHER Patsy Brooks.
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mary Irene Adams
(Address) 720 West Watson [illegible]

15 Filed OCT 15 1925, 19 Robert F. Harrison, Registrar
Burial Permit Clerk.

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1925, to Oct 10, 1925, that I last saw him alive on Oct 10, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No. Clinic

What test confirmed diagnosis?

(Signed) H. Bayard T. M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL, | DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health. ADDRESS OCT 15 1925

Spec. 1-10-21—M&T—1500 Bks.

1844 12

E 02804

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02804

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1 X 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Smith

(a) RESIDENCE NO. 9 Bishop St. Westminster WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 8th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chas. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 Robert F. Harrison, Registrar

5 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 6th, 19 25, to Oct. 14th, 19 25, that I last saw him alive on Oct. 14th, 19 25, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Enterocolitis (not dysentery)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Westminster, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. A. Jacobs, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Md. — DATE OF BURIAL: Oct 17 19 25

20 UNDERTAKER: H Bankard & Son — ADDRESS: Westminster Md

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02805 | CERTIFICATE OF DEATH. | 38 | E 02805

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Inf. (ST.) W. Broadway (WARD) 17

2-FULL NAME Mr. J. & L. Wells

(a) RESIDENCE NO. 449 W Franklin St. ST., City WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred not known mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: not known

6 DATE OF BIRTH (month, day, and year): not known

7 AGE: Years 72 | Months — | Days — | If LESS than 1 day, hrs or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Building Inspector

(b) General nature of Industry, business, or establishment in which employed (or employer): 66

(c) Name of employer: unknown

9 BIRTHPLACE (city or town) (State or country): not known

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Church Home & Infirmary (Address) Baltimore, Md

15 Filed ... 19 ... Registrar

5 1925

Robert R. Barrick Jr.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 15, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1925, to Oct 15, 1925, that I last saw h in alive on Oct 15, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary): Syphilis

(duration) Indefinite. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Watt W. Eagle, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Annapolis Md — DATE OF BURIAL: Oct 17 25

20 UNDERTAKER: Leeper & Sons — ADDRESS: Annapolis Md.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02806

CERTIFICATE OF DEATH.

90 E 02806

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N. Bdway ST., 7-1 Broadway WARD)

2-FULL NAME Mary J. Henderson

(a) RESIDENCE NO. 814 N. Bdway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: late Thos Henderson

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pocomoke City Md

PARENTS

10 NAME OF FATHER: John Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Thos. Henderson 814 N. Bway

15 Filed Oct 15 1925 , 19 Robert P. Barrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 15th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1925, to Oct 15th, 1925 that I last saw h[illegible] alive on Oct 15th, 1925 and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning, Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Tankard, M. D.

, 19 (Address) 719 N. Milton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pocomoke City Md	10/16 1925
20 UNDERTAKER	**ADDRESS**
Philip Herwig	2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02807 — 90 — E 02807

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2502 Dulaney St., 20-4 (Ward) — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Thomas

(a) RESIDENCE NO. 2502 Dulaney ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. — mos. 25 ds. — How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida O. Thomas

6 DATE OF BIRTH (month, day, and year): Sept 20 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Beverly Thomas
11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md
12 MAIDEN NAME OF MOTHER: Deborah Saudenthal
13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Md

14 Informant: Ida O. Thomas
(Address) 2502 Dulaney St

15 Filed ..... 19 — Robert P. Harrison, Registrar
5 1926 — Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 15th 19 25

17 I HEREBY CERTIFY, That I attended deceased from 10 Oct, 19 25, to 14 Oct, 19 25
that I last saw h— alive on 14 Oct 19 25 4 a m.
and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1½ yrs. — mos. — ds.

CONTRIBUTORY (Secondary)
(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? ✓

(Signed) Z Vance Hurd M. D.
19 (Address) 2865 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Oct 17 19 25
20 UNDERTAKER: H.B. Wisefunt — ADDRESS: 1855 W. Baltimore St

02808

HEALTH DEPARTMENT—CITY OF BALTIMORE

02808

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen Hosp. St. 6-2 Ward) 90

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Preston A. Kroh

(Residence in Baltimore: No. 830 Calverton Rd. St.; yrs. 70 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

6-DATE OF BIRTH. January 13th 1855
(Month) (Day) (Year)

7-AGE. 45 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Middletown. Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). "

12-MAIDEN NAME OF MOTHER. Louisa Alford

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Edith White

(Address) 850 Calverton Rd

15-

Filed 5 1925 192

Robert F. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 14, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiring (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiring (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) no history.

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

Oct. 15, 1925 (Address) 1502 E. Lanvale Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL Oct 16 1925

20-UNDERTAKER, H. B. Hupfeld ADDRESS 1850 W. Balto St

Spec.—1-10-21—M&T—1500 Bks.

02809

HEALTH DEPARTMENT—CITY OF BALTIMORE

02809

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1144 Hanover ST., 23 WARD)

REGISTERED NO. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Virginia Corsey

(a) RESIDENCE NO. 1144 Hanover ST., 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Corsey

6 DATE OF BIRTH (month, day, and year) — — 1862

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash D C.

PARENTS

10 NAME OF FATHER Chas W. Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Eliz Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary Wells

(Address) 1144 Hanover St.

Filed ..... 19 ..... Registrar

Robert P. Harrison,

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1924, to Oct. 14, 1925, that I last saw her alive on Oct. 11, 1925 and that death occurred, on the date stated above, at 8.30a m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis
Cardiac hypertrophy
Chronic nephritis

(duration) Years Mos Ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam.

(Signed) J. Howard Adams, M. D.

10/15, 1925 (Address) 107 Inverness

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 10/16 1925

20 UNDERTAKER J. Fahey Power

ADDRESS 131 E. Eager St.

Rec. 6-9-19—H. P. Co.—1000 Bks.

E 02810

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

38 E 02810

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 912 Russell ST. 21-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Thomas

(a) RESIDENCE. No. 912 Russell ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Thomas

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Commission Merchants

(c) Name of employer Newman, Robert & Wright

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Thomas Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Thomas

(Address) 912 Russell Street

OCT 16 1925

ROBERT H. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13/1925

17

I HEREBY CERTIFY, That I attended deceased from 10/10/25, 1925, to 10/13/25, 1925, that I last saw him alive on 10/13/25, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis about (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no.

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) J. Sanford Tracy, M. D.

10/15/1925 (Address) 908 S Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Oct. 16 1925

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Lindsell Ave

...—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02811

CERTIFICATE OF DEATH.

66 E 02811

REGISTERED NO.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 1039 Sarah Ann ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Matthews

(a) RESIDENCE. NO. 1039 Sarah Ann ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bell Matthews

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 47 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: Mr. Barnhart

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Bell Matthews
(Address) 1039 Sarah Ann St.

OCT 16 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 — 15 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 2nd, 1925, to Oct 14th, 1925, that I last saw him alive on Oct 14th, 1925, and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Indigestion & Gastritis

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Constipation & Alcoholism (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? 1039 Sarah Ann St

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? General symptoms

(Signed) Jas C Carpel, M. D.

, 19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Oct 19 1925

20 UNDERTAKER: Mrs Katie A. Williams — ADDRESS 322 N. Schroeder St.

...—1-12-23—M&T—500 Blks.

E 02812

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02812

CERTIFICATE OF DEATH.

7-147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Ashland Ave. ST., 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Hill

(a) RESIDENCE NO. 1506 Ashland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Hill

DATE OF BIRTH (month, day, and year) Sept. 6th 133[illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	1	7	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) West River

PARENTS

10 NAME OF FATHER Samuel Sarnett

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ellen Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Robert Hill (Husband)

(Address) 1506 Ashland Ave

Filed OCT 10 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-13- 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-23-, 1925, to 10-13-, 1925, that I last saw her alive on 10-12-, 1925, and that death occurred, on the date stated above, at 8- A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast.

Last Known.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. M. H. Garnett, M. D.

10-15 1925 (Address) 611-N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemetery — DATE OF BURIAL Oct 14 1925

20 UNDERTAKER Mrs R.L. Elliott — ADDRESS 1320 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

E 02813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-4 100-001

E 02813

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2325 E Chase ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin J Schultz

(a) RESIDENCE No. 2325 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Lucia Angle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) John Schultz 2325 E Chase st

15 Date received OCT 16 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/14/25

17

I HEREBY CERTIFY, That I attended deceased from 10-10, 19 25, to 10-14, 19 25.

that I last saw him alive on 10-14, 19 25

and that death occurred, on the date stated above, at 7:20 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Premature birth)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) acute endocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Del Ridgely, M. D.

Address 1000 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: Oct 16 1925

20 UNDERTAKER: Robt J Turner Jr — ADDRESS: 1342 N Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02814

CERTIFICATE OF DEATH.

90 E 02814

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 N. Port ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Campitelli

(a) RESIDENCE NO. 1619 N. Port ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Luigi Campitelli

6 DATE OF BIRTH (month, day, and year): January 6, 1883

7 AGE: 42 Years; 9 Months; 7 Days. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Mickele Valeria

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Mary Valeria

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Luigi Campitelli

(Address): 1619 N. Port St.

15 OCT 16 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1918, to Oct 13, 1925, that I last saw her alive on Oct 1, 1925, and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Mitral Regurgitation Cardiac Sclerosis

(duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Anna J. Cittadino, M. D.

Oct 15, 1925 (Address) 1038 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 10/16 1925

20 UNDERTAKER: George J. Ruth — ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 02815 · HEALTH DEPARTMENT—CITY OF BALTIMORE E 02815

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 Preice ST., 4-28 WARD) REGISTERED NO. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Covington

(a) RESIDENCE NO. 327 Preice ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male · 4 COLOR OR RACE: Colored · 5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mch 19 1893

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
32 yr	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer): Public Waiter

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Covington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Annapolis Md

12 MAIDEN NAME OF MOTHER Theresa Colbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mary Florence Collins (Address) 327 Preice St

15 Filed OCT 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12th, 1925, to Oct 15th, 1925, that I last saw him alive on Oct 14th, 1925, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) — yrs — mos 5 ds.

CONTRIBUTORY (Secondary) Angina Pectoris (duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms

(Signed) Edward E Mackenzie, M. D.

Oct 15, 1925 (Address) 1339 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lamel Cem — DATE OF BURIAL: 10/16/1925

20 UNDERTAKER: Daniel Carson — ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

02816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02816

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N. Caroline ST., 6-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander L. Benny

(a) RESIDENCE No. 223 N. Caroline ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Benny

6 DATE OF BIRTH (month, day, and year) July 21 60

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Trainer

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Benny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Laura —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Katherine Benny

(Address) 223 N. Caroline St

Filed OCT 16 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13th 1925

17

I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h alive on ..... 19.....

and that death occurred, on the date stated above, at 4.15 P.M.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

.....(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.

19 ..... (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem.	10/16 1925
20 UNDERTAKER Philip Henig	ADDRESS 2016 Orleans St

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02817

CERTIFICATE OF DEATH.

E 02817

1-PLACE OF DEATH Ridgeley St — 25-5 — REGISTERED NO. .....

CITY OF BALTIMORE: (No. Mt Winans — ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Lewis

(a) RESIDENCE NO. Ridgeley st Mt Winans WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Cold | 5 Single, Married, Widowed, or Divorced (write the word) Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) yrs
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER Gabriel Sutton

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Rebecca Wright
(Address) Morgan St Mt Winans

15 Filed, OCT 16 1925, 192 ..... Burial Permit Clerk. Registrar. HOWARD M. KRAUTER

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Indigestion

(duration) ..... yrs. 2 hrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos B. Horton M. D.
(Coroner.)

Oct 14 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn | DATE OF BURIAL Oct 16 1925

20 UNDERTAKER Samuel G Rinaldi | ADDRESS Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02818

CERTIFICATE OF DEATH.

90 E 02818

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5245 38th ST.; 9-1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia E Smith

(Residence in Baltimore: No. 524 E. 38th St.; 28 yrs. .. mos. .. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Aug 10th, 1866 (Month) (Day) (Year)

7-AGE. 59 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or ....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country). Delmar Del

PARENTS.

10-NAME OF FATHER. Benj. Brittingham

11-BIRTHPLACE OF FATHER (State or Country). Del

12-MAIDEN NAME OF MOTHER. Sallie J.

13-BIRTHPLACE OF MOTHER (State or Country). Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saml. F. Smith

(Address) 524 E 38th St.

15- Filed OCT 16 1925, 19.. ROBERT R. KRAUTER, BURIAL PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 13, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 18 1925, to Oct 13 1925, that I saw h[er] alive on Oct 13 1925, and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs. .. mos. .. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) .. yrs. 3 mos. .. ds.

(Signed) Ralph K. Hoyt M. D.

Oct 14, 1925 (Address) 265 Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .. yrs. .. mos. .. ds. In the State .. yrs. .. mos. .. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Pk — DATE OF BURIAL. Oct 17, 1925

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02819

CERTIFICATE OF DEATH.

02819

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Vincents Inf Asylum (St.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles C. Ridgely

(a) RESIDENCE NO. St Vincents Inf Asylum ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 18 1925

7 AGE: Years | Months | Days: 27. | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Eleanor Ridgely

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: St Vincents Infant

(Address) 1401 Dulaney St.

15 Filed Oct 16 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1925, to Oct 15, 1925, that I last saw h alive on Oct 15, 1925, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Dysentery

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Chas. F. Carter M. D.

(Address) 1504 W. Cullens Oct 16 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: Oct 16 1925

20 UNDERTAKER: Smurtin Fahey & Son

ADDRESS 1921 North ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02820

CERTIFICATE OF DEATH.

10 E 02820

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Kirby

(a) RESIDENCE NO. 1009 Burgundy St .ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 29, 1924

7 AGE: Years 1 | Months 8 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER William Kirby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Loretta Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs Wm Kirby

(Address) 1009 Burgundy St

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1925, to Oct 15, 1925, that I last saw h[illegible] alive on Oct 15, 1925, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Diphtheria, Nasal, Tonsillar & Laryngeal

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis Pos. Klieb[illegible]

(Signed) Myron S. Tull, M. D.

10/16 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. A. A. Co's — DATE OF BURIAL: Oct 16th 1925

20 UNDERTAKER: James Dignan & Son — ADDRESS: 1000 E. Pace St

Spec. — 10-21 — M&T — 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1855 E 02821

113 E 02821

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Johns Hopkins Hospital ST. 27-11 WARD

CITY OF BALTIMORE: (NO.

2-FULL NAME Wm E. Ellinger

(a) RESIDENCE NO. Taylor Ave. ST. Hamilton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER C. E. Ellinger

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Helen Castle

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed OCT 16 1925 ROBERT R. KRAMER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14th 1923 to Oct. 15th 1925.

that I last saw him alive on Oct. 15th 1925.

and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

. Acute gastro intestinal indigestion

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes autopsy

What test confirmed diagnosis?

(Signed) A. W. Jacobson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkswood Cemetery — DATE OF BURIAL Oct 17 1925

20 UNDERTAKER Fredk Lassahn Son — ADDRESS Fullerton

M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

854

E 02822

CERTIFICATE OF DEATH.

6-21-13

E 02822

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Evans.

(a) RESIDENCE No. 2222 Lawley St. E. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Evans

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Beatty

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14

Informant Records.

(Address) ~~JOHNS HOPKINS HOSPITAL.~~

15

Filed OCT 16 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15th 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 12th, 1925 to Oct. 15th, 1925

that I last saw him alive on Oct. 15th, 1925

and that death occurred, on the date stated above, at 11 & 30 a. m.

The CAUSE OF DEATH* was as follows:

Enteric colitis (not dysentery)

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? 2222 Lawley St.

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) Wm Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Oct 17 1925
20 UNDERTAKER	ADDRESS
H. Sander Sons Inc	1710 Reed St

Spec. 1-10-21—M&T—1500 Bks.

Genewicks ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8373 E 02823 E 02823

REGISTERED NO. 113

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert G. Jamborocy -

(a) RESIDENCE NO. 1711 Lancaster ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/24-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Maryland
(State or country)

PARENTS

10 NAME OF FATHER Walter Jenewicz

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Fishes

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed OCT 15 1925, 19 ..... ROBERT R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10th, 1925, to Oct. 15th, 1925, that I last saw him alive on Oct. 15th, 1925, and that death occurred, on the date stated above, at 10-50 a m.

The CAUSE OF DEATH* was as follows:

Indigestion, acute gastro-intestinal

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

10/15, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus	10/17 1925
20 UNDERTAKER	ADDRESS
Wm Fiszkowski	1618 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

Gutenko

E 02824 HEALTH DEPARTMENT—CITY OF BALTIMORE 45 E 02824

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hosp. 32 REGISTERED NO.....

CITY OF BALTIMORE: (No. H. H. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent Gutenko

(a) RESIDENCE NO. 1516 Eastern ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Gutenko

6 DATE OF BIRTH (month, day, and year) 2/26/1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Woodworker

(b) General nature of industry, business, or establishment in which employed (or employer) Cabinet maker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bertha Gutenko (Address) 1516 Eastern ave

15 Filed OCT 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to Oct 15, 1925, that I last saw h[illegible] alive on Oct 15, 1925, and that death occurred, on the date stated above, at 10 A.M. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of descending colon

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Oct 14, 25

Was there an autopsy? no

What test confirmed diagnosis? Exploration

(Signed) Philip Jastrow M. D.

10/15, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL 10/19 1925

20 UNDERTAKER William Gallsworth ADDRESS 1618 Eastern ave

E 02825

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 02825

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1940 Franklin ST. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Jane Seim

(Residence in Baltimore: No. 1940 Franklin St.: 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: March (Month) 2 (Day), 1863 (Year)

7 AGE: 61 yrs. 7 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Balto. Co. Md.

PARENTS

10 NAME OF FATHER: Isaac Baker

11 BIRTHPLACE OF FATHER (State or country): Balto Co. Md

12 MAIDEN NAME OF MOTHER: Sarah Ann. Davis

13 BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Martha Bartholome

(Address) 1940 W. Franklin St

15

Filed ....., 191.... ROBERT N. KRAUTER, CITY REGISTRAR

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 15 (Day), 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased from about June 1, 1925, to time of death. that I saw her alive on Oct 9, 1925, and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) — yrs. mos. — ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W. B Rider M. D.

Oct. 15, 1925 (Address) Owings Mills

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Family Cemetery Hardenwell Md

DATE OF BURIAL: Oct. 17, 1925

20 UNDERTAKER: George L. Schwat.

ADDRESS: 4101 Eutaw Ave.

Spec.—1-10-21—M&T—1500 Blks.

02826

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02826

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Mannment ST., 13-6 WARD) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Jacobi

(a) RESIDENCE NO. 2406 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie Jacobi

6 DATE OF BIRTH (month, day, and year) Feb 28/1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jeweler. 038

(b) General nature of industry, business, or establishment in which employed (or employer) Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Emanuel Jacobi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Hannah Ehrlich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant M. Jacobi (Address) 2406 Park Ave

15 Filed ..... 19 ..... Registrar

ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1925, to Oct 15th, 1925, that I last saw him alive on Oct 15th, 1925, and that death occurred, on the date stated above, at 9:10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Parenchymatous Nephritis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pericarditis (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) Philip Jacobson M. D.

. 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew — DATE OF BURIAL Oct 18 1925

20 UNDERTAKER Wm Sondheim — ADDRESS Park & Eutaw

Spec.—1-10-21—M&T—1500 Bks.

18323

E 02827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-2 113

E 02827

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sylvia Wood

(a) RESIDENCE NO. 1421 N. Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Willie Wood

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country) Va.

12 MAIDEN NAME OF MOTHER Sylvia Wood

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 16 1925 19.. ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1925, to Oct. 14, 1925, that I last saw her alive on Oct. 14, 1925, and that death occurred, on the date stated above, at 5.25 P m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis (Not Dysentery)

(duration) ..... yrs. ..... mos 19 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? 1421 N. McElderry St.

Did an operation precede death? — Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) W. A. Jacobsen, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Samuel Cemetery

DATE OF BURIAL 10/16/25 19

20 UNDERTAKER Robert Whitlock

ADDRESS 1[illegible] McElderry St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02828

CERTIFICATE OF DEATH.

10-1 74 001 02828

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Forest ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Johnson

(a) RESIDENCE NO. 703 Forest ST., WARD 10
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Dec 24 1826

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	59	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER David Mayo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Coral Mayo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Bessie Rice

(Address) 703 Forest St

15 Filed OCT 19 1925 ROBERT R. KRAUTER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1925, to Oct 15, 1925

that I last saw her alive on Oct 15, 1925

and that death occurred, on the date stated above, at 11a a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1½ ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Mary F. Vaughn, M. D.

9.16.1925 Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lauden Park — DATE OF BURIAL Oct 17 1925

20 UNDERTAKER Ulle Wm N & Son — ADDRESS 1737 N Paca St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 129 E 02829

E 02829

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Frank Thriver

(a) RESIDENCE NO. Reichenstown, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Maud Shoemaker

6 DATE OF BIRTH (month, day, and year): June 26, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Banker

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: William L. Thriver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Emma Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Frantz Thriver

(Address): Reichenstown, Md

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

OCT 16 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1925, to Oct 16, 1925,

that I last saw him alive on Oct 16, 1925,

and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(3)?

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart. (duration) ..... yrs. ..... mos. 15 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

..... 19 (Address) McGeneral Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible] Cemetery

DATE OF BURIAL: Oct 18 19 25

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02830

CERTIFICATE OF DEATH.

15-128

E 02830

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1927 N. Fulton ave ST., 15 WARD)

2-FULL NAME Allan D. Robbins

(a) RESIDENCE NO. 1927 N. Fulton ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? 33 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilma

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Artist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles E Robbins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia Pa

12 MAIDEN NAME OF MOTHER Donaldson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Detroit Mich

14 Informant Mrs Ben Sternheimer

(Address) 1927 N Fulton ave

15 Filed OCT 16 1925 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-13, 1925, to 10-14, 1925,

that I last saw him alive on 10-14, 1925,

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Acute Influenza

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Anaemia.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Examination

(Signed) Wm H Byron M. D.

10/15, 1925 (Address) 1938 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL 10/16 1925

20 UNDERTAKER Jos. Levinson + Bro — ADDRESS 1127 E Balto st

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02831

CERTIFICATE OF DEATH.

188 002 E 02831

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at St Joseph Hospital ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin J. White

(a) RESIDENCE NO. 726 E. Biddle St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) Sept 28-25

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	0	16	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffer 020
(b) General nature of industry, business, or establishment in which employed (or employer) Premier Taxa Co
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Martin J. White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Nora Cavanough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Nora White 726 E. Biddle St

15 Filed OCT 16 1925, 192 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14-25 92

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull- Collision of Cab with street car.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Wallace, M. D. (Coroner.)

Oct 15-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Oct. 17 1925

20 UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Greenmt. Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02832

CERTIFICATE OF DEATH.

E 02832

1-PLACE OF DEATH Found Floating in Harbor 18 REGISTERED NO.

CITY OF BALTIMORE: (NO. Foot of Broadway ST., W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	S

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	50			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14
Informant .....
(Address)

15
Filed ..... 192 ROBERT R. KRAUTER,
Registrar

OCT 16 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found on Oct 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Accidental death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Drowning

(duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Carson, M. D.
(Coroner.)

Oct 1, 1925 (Address) Fort Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. DATE OF BURIAL 192

20 UNDERTAKER ..... ADDRESS .....

OCT 16 1925

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02833

CERTIFICATE OF DEATH.

113

E 02833

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1527 S. Clinton ST. 26-8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Storch

(a) RESIDENCE NO. 1527 S. Clinton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 18 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Henry Storch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Ida E. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Co Md

14 Informant Ida E. Storch

(Address) 1527 S. Clinton St.

15 Filed OCT 16 1925 ROBERT R. KRAUSER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from September 13, 1925, to October 13, 1925, that I last saw him alive on October 13, 1925, and that death occurred, on the date stated above, at 10 20 P. m.

The CAUSE OF DEATH* was as follows:

Entero-colitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bromstad, M. D.

10-14 1925 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz's Cemetery — DATE OF BURIAL Oct. 16 1925

20 UNDERTAKER Zirkler + Zirkler — ADDRESS 1739 E Eager st.

Spec.—1-10-21—M&T—1500 Blks.

02834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 100-041

02834

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Clifton Ave St.) (WARD) 15-8

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Catherine Roberts

(a) RESIDENCE NO. 2818 Clifton Ave ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Alonzo Roberts

6 DATE OF BIRTH (month, day and year): May 8, 1862

7 AGE — Years: 63 — Months: 5 — Days: 7 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Jacob Trunkein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Alonzo Roberts
(Address) 2818 Clifton Ave

15 Filed OCT 16 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 15 1925

17
I HEREBY CERTIFY, That I attended deceased from Oct 6, 1925, to Oct 15, 1925, that I last saw her alive on Oct 15, 1925 and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Baumanstood, M. D.

Oct 16, 1925 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL: Oct 17 1925

20 UNDERTAKER: Wm J Pickus Sons ADDRESS: Norfolk Va

Spec.—1-10-21—M&T—1500 Bks.

02835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02835
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1160 N. Calhoun ST. 16-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Johnson

(a) RESIDENCE NO. 1160 Calhoun ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 30-24

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	1		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Johnson

11 BIRTHPLACE OF FATHER (city or town) Pa. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Hackett

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Robert Johnson
(Address) 1160 Calhoun St

15 Filed OCT 16 1925, 19 ROBERT R. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to Oct 15, 1925, that I last saw h[illegible]live on Oct 15, 1925 and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E William Frey M. D.

10/16, 1925 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
N.W. Cemetery	Oct 17 1925
20 UNDERTAKER Wm H Glasgow	ADDRESS [illegible]

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02836

CERTIFICATE OF DEATH.

129 E 02836

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2761 W. Fairmont Ave. ST. 30-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George D. Shanks

(a) RESIDENCE No. 2761 W. Fairmont Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Shanks

7 DATE OF BIRTH (month, day, and year) July 3, 1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Fireman 2 1 2

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Shanks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Edw. J. Shanks

(Address) 2761 W. Fairmont Ave.

15 Filed 6 1925 .. 19 Robert P. Harrison, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 9 , 1925 , to Oct. 15 , 1925 , that I last saw h... alive on Oct. 15th , 1925 , and that death occurred, on the date stated above, at 7:00 ...m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 6 yrs.

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? General

(Signed) Edward Donoghue M. D.

. 19 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Oct 19 1925

20 UNDERTAKER John Fields 1200 W Fayette

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Eks.

E 02837 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 02837

CERTIFICATE OF DEATH. X 57

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. Union Memorial Hospital St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Archibald W. Stevenson

(a) Residence No. 231 Sherbrooke St., St., Montreal Ward, Canada.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., If of foreign birth? yrs. mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-~~Single~~, Married, ~~Widowed, or Divorced~~, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia A.

6-DATE OF BIRTH (month, day and year) July 12, 1850

7-AGE. 24 yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or....mins.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired (accountant) 008
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Montreal, Canada

PARENTS.
10-NAME OF FATHER, James Stevenson
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Scotland
12-MAIDEN NAME OF MOTHER, Elizabeth Collingham
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Dimstown, Quebec

14- (Informant) Mrs. Sophia A. Stevenson
(Address) 231 Sherbrooke St. West Montreal Canada

15- Filed ..... No. ..... Registrar.
C 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 16/25

17- I HEREBY CERTIFY, That I attended deceased from October 12, 1925 to October 16, 1925 that I last saw him alive on October 16, 1925 and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Diabetes Mellitus
(Duration) 18 yrs. mos. ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? P.E.
(Signed) Edward B. Jarrett M. D
, 19 (Address) Ellwd.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Montreal-Canada	Oct 17, 1925
20-UNDERTAKER. STEWART & BOWEN COMPANY (WILLIAM F. BOWEN, Successor)	ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks (Hartner) Dr. Light- Nash. St ✓ Monument ✓

E 02838

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02838

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 27-60

CITY OF BALTIMORE, (No. 3 Mary St Hamilton ST. WARD)

2-FULL NAME Jennie Glendora Hartner

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE No. 3 Mary St Hamilton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 9 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Charles Claude Hartner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jennie Lavender

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Charles Hartner

(Address) 3 Mary Ave

15 Filed , 19 Registrar

Robert P. Harrison; Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-16 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12 1925, to Oct 15 1925, that I last saw h alive on Oct 15 1925, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Lloyd, M. D.

, 19 (Address) 6931 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Ad

DATE OF BURIAL 1925

20 UNDERTAKER Wm Cook

ADDRESS 932 E Lan

Spec.–1-10-21–M&T–1500 Bks.

E 02839

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-09

E 02839

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) BALTIMORE CITY HOSPITALS (OR) 24-1 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Miller.

(a) RESIDENCE NO. 2606 E. Fort av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 540

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John A Miller

11 BIRTHPLACE OF FATHER (city or town) Balto, Md. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Gracey

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from 8/4/25 ..... 19 ..... to Oct. 15 ..... 1925.

that I last saw him alive on Oct. 15 ..... 1925.

and that death occurred, on the date stated above, at 10:20 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) H Lindsay Miller M. D.

10/6 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Oct 19 1925

20 UNDERTAKER William Cook — ADDRESS 5-12 E Monument

Spec.—5-19-13—M. & T.—500 Bks.

02840

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02840

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Pebble St. 18-1 WARD)

REGISTERED NO. C 7400

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice D. Dick.

(Residence in Baltimore: No. 823 Pebble St. St.; 54 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) widow

6-DATE OF BIRTH, unknown (Month) (Day) 187[illegible] (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Evans

(Address) 96 Bond St. Springfield, Mass

15-

Filed Oct 16 1925, 191[illegible]

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 15 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1925, to Oct 15 1925, that I saw h[illegible] alive on Oct 15 1925, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis - Senility

(Duration) yrs. mos. ds.

(Signed) Ward E. Wagner M. D.

Oct 16, 1925 (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Oct. 17, 1925

20-UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02841 — 001 — 74 E 02841

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Willow ave ST.; 7-7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Shea

(Residence in Baltimore: No. 620 Willow ave St.; 56 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1855 (Year)

7-AGE, 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Ireland.

PARENTS.

10-NAME OF FATHER Peter Langton

11-BIRTHPLACE OF FATHER (State or Country) Ireland.

12-MAIDEN NAME OF MOTHER Ellen Goldrick

13-BIRTHPLACE OF MOTHER (State or Country) Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Thos J Smith

(Address) 620 Willow Ave

15- Filed ..... 10 1925 ....., 191.....

Robert P. Harrison, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 15 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 5 1925, to Oct 15 1925, that I saw h.. alive on Oct 14 1925, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 12 ds.

(Signed) Wm. Pillsbury M. D.

Oct 16, 1925 (Address) 415 Cedarcroft Road.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Emm. DATE OF BURIAL. Oct. 17, 1925

20-UNDERTAKER E. A. Kirkpatrick ADDRESS 501 E 22 St

02842 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02842

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. 2520 W. Lanvale St. 16-5 170 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Charles Heil

(Residence in Baltimore: No. 2520 W. Lanvale St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	white	Widower

6-DATE OF BIRTH. Aug 23 1850
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
75 yrs. 1 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Watchman
(b) General nature of industry, business, or establishment in which employed (or employer). 39

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, August Heil

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Reinhard Heil

(Address) 2520 W. Lanvale.

15- Filed 1925 192 Robert P. Harrison, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 14, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, aforesaid find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by gunshot wound of chest

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Sclerosis

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner)

Oct. 16, 1925 (Address) 2502 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	10/17, 1925
20-UNDERTAKER, J. Fenn McCully	ADDRESS 130 E. Fort Ave

Spec.—1-10-21—M&T—1500 Blks.

E 02843

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02843

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. Robinson ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Scheller

(a) RESIDENCE NO. 603 N. Robinson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Scheller

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Scheller

(Address) 603 N. Robinson

15 OCT 6 1925 . 19 Robert J. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12 . 1925 . to Oct 15 . 1925.

that I last saw her alive on Oct 15 . 1925.

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tetlow M. D.

. 19 (Address) 315 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ft Carmelben	10/17 19 25
20 UNDERTAKER J. A. Moran	ADDRESS 200 E. Balto

Spec.—1-10-21—M&T—1500 Blks.

E 02844

HEALTH DEPARTMENT—CITY OF BALTIMORE

+100 E 02844

CERTIFICATE OF DEATH

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St., 9-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME mr charles L. Paxton

(a) RESIDENCE No. Rockville Harford. co md ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 — mos. — ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma L. Paxton

6 DATE OF BIRTH (month, day, and year): Nov. 18 1841

7 AGE: 86 Years — Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Charlestown S. C.

PARENTS

10 NAME OF FATHER: George Paxton

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant (Address): Emma L. Paxton Rockville Md.

15 Filed 6 1925 ..., 19... [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/22/25, 1925, to 10/15/25, 1925, that I last saw h[illegible] alive on 10/15/25, 1925, and that death occurred, on the date stated above, at 9.40 P m.

The CAUSE OF DEATH was as follows:

Benign Hypertrophy of Prostate.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 10/12/25

Was there an autopsy? no

What test confirmed diagnosis? clinical & operative

(Signed) H. R. McConnell M. D.

10/11, 1925 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. — DATE OF BURIAL: 10/19 1925

20 UNDERTAKER: J. Walter Davis — ADDRESS: 3307 Pinkney St.

Spec—12-23-21—E.B.R.S.—400 Bks.

02845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02845

CERTIFICATE OF DEATH.

× 38

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Univ. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Charles Snell

(a) Residence No..... Elkridge Md St.,..... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. mal.

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 1 1880

7-AGE. 45 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer..... Ind —

9-BIRTHPLACE (city or town)..... Ind

(State or Country).....

PARENTS.

10-NAME OF FATHER, William Snell

11-BIRTHPLACE OF FATHER (city or town) Ind.

(State or Country).....

12-MAIDEN NAME OF MOTHER, Louisa Daily

13-BIRTHPLACE OF MOTHER (city or town) Unknown

(State or Country).....

14- (Informant) Wilbert Snell

(Address) Elkridge Md

15- Filed 10 1925 Robert P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 16 - 25

17- I HEREBY CERTIFY, That I attended deceased from Oct 13, 1925 to Oct 16, 1925

that I last saw h~~im~~ alive on Oct 16, 1925

and that death occurred, on the date stated above, at 9:09 Am.

The CAUSE OF DEATH* was as follows:

Cardiac Aneurysm

Contributory Lues, Stricture Trachea c Lung

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilitation

(Duration) yrs. mos. 1 hr ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. S. Winstead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Stephens Near Elkridge Cemetery Oct 16 1925

20-UNDERTAKER. Jos W. M. Shirk

ADDRESS Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02846

CERTIFICATE OF DEATH.

11 E 02846

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Dreu u. Hospital ST. 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles. E. Carroll.

(a) RESIDENCE NO. 527 S Charles St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): April 1925

7 AGE: Years: 6 mos. Months: April Days: If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wilbur. Carroll.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emily Warren

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Carroll. (Address) 527 S Charles st

15 Filed ....., 19.... Registrar: Robert P. Harrison,

17 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-16 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-15- 1925 to 10-16- 1925 that I last saw him alive on 10-16- 1925 and that death occurred, on the date stated above, at 12.40 a. m.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(duration) yrs. 1 mos (?) ds.

CONTRIBUTORY (Secondary): Acidosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No. Clinical

What test confirmed diagnosis?

(Signed) L. J. Bonnaudet, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery DATE OF BURIAL: 10-17 1925

20 UNDERTAKER: L. J. Swerdlaugh ADDRESS: 2620 St. Paul

...—1-12-23—M&T—500 Bks.

E 02847

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02847

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1708 Ashburton St (Ward) 19

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M Heyn

(a) RESIDENCE NO. 1708 Ashburton St (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry W Heyn

6 DATE OF BIRTH (month, day, and year): March 18 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	60	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Henry W Heyn

(Address) 2548 Rolandale

15 Filed ..... Registrar

Registrar's Number

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1925, to Oct 15, 1925, that I last saw her alive on Oct 14, 1925, and that death occurred, on the date stated above, at 10. P m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Gaston A. Fretz, M. D.

10/16 1925 (Address) Govans.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Freedom Pa — DATE OF BURIAL: Oct 18 1925

20 UNDERTAKER: Ehenowith & Son — ADDRESS: Chestnut Ave

c.—1-12-23—M&T—500 Bks.

E 02848 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02848

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals. REGISTERED NO. 16-4 100-001

CITY OF BALTIMORE: (No. Baltimore, Md. ST., WARD)

2-FULL NAME William Curnoles

(a) RESIDENCE NO. 1904 Riggs Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov - 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

Filed 7 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 19 25, to Oct 15, 19 25, that I last saw h. alive on Oct 15, 19 25, and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis w/ Cerebral Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Harry H. Adams M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion, Balto Co DATE OF BURIAL 10-19 1925

20 UNDERTAKER C. V. Tipton & Son ADDRESS Hampstead Md.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02849

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02849

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 843 University Parkway Ward) Registered No. 1324

2-FULL NAME Susan Harman Hollstein

(a) Residence No. 843 University Parkway St., Ward.
(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Jany 20 1875

7-AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED:
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John C. Hollstein

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Bremen Germany

12-MAIDEN NAME OF MOTHER: Mary Emma Harman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

14-
(Informant): Hallie Hollstein
(Address): 2839 St Paul St

15-
Filed 1925 Robert P. Harrison
Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 16-25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1927 to Oct. 16 1925, that I last saw her alive on Oct. 16 1925, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast with metastases

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6/20/25

Was there an autopsy? no

What test confirmed diagnosis? Histological examination

(Signed) A.B. Price M. D.

, 19 (Address) 111 Beechdale Road, Balto.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Lorraine Cem	Oct 18 1925
20-UNDERTAKER.	ADDRESS
John C. Mitchell	1201 W Fayette St

Spec.—1-10-21—M&T—1500 Bks.

E 02850

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

E 02850

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Bourne ST., 171 WARD)

2-FULL NAME Alice A. Brown Maxwell

(a) RESIDENCE NO. 720 Bourne ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of J. H. Maxwell

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica - B W I

PARENTS

10 NAME OF FATHER Emiel Louch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica B W I

12 MAIDEN NAME OF MOTHER Louise Barnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica B W I

14 Informant J. H. Maxwell
(Address) 720 Bourne St

15 Filed 10/17/1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15. 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12 1925, to Oct 15 1925, that I last saw her alive on Oct 12 1925, and that death occurred, on the date stated above, at 4:05 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of the Breast Uterine

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date about 6 months ago

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Postmortem findings

(Signed) A. H. Chew, M. D.

10/16, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL 10-17-1925

20 UNDERTAKER Payne & Waters — ADDRESS 1152 Myrtle ave

PAYNE & WATERS

Robert F. Murray,
Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

E 02851 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02851

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE (No. [redacted] BALTIMORE CITY HOSPITALS ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Sturtz

(a) RESIDENCE No. 1430 Hemple Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 or 85 yr (?)				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: John Zouda

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed Oct 17, 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1925, to Oct. 15, 1925, that I last saw her alive on Oct. 15, 1925, and that death occurred, on the date stated above, at 5:10 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; Chronic Myocarditis (duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Muller M. D.

10/16, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cadwell Cem. DATE OF BURIAL: Oct 17 1925

20 UNDERTAKER: Frank Bruce & Son ADDRESS: 1906 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02852

E 02852

CERTIFICATE OF DEATH.

100809

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1116 Balton ST., 11-1 WARD)

2-FULL NAME John Jones —

(a) RESIDENCE NO. 1116 Balton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Jones

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Houqreeter

(b) General nature of industry, business, or establishment in which employed (or employer) 0 4 2

(c) Name of employer

9 BIRTHPLACE (city or town) Saint Marys Co (State or country) md

PARENTS

10 NAME OF FATHER George Jones

11 BIRTHPLACE OF FATHER (city or town) St mary Co (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Weems

13 BIRTHPLACE OF MOTHER (city or town) St mary co (State or country) md

14 Informant Bertha Jones (Address) 1116 Bolton st

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1925, to Oct 15th, 1925, that I last saw h alive on Oct 15th, 1925, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? yes —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Samuel A Sain M. D.

. 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL Oct 19th 1925

20 UNDERTAKER Joseph a Farrell

ADDRESS 2319 Gunston Pl

Spec.—1-10-21—M&T—1500 Blks.

E 02853 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 02853

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Division St., 14 WARD)

2-FULL NAME John Isaac Swanson

(a) RESIDENCE NO. 1512 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Color

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Swanson

6 DATE OF BIRTH (month, day, and year): 1846

7 AGE: 69 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer): Public

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Do "

PARENTS

10 NAME OF FATHER: Matthew Swanson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ire

12 MAIDEN NAME OF MOTHER: Lake

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Margaret Swanson (Address) 1512 Division St

15 Filed 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 14th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10th, 1925, to Feb. 14th, 1925, that I last saw h alive on Feb. 14th, 1925, and that death occurred, on the date stated above at 10:20 A m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Hardening of arteries

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of "

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

(Address) 9 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem.

DATE OF BURIAL: Feb 17 1925

20 UNDERTAKER: Joseph A. Farrell

ADDRESS 2311 Division St

Cor.—1-12-23—M&T—100 Bks.

E 02854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02854

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Light St. ST. 23-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret J. Sohl.

(a) RESIDENCE NO 916 Light St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 10 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White	Widow.

If ~~married~~, widowed, or ~~divorced~~ xxxxx

(or) WIFE of J. Adam Sohl.

DATE OF BIRTH (month, day, and year) January 5, 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John Kauderer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Barbara Cook.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

Informant Catherine Biemiller. (daughter)

(Address) 916 Light St.

Filed....., 192.. Robert P. Harrison

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 15, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D.

(Coroner.)

Oct. 15, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Oct 17 1925
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Rpcc. 1-19-21 M&T 1500 Mbs.

E 02855 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02855

CERTIFICATE OF DEATH. '90

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1802 East Lafayette (St.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene S. Haller

(a) RESIDENCE NO. 1802 E. Lafayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Mary F. Haller

6 DATE OF BIRTH (month, day, and year) 1-30-1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
	82	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer) 072

(c) Name of employer Rosenthal Co.

9 BIRTHPLACE (City or town) Frederick (State or country) Maryland

PARENTS

10 NAME OF FATHER Thos. Haller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophia Shearer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary F. Haller

(Address) 1802 E Lafayette

15 Filed OCT 17 1925, 19 ..... Registrar Robert F. Carrington

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17

I HEREBY CERTIFY, That I attended deceased from 10/11/25, 19 ..., to 10/16/25, 19 ..., that I last saw him alive on Oct 15, 1925, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

10/16 1925 (Address) 1823 N. Broadway.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount DATE OF BURIAL Oct 19 25

20 UNDERTAKER William Cook ADDRESS 502 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 02856

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02856

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Helena ave ✕ R.R. (ST.) 26 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Hay Fleckenstein

(a) RESIDENCE NO. St Helena ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem. 4 COLOR OR RACE White. 5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced (a) WIFE of Fredk. Fleckenstein Jr.

6 DATE OF BIRTH (month, day, and year) Nov 8/1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk Va.

PARENTS

10 NAME OF FATHER Chas A. Hay.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Eva Dobson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Fredk Fleckenstein, Dundalk. Md.

15 1925 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1925, to Oct 17, 1925, that I last saw her alive on Oct 16, 1925, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows: Carcinoma Uteris.

about 1½ yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) W. M. Carmine, M. D.

, 19 (Address) Dundalk. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk, Va

DATE OF BURIAL Oct 17 25

20 UNDERTAKER Wm. Cook

ADDRESS North St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02857

E 02857

CERTIFICATE OF DEATH.

REGISTERED NO. 109-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presby. Eye, Ear, + Throat Hosp ST., 1011 E Balto St WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Jenkins

(a) RESIDENCE NO. 4108 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? ~~Same~~ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1 1891

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper in Tinplate

(b) General nature of industry, business, or establishment in which employed (or employer) Mill

(c) Name of employer 046

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bethlehem Steel Co (Address) Sparrows Point

15 Filed Oct 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 13, 1925, to Oct 16, 1925, that I last saw her alive on Oct 16, 1925 and that death occurred, on the date stated above, at 11.00 A m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes no Date of Oct 16, 1925

Was there an autopsy?

What test confirmed diagnosis? Phys Exam.

(Signed) E W. Sichel, M. D.

10/16, 1925 (Address) Presby Eye, Ear, + Throat Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
The Keesport Pa	Oct 17 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

Burial Permit Clerk

Spec. 1-10-21 M&T 1500 Blks.

E 02858 Kate Pelgel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02858

CERTIFICATE OF DEATH.

118-001

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST., 7-3 WARD)

2-FULL NAME Mrs Katherine Welzel

(a) RESIDENCE No. 2406 E Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 18 ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Philip Welzel

6 DATE OF BIRTH (month, day, and year) Dec. 1st 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	67	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Leonard F. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) St Joseph Hospital

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/16 1925

17

I HEREBY CERTIFY, That I attended deceased from 10/11, 1925, to 10/16, 1925, that I last saw her alive on 10/16, 1925, and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

Strangulated umbilical hernia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/11/25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Bruce Bowman M. D.

11/15, 1925 (Address) St Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL October 19 1925

20 UNDERTAKER Henry Heck Son

ADDRESS 1301 E Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02859

HEALTH DEPARTMENT—CITY OF BALTIMORE

89

E 02859

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3007 Garrison Blvd St. 15-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Krauss

(a) Residence No. 3007 Garrison Blvd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Bella Walter Krauss

6-DATE OF BIRTH (month, day and year) June 24/1851

7-AGE 74 yrs. 4 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Krauss

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Ricka Fleshman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs Joseph W Isaacs

(Address) 300 Garrison Blvd

15- Filed Oct 17 1925, 192 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 15-25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10 1922 to Oct. 15 1925 that I last saw him alive on Oct. 15 1925, and that death occurred, on the date stated above, at 4.30 Am.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

About (Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) many years yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Geo. H. Monnett, M. D.

, 19 (Address) 1013 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Chet Shalom Cemetery	Oct 18 1925
20-UNDERTAKER.	ADDRESS
J. Ahrens & Co	3314 Penna Ave

Spec.—1-10-21—M&T—1500 Blks.

E 02860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02860

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (ST.) 18-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H Donnelly

(a) RESIDENCE NO. 1045 W. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) May 18 66

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Donnelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridgett ~~Donnelly~~ Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals Records (Address)

15 Filed Oct 17 1925, 19 Robert F. Duffield, Vital Records Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1925 to Oct. 16, 1925.

that I last saw him alive on Oct. 16, 1925.

and that death occurred, on the date stated above, at 2:45 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; chronic myocarditis; chronic nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

10/16 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Oct 20 1925

20 UNDERTAKER George J Smith — ADDRESS 1532 Hollins

Spec.—6-9-19—H. P. Co.—1000 Blks.

02861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20-5-100-001 E 02861

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1904 (Street) White St (Ward) 20-5

2-FULL NAME Norma Lindsay

(a) RESIDENCE. NO. 1904 White ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Mar. 30, 1923

7 AGE: Years: Two; Months: 6; Days: 16

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Wallace Lindsay

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER: Mary Tall

13 BIRTHPLACE OF MOTHER (city or town) Middleburg (State or country) Va.

14 Informant: Mrs. Wallace Lindsay (Address) 1904 White St.

15 Filed ..... 19 ..... Registrar

7 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1926, to Oct. 16, 1926, that I last saw h[illegible] alive on Oct 16, 1926, and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Acute enteritis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) John E. F. Campbell M. D.

19 (Address) 1405 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn	10-18 1926
20 UNDERTAKER: Joseph A Lively	ADDRESS: 157 Wilkens Ave

Spec.—1-10-21—M&T—1500 Bks.

E 02862

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02862

CERTIFICATE OF DEATH.

88

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1920 Eutaw Place ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Spilman

(a) RESIDENCE NO. 1920 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Spilman

6 DATE OF BIRTH (month, day, and year) May 5 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

0816

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Spilman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Hackel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Edwin Spilman

(Address) 1920 Eutaw Place

15 Filed 1925 ... 19 ... Registrar

(Robert P. Harrison,) Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17 I HEREBY CERTIFY, That I attended deceased from October, 1925, to October, 1925, that I last saw him alive on October 15, 1925 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) old age.

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms.

(Signed) WB Hoey, M. D.

, 19 (Address) 113 W. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft Vaud Victor Miller — DATE OF BURIAL 10-19 1925

20 UNDERTAKER Mrs Chas A G Rehder — ADDRESS Govans Ex Lexington Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02863

100-00

CERTIFICATE OF DEATH.

REGISTERED No.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Wilson St ST.: W-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna G. Monroe

(a) RESIDENCE. NO. 522 Wilson St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-20-25

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Thomas Monroe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Flora Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Flora Monroe (Address) 522 Wilson St

15 Filed . 19 Robert P. Harrison, Registrar

7 1925 Burial Permit clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 . 1925, to Oct 16 . 1925, that I last saw h alive on Oct 16 . 1925, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Bronchio- Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Marcellus C Wray M. D.

. 19 (Address) 1748 h Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	10/17/25
20 UNDERTAKER	ADDRESS
Jos Geo. H Holland	1601 Druid

Spec.—1-12-23—M&T—500 Bks.

02864

HEALTH DEPARTMENT—CITY OF BALTIMORE

02864

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 244 N. Pine ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertie Woods

(a) RESIDENCE NO. 244 N. Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Hays Woods

6 DATE OF BIRTH (month, day, and year) Unknown 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Columbus O.

PARENTS

10 NAME OF FATHER David Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) O.

12 MAIDEN NAME OF MOTHER Hattie Shull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) O.

14 Informant Hays Woods (Address) 244 N. Pine St.

15 Filed 10 17 1925, 19 Robert J. Cuthbert Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15th 1925

17

I HEREBY CERTIFY, That I attended deceased from March 11, 1925, to Oct 15, 1925,

that I last saw her alive on Oct 14, 1925,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) Frank E. Wynn M. D.

10 17 1925 (Address) 916 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Columbus O.	Oct 17 1925
20 UNDERTAKER Mrs R. A. Elliott	ADDRESS 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

(Timmins)

E 02865 HEALTH DEPARTMENT—CITY OF BALTIMORE 1921 E 02865

CERTIFICATE OF DEATH. x86-62

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Timmins

(a) RESIDENCE NO. Wimsboro, S. C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) S. C. (State or country)

PARENTS

10 NAME OF FATHER Andrew Timmins

11 BIRTHPLACE OF FATHER (city or town) S. C. (State or country)

12 MAIDEN NAME OF MOTHER Minnie Stevenson

13 BIRTHPLACE OF MOTHER (city or town) S. C. (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

7 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1925, to Oct. 17th, 1925, that I last saw him alive on Oct 17th, 1925 and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Otitis media

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Fever unexplained

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wimmsboro S C	10/17 1925
20 UNDERTAKER Joseph Ahrens	ADDRESS 221 Lucy

Spec.—1-10-21—MAT—1500 Blks.

(Baily)

E 02366

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 02366

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 373 Ellamont ST., 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Douglas Baliery

(a) RESIDENCE NO. 373 Ellamont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 6 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
—	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER James Baliery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lilly Nash

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Lilly Baily

(Address) 373 Ellamont St.

15 Filed . 19 Robert P. Harrison, Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 15 . 1925 . to Oct 16 . 1925 .

that I last saw h alive on Oct 16 . 1925 .

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Influenza pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D Palazzi M. D.

, 19 (Address) 3326 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Oct 17 1925

20 UNDERTAKER C. W. Dill

ADDRESS 3109 Fredk Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02867

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 74 001

City of BALTIMORE: (No. 2515 Washington St. Boulevard) - (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Plavin

(a) Residence No. 2515 Washington Boulevard Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: David Plavin

6-DATE OF BIRTH (month, day and year): Dec 8, 1842

7-AGE: 82 yrs. 9 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Russia Latvia

PARENTS.
10-NAME OF FATHER: Joseph Jonowitz
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Latvia
12-MAIDEN NAME OF MOTHER: Not known
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Latvia

14- (Informant): Mrs. Plavin
(Address): Jefferson St.

15- Filed OCT 18 1925 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 16 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925 to Oct 16, 1925 that I last saw h[er] alive on Oct 15, 1925 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Apoplectic stroke

Arterio-Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Inspector Arthritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Simms M. D.

10/17/25 (Address) 426 Hampden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Emanuel — DATE OF BURIAL, Oct 19, 1925

20-UNDERTAKER: L Hamm — ADDRESS: 32 E. Broadway.

...ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02868

CERTIFICATE OF DEATH.

129

E 02868

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 Washington Rd. ST., Morrell Park WARD)

2-FULL NAME Henneta Warrington

(a) RESIDENCE NO. 2409 Washington Rd. ST., Morrell Park WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of William Warrington

6 DATE OF BIRTH (month, day, and year) Dec. 29, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	63	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Laurel
(State or country) Delaware

PARENTS

10 NAME OF FATHER Martin Collins

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Delaware

12 MAIDEN NAME OF MOTHER Hetta Elzie

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Delaware

14 Informant Samuel M. Warrington
(Address) Mt. Pleasant Beach, Stoney Creek

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1925, to Oct 16, 1925, that I last saw her alive on Oct 15, 1925, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) David M. Kieffer, M. D.

10-26 25 (Address) 2320 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md — DATE OF BURIAL Oct 19 1925

20 UNDERTAKER Jos B Cook — ADDRESS 1003 N Balto St

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02869

CERTIFICATE OF DEATH.

100-001

E 02869

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4976 Edgemere Ave. St., 27-3 WARD)

2-FULL NAME Margaret C. Glaudel

(a) RESIDENCE NO. 4976 Edgemere Ave. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Glaudel

6 DATE OF BIRTH (month, day, and year) Dec.18,1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Jesse DeHoff

11 BIRTHPLACE OF FATHER (city or town) Greenmount,
(State or country) Carroll Co. Maryland

12 MAIDEN NAME OF MOTHER Sarah M. Gettier

13 BIRTHPLACE OF MOTHER (city or town) Greenmount,
(State or country) Carroll Co. Maryland

14 Informant Albert N. DeHoff
(Address) 4976 Edgemere Ave.

15 Filed ..... 19 ..... Registrar

OCT 18 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 19 25, to Oct 16, 19 25,
that I last saw h... alive on Oct 16, 19 25
and that death occurred, on the date stated above, at 11.40 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) ... yrs. ... mos 6 ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? apparently

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W S Jones, M. D.

10-17 25 (Address) 720 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Oct 19 25

20 UNDERTAKER J. R. Black — ADDRESS 1003 N. Carey

Spec.-1-10-21-M&T-1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02870

CERTIFICATE OF DEATH.

100 E 02870

1-PLACE OF DEATH

CITY OF BALTIMORE (No. BALTIMORE CITY HOSPITALS ST.) 26-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary O'Brien

(a) RESIDENCE NO. Bay View Asylum ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 10 01

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Ireland

PARENTS

10 NAME OF FATHER John Cooney

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Ellen Haley

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... Registrar

OCT 18 1925 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 ..... 1924, to Oct. 15 ..... 1925, that I last saw her alive on Oct. 15 ..... 1925, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) J. Lindsay Miller, M. D.

10/16, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Peters Cem. Cecil	19th 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

E 02871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99-002

E 02871

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3718 Claremont St ST., 26 WARD)

2-FULL NAME Max. Bolkland.

(a) RESIDENCE No. 3718 Claremont St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sabina Bolkland.

6 DATE OF BIRTH (month, day, and year) May 17—1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Carl Bolkland.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Ludwig Meier (Daughter)

(Address) 3718 Claremont St

15 Filed OCT 18 1925 Registrar

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 18th 1925, to Oct 16th 1925.

that I last saw him alive on Oct 16th 1925

and that death occurred, on the date stated above, at 7.40 m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Angina pec

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm R Lower, M. D.

(Address) 1501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	October 19 1925

20 UNDERTAKER	ADDRESS
Lilly & Ziler	403 S Wolfe St.

THIS IS ONLY IMPORTANT

TYPE

PRESS

Spec.—1-25—M&T—1500 Bks.

02872 E 02872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1845-9 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 8-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Campbell

(a) RESIDENCE NO. 2261 Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Campbell

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry

(b) General nature of industry, business, or establishment in which employed (or employer). 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Amos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Martha Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 18 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 12th, 1925, to Oct. 17th, 1925, that I last saw h[illegible] alive on Oct. 17th, 1925, and that death occurred, on the date stated above, at 12 15 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Course

(Signed) Chester S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reedville, Va

DATE OF BURIAL 10/18/1925

20 UNDERTAKER Mrs George H. Holland

ADDRESS 1631 Bwy Kill

TION IS very important. See instructions.

DAKOTA

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 02873 — 101-E 02873

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 1151 E Lombard St (ST.) 3-1 (WARD)

2-FULL NAME David B. Scherr

(a) RESIDENCE. NO. 1151 E Lombard ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? 25 yrs. 6 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 4/1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work News Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Louis Scherr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie Lazarowitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Louis Scherr 1151 E Lombard st

15 Filed OCT 18 1925, 19 ROBERT R. KRAUSER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15 1925, to Oct. 17 1925, that I last saw h[e] alive on Oct 16 1925, and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Typ I)

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Aort Cardiac Dilatation

(duration) — yrs. — mos. ½ ds.

18 Where was disease contracted? If not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A Adams, M. D.

(Address) 1360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Zion Cemetery Rund	10/18 1925

20 UNDERTAKER H. Pierson & Co

ADDRESS 427 E Balto St

ec.—1-12-23—M&T—500 Blks.

E 02874 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 02874

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Notre Dame of Maryland 27-8 WARD) 27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Honorata (Teresa Schulte

(a) RESIDENCE NO. Charles Street Ave. ST. 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): S ugh

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 15, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	76	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nun

(b) General nature of industry, business, or establishment in which employed (or employer): Teaching 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fort Madison Iowa

PARENTS

10 NAME OF FATHER Stephen Schulte

11 BIRTHPLACE OF FATHER (city or town) Westphalia (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Steffensmeyer

13 BIRTHPLACE OF MOTHER (city or town) Westphalia (State or country) Germany

14 Informant: Sister M. Philemon (Address) Charles St. Ave

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 30, 1925, to Oct 16, 1925, that I last saw h alive on Oct 16, 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Varicella Bullata

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Negis

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas Young M. D.

(Address) 4 1 2 Hospital Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Govenstown Private — DATE OF BURIAL: Oct 19 1925

20 UNDERTAKER: Frank A. Pinks — ADDRESS: 916 Gay St

pec.—1-12-23—M&T—500 Bks.

E 02875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

E 02875

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.).

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 N. Appleton St., 15-12 WARD)

2-FULL NAME Mary Laborsvitz

(a) RESIDENCE No. 1641 N. Appleton St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Laborsvitz

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE: Years 58; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham Rosenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Louis Laborsvitz

(Address): 1641 Appleton St

15 Filed OCT 18 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/16 1925

17

I HEREBY CERTIFY, That I attended deceased from May 13, 1925, to Oct. 16, 1925, that I last saw her alive on Oct. 16 1925, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ~~Xxxx~~

(Signed) Joseph William Kelly M. D.

, 19 (Address) 940 Brooks Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Cemetery — DATE OF BURIAL: 10/18 1925

20 UNDERTAKER: Jack Levis 1439 E Balt St — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 02876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

E 02876

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 W Lanvale ST., 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carmino Pizzutelli

(a) RESIDENCE NO. 2903 W Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 27 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Joseph Pizzutelli

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Louisa Berkolli

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore

14 Informant Joseph Pizzutelli
(Address) 2903 W Lanvale St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 17 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-11 .19 25. to 10-17- .19 25.

that I last saw him alive on 10-16- .19 25.

and that death occurred, on the date stated above, at 2:20 P. M.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis
in fection -

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Bacillary infection -

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Demuth M. D.

10/19 1925 (Address) 660 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent — DATE OF BURIAL Oct 19 1925

20 UNDERTAKER Wendell Diffel & Son — ADDRESS 1378 Mm

ROBERT R. KRAUTER
Burial Permit Clerk

Spec.—1-12-23—M&T—500 Bks.

02877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 02877

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 45 Marine Hospital ST., 453 WARD)

2-FULL NAME Benjamen Smith

(a) RESIDENCE No. 106 Market Place ST., Baltimore, Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? ✓ yrs. — mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 28 — Months: ✓ — Days: ✓ — If LESS than 1 day, hrs. or min. ✓

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seaman

(b) General nature of industry, business, or establishment in which employed (or employer): Seaman

(c) Name of employer: Barge, Delaware

9 BIRTHPLACE (city or town) (State or country): unknown

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: self

(Address)

15 Filed OCT 18 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Apl 16, 1925, to Oct 16, 1925, that I last saw him alive on Oct 16, 1925, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary

(duration) 2 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Tuberculosis Laryngeal (duration) 0 yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical and Laboratory test

(Signed) W. H. Prather, M. D.

10 17 1925 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincent — DATE OF BURIAL: Oct 19 1925

20 UNDERTAKER: Wendell Apfel & Son — ADDRESS: 3781—

Spec.–1-10-21–M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

02878

38 E 02878
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 W. Saratoga ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel F. Wally

(a) RESIDENCE NO. 711 W. Saratoga ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 8, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	42	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Wally

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northumberland Co Va

12 MAIDEN NAME OF MOTHER Mamilla Waraway 1918

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince Georges Co Md

14 Informant Blanche Wally
(Address) 625 Pierce St.

15 Filed OCT 16 1925 19 ROBERT R. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1925 to Oct 15, 1925.
that I last saw him alive on Oct 15, 1925.
and that death occurred, on the date stated above, at 6.30 P m.
The CAUSE OF DEATH* was as follows:

Cardiac Valvulitis

(duration) hours days.
CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) W. S. Hamilton M. D.
1925 (Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	1925

20 UNDERTAKER Sam'l McCabe & Son ADDRESS 1405 Madison

Spec.—1-10-21—M&T—1500 Blks.

E 02879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+91-002 E 02879

1-PLACE OF DEATH Church Home & Infirmary 6-1

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel E. Jay

(a) RESIDENCE NO. Aberdeen Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Davis Jay

6 DATE OF BIRTH (month, day, and year) May 10, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co (State or country) Md

PARENTS

10 NAME OF FATHER John Jay

11 BIRTHPLACE OF FATHER (city or town) Harford Co (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Davis

13 BIRTHPLACE OF MOTHER (city or town) Harford Co (State or country) Md

14 Informant Alice J. Black

(Address) Cockeysville Md

15 Filed ..... 19 ..... Registrar

ROBERT R. KRAUTER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 17 Oct 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1925, to Oct 17, 1925, that I last saw him alive on Oct 17, 1925, and that death occurred, on the date stated above, at 8.20 A m.

The CAUSE OF DEATH* was as follows:

Uremia

..... (duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

..... (duration) indefinite yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis? Blood Chemistry

(Signed) Burgett B Reed, M. D.

, 19 (Address) Church Home Bal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Perryman Md	Oct. 19 1925

20 UNDERTAKER John C. Mitchell ADDRESS 1201 W. Fayette St.

Spec.—1-10-21 M&T 1500 Bks.

E 02880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

E 02880

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 W. Lanvale ST. 16-7 WARD)

2-FULL NAME Minna Kloch.

(a) RESIDENCE No. 1020 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Kloch

6 DATE OF BIRTH (month, day, and year) Feb 15, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Euker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emilie Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Alfred A Euker

(Address) 1521 Linden ave

15 Filed OCT 18 1925 HUBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1925, to Oct 16, 1925, that I last saw h[illegible] alive on Oct 14, 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Ovary

(Malignant Papilloma Ovary)

(duration) Patient yrs. 10 mos ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of April 1925

Was there an autopsy? no

What test confirmed diagnosis? Clinical Laboratory

(Signed) Geo A Fruss M. D.

10/27/19 25 (Address) 1800 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Oct 19 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	1304 Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02881

CERTIFICATE OF DEATH.

47

E 02881

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 N. Lanvale ST. 167 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Mead

(a) RESIDENCE No. 1720 N. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Walter Mead

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

PARENTS

10 ~~BIRTHPLACE OF FATHER~~ Baltimore Co. ~~Baltimore~~ Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 ~~MAIDEN NAME OF MOTHER~~

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Wallis Mead

(Address) 1720 N. Lanvale St

15 Filed ..... 19 ..... ROBERT B. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/16/1925

17 I HEREBY CERTIFY, That I attended deceased from 10-13-25, 19..... to 10-16-25, 19.....

that I last saw her alive on ..... 19.....

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Cancer of Breast

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of (?)

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. H. Caudry M. D.

10/17/25 19 (Address) 1524 N. Bel Air Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Bur

DATE OF BURIAL 10/19/1925

20 UNDERTAKER Samuel Easton

ADDRESS 916 Eutaw

Burial Permit Clerk.

TION is very important. See instructions

Spec.—1-10-21—M&T—1500 Bks.

E 02882 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02882

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Jasper St. ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Myles, Sr.

(a) RESIDENCE NO. 617 Jasper St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Myles (dec.)

6 DATE OF BIRTH (month, day, and year) dont remember

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 years.	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER David Myles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Dont remember

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Richard Myles, Jr.

(Address) 607 W. Hoffman St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 18 1925

17 I HEREBY CERTIFY, That I attended deceased from October 9, 1925, to October 15, 1925, that I last saw him alive on October 15, 1925, and that death occurred, on the date stated above, at 3.10 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) 0 yrs. 0 mos 10 ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

0 (duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none.

(Signed) John B. Stansbury M. D.

10/19/25 (Address) 1037 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	10/19/1925
20 UNDERTAKER	ADDRESS
Daniel Easton	916 Ca ve

TION is very important. See instructions on reverse side.

ROBERT R. KRAUTER, Registrar

Spec.—1-10-21 M&T 1500 Blks.

E 02883

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02883

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Jasper St ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Justices

(a) RESIDENCE NO. 608 Jasper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Justices

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Hod Carrier

(c) Name of employer not known

9 BIRTHPLACE (city or town) (State or country) Appomattox Co Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Martha Florence Woodyard (Address) 706 Tyson

15 Filed OCT 18 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1925 to Oct 16 1925 that I last saw him alive on Oct 14 1925 and that death occurred, on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows:

Duodinal Cancer
Metastasis to Liver

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical only

(Signed) Gustav Goldman M. D.

, 19 (Address) 626 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem — DATE OF BURIAL 10/19/1925

20 UNDERTAKER David Easton — ADDRESS 916 Pine

Spec.—1-10-21—M&T—1500 Blks.

E 02884

E 02884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Pine ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Stewart Hart

(a) RESIDENCE NO. 507 N. Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ ⟹ WIFE of Daniel Hart

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER James Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica B.W.I.

12 MAIDEN NAME OF MOTHER Elizabeth Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Rufus Stewart 507 N. Pine St

15 Filed . . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16. 1925

17 I HEREBY CERTIFY, That I attended deceased from 9/24, 1925, to Oct 16th 1925, that I last saw her alive on Oct 16th, 1925, and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Abdominal Rupture

(Duration) yrs. mos 2/ ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

10/16, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Bur

DATE OF BURIAL 10/19/1925

20 UNDERTAKER Daniel Easton

ADDRESS 915 Pine

Spec. 4-10-21 M&T 1500 Blks.

02885 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02885

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bayview City Hospitals REGISTERED NO.

CITY OF BALTIMORE: (No. Bay View Asylum ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Butler

(a) RESIDENCE NO. 1615 Laurens ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Black.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Butler

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
37.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer) 010

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Maryland

14 Informant Hospital Records. (Address) Baltimore City Hospitals

15 Filed OCT 16 1925, 19 ROBERT R. [illegible] Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1. 1925, to Oct 15, 1925, that I last saw her alive on Oct 15, 1925, and that death occurred, on the date stated above, at Oct 15 1925 2:45 a

The CAUSE OF DEATH* was as follows:

Advanced Carcinoma of Cervix & general metastasis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) H. F. Champe Jr., M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 10/18/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

E 02886

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02886

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1609 W. Mulberry St. ST. 19-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymon d Payne

(a) RESIDENCE NO. 1609 W. Mulberry St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ? mos. ? ds. ? How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fransis Payne

6 DATE OF BIRTH (month, day, and year) 10-10, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Brickyard

(c) Name of employer Excelsior Brick Co.

9 BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va.

PARENTS

10 NAME OF FATHER Thomas Payne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Westmoreland Co. Va.

12 MAIDEN NAME OF MOTHER Laura Tate.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Westmoreland Co. Va.

14 Informant (Address) James Elvin Payne(Cousin) 712 Edmonson Ave. Balto. Md

15 Filed , 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10- 16- 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 29th. 1925 to Oct. 19 16.25 that I last saw him alive on Oct 16th. 1925, and that death occurred, on the date stated above, at 8;15 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Ins.

Ch. Interstital Nephritis

(duration) 1 yrs. 7 mos ? ds.

CONTRIBUTORY (Secondary) Congestion of Lungs

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? At place of deat

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fredericksburg Va. DATE OF BURIAL 10/19/25

20 UNDERTAKER Daniel Easton ADDRESS 912 Pine

OCT 19 1925 ROBERT R. KRAUTER Burial Permit Clerk.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02887

CERTIFICATE OF DEATH.

74-001

E 02887

1-2

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 S. Bradford ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. Cichy

(a) RESIDENCE NO. 602 S. Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	~~Single~~ Married

5a If married, widowed, or divorced (or) WIFE of Mary . Cichy

6 DATE OF BIRTH (month, day, and year) Nov. 24 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Peter . Cichy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Mary. Cichy

(Address) 602 S. Bradford Street

15 Filed . 19 Registrar

ROBERT R. FRAUTEN,

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1 . 1925 to Oct 17 . 1925.

that I last saw him alive on Oct 17 . 1925.

and that death occurred, on the date stated above, at 10 05 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Carl J. Green . M. D.

10-18. 1925 (Address) 120 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. DATE OF BURIAL: Oct 20 1925

20 UNDERTAKER: John M. Weber ADDRESS: 1803 Banks

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02888

CERTIFICATE OF DEATH.

31 E 02888

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 S. Washington ST., 21 WARD)

2-FULL NAME Frank . Strychasz

(a) RESIDENCE NO. 507 S. Washington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 11 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) 0 4 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Stanislaus . Strychasz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Ida. Dzirubek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant
(Address) 507. S. Washington Street

15 Filed OCT 19 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7- 1925 to Oct. 16 1925, that I last saw h— alive on Oct 15 1925 and that death occurred, on the date stated above, at 11 55 A m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary tuberculosis — (Hemorrhage)

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. DATE OF BURIAL: Oct 19 1925

20 UNDERTAKER: John M. Weber ADDRESS: 1803 Bank St

Spec.—1-12-23—M&T—500 Bks.

Kilian Helfrich

HEALTH DEPARTMENT—CITY OF BALTIMORE

02889

CERTIFICATE OF DEATH.

99-002 E 02889

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 N. Bentalow ST. 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kilian Helfrich

(a) RESIDENCE No. 28 N. Bentalow ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Helfrich

6 DATE OF BIRTH (month, day, and year) Aug. 3, 1830

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	95	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Helfrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Andrew Malkmus

(Address) 28 N. Bentalow St.

15 Filed SEP 18 1925 ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1925, to Oct. 16, 1925, that I last saw him alive on Oct. 16, 1925, and that death occurred, on the date stated above, at 7:00 P.M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 10 Yrs

Chronic Bronchitis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Edward Kreckeler M. D.

10/17/25 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	10/19 [illegible]
20 UNDERTAKER Gerwig & Farley Fulton & Fayette	ADDRESS

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02890

CERTIFICATE OF DEATH.

8-2-179

E 02890

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Severn

(a) RESIDENCE NO. 1627 N. Durham St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Aug 16-1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	2	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER August W. Severn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Anna Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant August W. Severn
(Address) 1627 N. Durham St

15 Filed OCT 18 1925, 192 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st & 2nd degree burns of buttocks. Accidentally fell or accidently pished into tub of scalding water.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S H Patter, M. D.
(Coroner.)

10-18-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Oct 19 1925

20 UNDERTAKER Peter Nicolaus — ADDRESS 2060 Eastern Ave

Cor.—1-12-23—M& T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02891

CERTIFICATE OF DEATH.

188 003 E 02891

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 10-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry McAllister

(a) RESIDENCE NO. 1121 Aisquith ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) July 26-1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	2	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER George McAllister

11 BIRTHPLACE OF FATHER (city or town) Phila. Pa
(State or country)

12 MAIDEN NAME OF MOTHER Anna Mitchell

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant Mrs Anna McAllister
(Address) 1121 Aisquith St

15 Filed OCT 18 1925, 192 ROBERT R. KRAUTER, Burial Permit Clerk
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage- Autotruck acc.
(Frac. Skull)
(Inquest Oct 19/25)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Cullen, M. D.
(Coroner.)

10-16-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Oct 19, 1925

20 UNDERTAKER ADDRESS
Edward W. Conklin 914 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02892

CERTIFICATE OF DEATH.

90 E 02892

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1466 n Carey ST. 15-13 WARD)

2-FULL NAME Philip Johnson

(a) RESIDENCE NO. 1466 Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced (or) WIFE of Dora L. Johnson

6 DATE OF BIRTH (month, day, and year) Sept 12 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Dry Good

(c) Name of employer Straus Bro

9 BIRTHPLACE (city or town) Louisville Va
(State or country)

PARENTS

10 NAME OF FATHER James Johnson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Eve Kennard

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Dora Johnson wife
(Address) 1466 N. Carey St

15 Filed OCT 19 1925, 19 ROBERT F. KRAUTER, Registrar
Burial Permit Clerk.

TION is very important See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16, 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1925, to Oct. 16, 1925, that I last saw him alive on Oct. 15, 1925, and that death occurred, on the date stated above, at 8:45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) J. L. Shemwell, M. D.

Oct. 14 1925 (Address) 2226 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Oct 19 1925
20 UNDERTAKER Wm H. Dennis per T. B. Nelson	ADDRESS 1303 Preston St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02893

CERTIFICATE OF DEATH.

33 E 02893

1-PLACE OF DEATH

CITY OF BALTIMORE (No. BALTIMORE CITY HOSPITALS St.) 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Grevious

(a) RESIDENCE NO. 1805 Kavanaugh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	35yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Timiston

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Mary Timison

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ....., 19 ..... Registrar

OCT 19 1925 ROBERT R. KRAUTH Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1925, to Oct. 17, 1925, that I last saw h alive on Oct. 17, 1925 and that death occurred, on the date stated above, at 8.00 p m.

The CAUSE OF DEATH* was as follows:

Tuberculous peritonitis

(duration) yrs. 3 (History) mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (History)

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes at Johns Hopkins Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller M. D.

10/18/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hampton Va

DATE OF BURIAL 10/19 1925

20 UNDERTAKER Mrs S James H. Dennis per T. B. Kelson

ADDRESS 1303 Preston St

TION is very important. See instructions

Spec—12-23-21—E.B.R.S.—400 Bks.

E 2894

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02894

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ. Hospital

City of BALTIMORE: (No. Fayette St., 13-6 Ward) Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Chambers

(a) Residence No. 1806 Park Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 77 yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 79 yrs. -- mos. -- ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), France

PARENTS.

10-NAME OF FATHER, John Chambers

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Kennedy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) John K. Chambers

(Address) Lutherville, Balto. Co. Md.

15- Filed OCT 19 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct. 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 9, 1925 to Oct 17, 1925 that I last saw h.. alive on Oct 17, 1925 and that death occurred, on the date stated above, at 8 12 PM

The CAUSE OF DEATH* was as follows:

Carcinoma of breast & secondary Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. J Brown, M. D.

, 19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Joseph's Cemetery

DATE OF BURIAL, 10/20, 19 25

20-UNDERTAKER. Henry U. Myers & Son

ADDRESS 805 N. Calvert St.

Spec.—1-10-21—M&T—1500 Bks.

Dr Strinmueller, 327 N Carrollton

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 1001 E 02895

E 02895

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 South Carey ST., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob S Eyerly

(a) RESIDENCE NO. 18 South Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced (or) WIFE of Laura V. Eyerly

6 DATE OF BIRTH (month, day, and year) Nov 28, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	77	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Finisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Laura V. Eyerly (Address) 18 So. Carey St

15 Filed OCT 15 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1925

17

I HEREBY CERTIFY, That I attended deceased from 6-25 1924 to 10-17 1925

that I last saw him alive on 10-17 1925

and that death occurred, on the date stated above, at 6 0 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs 5 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Roy Strinmueller M. D.

10/18 1925 (Address) 327 N. Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Oct 20 1925

20 UNDERTAKER Wm Cook — ADDRESS 922 E North Ave

THIS is very important. See instructions on back.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02896 02896

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3925 Fairfax St - ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Anna M Fink

(a) RESIDENCE NO. 3925 Fairfax St - ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow.

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Thomas Fink

6 DATE OF BIRTH (month, day, and year): April 12 1864

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ... min.
61	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Rose F & B. Fink

(Address): 3925 Fairfax St

15 Filed OCT 13 1925, 19 HUBERT F. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 18 1925

17

I HEREBY CERTIFY, That I attended deceased from July 28, 1925, to Oct 18, 1925, that I last saw h alive on Oct 18, 1925, and that death occurred, on the date stated above, at 3. P.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis 5 yrs +

Chronic Myocarditis 5 yr +

Bronchopneumonia following Influenza (duration) yrs. mos 24 ds.

CONTRIBUTORY (Secondary) Trachoma (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) D. W. Bishop, M. D.

Oct 18, 1925 (Address) 502 Sheldon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 21 1925

20 UNDERTAKER: H. W. Cook — ADDRESS: 502 E N. Ave

TION IS very important. See instructions on reverse side.

Spec.—1-10-21—M&T—1500 Bks.

Dr 0257

Dr Smith 109 N Gay St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02897

CERTIFICATE OF DEATH.

10-20-1925

E 02897

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry M. Reitnaur

(a) RESIDENCE NO. 5 West Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Rose Reitnaur

6 DATE OF BIRTH (month, day, and year): 1-18-1868

7 AGE: Years 57 | Months 8 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Licensing Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Stock & Co 509

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Peter Reitnaur

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Susan Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Rose Reitnaur

(Address): 5 West Montgomery

15 Filed OCT 19 1925, 19 Registrar

ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-17 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1925, to Oct 17, 1925, that I last saw living on Oct 16, 1925 and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) H. S. Smith, M. D.

Oct 20 1925 (Address) 109 N. Gay St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National

DATE OF BURIAL: Oct 20 1925

20 UNDERTAKER: William Cook Co.

ADDRESS: 502 E North

THIS is very important. See instructions

Cor.—1-12-23—M&T—100 Bks.

E 02898

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02898

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 S. Ann St. 7-3 WARD)

REGISTERED NO. 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Miller

(a) RESIDENCE NO. 815 South Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Miller

6 DATE OF BIRTH (month, day, and year) April 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Adam Miller
(Address) 512 South Bond

15 Filed ..... 192 ..... ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Benton, M. D. (Coroner.)

Oct 17 1925 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Matthews Cemetery	Oct 19 1925
20 UNDERTAKER Wm Cook	ADDRESS 502 E Nort

Spec. 1-10-21 M&T 1500 Blks.

02899

HEALTH DEPARTMENT—CITY OF BALTIMORE

124 E 02899

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2941 Hudson ST., 43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Janeville

(a) RESIDENCE NO. 2941 Hudson ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Janeville

6 DATE OF BIRTH (month, day, and year) Aug 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	38	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Check Slovakia

PARENTS

10 NAME OF FATHER Michael Sidley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Check Slovakia

12 MAIDEN NAME OF MOTHER Annie Sadley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Check Slovakia

14 Informant, Henry Janeville (Address) 2941 Hudson St

15 Filed OCT 19 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1925, to Oct 18, 1925, that I last saw h alive on Oct 17, 1925, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac asthma

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrph. L Liver

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Place of Residence

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. L Burke, M. D.

, 19 (Address) 3042 Hudson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem	Oct 21st 1925
20 UNDERTAKER	ADDRESS
Lilly + Zeiler	403 S. Wolfe

TION is very important. See instructions

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02900

CERTIFICATE OF DEATH.

76 E 02900

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S. Ann ST., 2 WARD)

2-FULL NAME Barbara Ettner

(a) RESIDENCE NO. 409 S. Ann ST., 2 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late John Ettner

6 DATE OF BIRTH (month, day, and year) Oct. 10th 1850

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER George Ostold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kunigunda Kaff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Ettner (Address) 759 S. Ann St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 11 ..., 1918, to Oct. 17, 1925, that I last saw h[illegible] alive on Oct 16, 1925, and that death occurred, on the date stated above, at 1.40 a m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) 5 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) old age Senility

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Heath, M. D.

10/17/1925 (Address) 390 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Oct. 21st 1925

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St

TION is very important. See instructions

ROBERT H. KRAUTER

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02901

CERTIFICATE OF DEATH.

31

E 02901

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2231 Edmondson ave ST., 9-5 WARD)

2-FULL NAME Cecelia Kreafle.

(a) RESIDENCE NO. 2231 Edmondson ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 14 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Fredrick Kreafle.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Clara Schely.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Fredrick Kreafle (Address) 2231 Edmondson ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1925

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1925, to Oct 15, 1925, that I last saw her alive on Oct 15, 1925 and that death occurred, on the date stated above, at 10.40 a m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? none

What test confirmed diagnosis? Sputum positive

(Signed) [illegible], M. D.

10/16 1925 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. John Cemetery Pulaski Hill	Oct. 19 1925.
20 UNDERTAKER	ADDRESS
Geo. J. Ruth	725 Harford Ave.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 02902

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 02902

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S Highland ave. ST.) (WARD) 26-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. McCarthy

(a) RESIDENCE NO. 110 S Highland ave ST., WARD 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia L McCarthy

6 DATE OF BIRTH (month, day, and year) Nov 19 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Photo Engraver

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John McCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ire

12 MAIDEN NAME OF MOTHER Kath. Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Lydia Mc Carthy

(Address) 110 S. Highland ave.

15 Filed OCT 19 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1925, to Oct. 15, 1925, that I last saw him alive on Oct. 15, 1925, and that death occurred, on the date stated above, at 1 30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Frank A. Glantz, M. D.

Oct. 17, 1925 (Address) 3244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 10/19 1925

20 UNDERTAKER J. A. Noan

ADDRESS 3000 E. Baltimore

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 02903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 02903

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Guilford Ave

CITY OF BALTIMORE: (No. Brown Cntr House (OTR.) WARD)

2-FULL NAME albert Faber

(a) RESIDENCE No. 3231 E. Balto. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Augusta Faber

6 DATE OF BIRTH (month, day, and year) July 14-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer Gras Shoe Co

9 BIRTHPLACE (city or town) ..... (State or country) Germany

PARENTS

10 NAME OF FATHER Rudolf Faber

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Wm. Faber
(Address) 3231 E Balto

15 Filed ..... 192 ..... ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular heart

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) W. J. Kelly, M. D.
(Coroner.)

Oct 18, 192 7 (Address) 103 E Monday

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Inatitutions, Transients, or Recent Residents)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem	10/19 1925
20 UNDERTAKER J. A. Moran	ADDRESS 3000 E Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02904

CERTIFICATE OF DEATH.

31

E 02904

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Hartford Ave ST. 9-1 WARD)

2-FULL NAME Edward Goldsborough

(a) RESIDENCE NO. 1410 Hartford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widowed

5a If married, widowed, or divorced, HUSBAND of (or ~~WIFE~~ of) Bertha Goldsboro

6 DATE OF BIRTH (month, day, and year) Jan 26, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 21

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Goldsboro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Carrie Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Doloris Goldsboro (wife)
(Address) 1410 Hartford Ave

15 Filed OCT 19 1925, 19 ..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from June ..., 1925, to Oct 16, 1925, that I last saw him alive on Oct 14, 1925, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (duration) ... yrs. 5 mos ... ds.

CONTRIBUTORY (Secondary) —

..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

, 19 (Address) 1429 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem	10/19 1925

20 UNDERTAKER Jas. M. Stamper ADDRESS 1620 E. Madison

CAUSE OF DEATH. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02905

CERTIFICATE OF DEATH.

163 3 Ward 160 E. E 02905

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1551 Enson ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William R. Campbell

(a) RESIDENCE No. 1551 Enson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 27, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER William R Campbell Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Agnes Longridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Atlanta W. Va.

14 Informant William R. Campbell Jr.

(Address) 1551 Enson St

15 Filed ..... 19 ..... Registrar

ROBERT R. KRAUTER, OCT 19 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17, 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 27, 1925, to Oct 17, 1925, that I last saw him alive on Oct 17, 1925 and that death occurred, on the date stated above, at 8 A m

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Gill Hall, M. D.

10/17/1926 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Oct 19 1925
20 UNDERTAKER	**ADDRESS**
A. Howard Evans	38 E. Fort ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02906

CERTIFICATE OF DEATH.

38 E 02906

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leon Darby

(a) RESIDENCE NO. 701 S. Hanover St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Virginia Darby

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 Filed OCT 19 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1925, to October 16, 1925, that I last saw him alive on October 16, 1925, and that death occurred, on the date stated above, at 11.20 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency w/Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical, Pathological and

(Signed) Harry Goodsmith, M. D.

10/16/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	Oct. 19 1925
20 UNDERTAKER	ADDRESS
J. H. Fleming & Son	1617 N. Monroe

TION IS very important

Spec. 1910-21—M&T—1500 Bks.

1528 E 02907

HEALTH DEPARTMENT—CITY OF BALTIMORE E 02907

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. JOHNS HOPKINS HOSPITAL ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adolphus Means

(a) RESIDENCE NO. 160 Color Ave ST., 160 Colvin WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 3 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: Adolphus Means

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Sylvia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 19 1925, 19 ROBERT S. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 5th, 1925, to Oct. 15th, 1925, that I last saw h alive on Oct. 15th, 1925, and that death occurred, on the date stated above, at 5-23 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, Hypertension

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Chester S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery — DATE OF BURIAL: Oct 19 1925

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 Orleans St

CAUSE OF DEATH must be plainly written. See Instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02908 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 02908

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 90

City of BALTIMORE: (No. 729 Grindall Court St., 22nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Reed

(a) Residence No. 729 Grindall Court St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: (?)

6-DATE OF BIRTH (month, day and year): (?)

7-AGE: 104 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Calvert Co. Md.

PARENTS.

10-NAME OF FATHER: (?)

11-BIRTHPLACE OF FATHER (city or town) (State or Country): (?)

12-MAIDEN NAME OF MOTHER: (?)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): (?)

14-

(Informant): Mary Reed

(Address): 729 Grindall Court

15-

Filed OCT 19 1925

Registrar.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct. 16th 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct. 4th 1925 to Oct 16 1925

that I last saw her alive on Oct. 16 1925

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary): Senile Debility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D H Randall M. D

10/19, 1925 (Address) 1306 Hill St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Oct. 19 1925

20-UNDERTAKER: R L Parham — ADDRESS: 906 Leadenhall St

Spec.—1-10-21—M&T 1500 Bks.

Mudra.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02909

74-001 E 02909

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2542 Ashland a ST., 73 WARD)

2-FULL NAME Mary Mudra

(a) RESIDENCE NO. 2542 Ashland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Mudra

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Wenceslaus Muller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Marie Rocko

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Mary Buscerlay

(Address) 2542 Ashland Av

15 Filed OCT 19 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 1925 to Oct 17 1925

that I last saw h alive on Oct 17 1925

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Cardiac Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Hayes M. D.

Oct 19 1925 (Address) 501 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Oct 20 1925

20 UNDERTAKER Hunt Eccard & Son — ADDRESS 1906 E Monument

TION is very important. See instructions on back of certificate.

ROBERT E. KRAUTER
Burial Permit Clerk

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02910

CERTIFICATE OF DEATH.

302 E 02910

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST., 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T.Britton.

(a) RESIDENCE NO 940 W.Lombard St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed or divorced
HUSBAND of XXXXXXXXX Margaret Britton.

6 DATE OF BIRTH (month, day, and year) October 1872.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Structural Iron worker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER William T.Britton.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Lucy Goode.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va.

14 Informant Margaret Britton,(wife)
(Address) 940 W.Lombard St.

15 Filed OCT 18 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 17, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.
Fracture of the skull, struck on head by falling iron beam. Accidental Death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Oct. 19, 1925 (Address) 617 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? Oct. 16, 1925
Koesters Bakery Josephine St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Oct 20 1925

20 UNDERTAKER: H. Clay H. Skinner — ADDRESS: 1015 Edmondson Ave

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02911

CERTIFICATE OF DEATH.

E 02911

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 W. North Ave. 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Quayle

(a) RESIDENCE NO. 822 W. North Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced BUSBAND of (or) WIFE of: John A Quayle

6 DATE OF BIRTH (month, day, and year): April 25 1871

7 AGE: Years 54 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Wm. Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Mary Ann Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: John A Quayle

(Address): 822 W. North Ave

15 Filed OCT 19 1925, 19

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 18 1925

17 - I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1925, to Oct. 18, 1925,

that I last saw her alive on Oct. 14, 1925,

and that death occurred, on the date stated above, at 12 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Harry Linden, M. D.

, 19 (Address) 2221 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. | DATE OF BURIAL: Oct 21 1925

20 UNDERTAKER: William Cook | ADDRESS: 502 E. North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02912

CERTIFICATE OF DEATH.

75-001 E 02912

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 N. Gilmor Street ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phoebe Taliaferro

(a) RESIDENCE NO. 7 N. Gilmor street ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1,1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Edward Taliaferro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Louis Ball

(Address) 7 N. Gilmor St.

15 Filed ..... 19.... Registrar

OCT 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1925, to Oct 18, 1925, that I last saw her alive on Oct 17, 1925 and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows:

Paralysis (Hemiplegia)

(duration) yrs. 3 mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill, M. D.

10-19 25 (Address) 108 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL Oct 21, 25

20 UNDERTAKER Jas B Cook — ADDRESS 1003 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 02913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 02913

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2135 E. Federal ST., 8-3 WARD)

2-FULL NAME Julia Helbing

(a) RESIDENCE No. 2135 E. Federal ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Oscar Helbing

6 DATE OF BIRTH (month, day, and year) Feb 14 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Abraham Gaebele

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Oscar Helbing (Address) 2135 E. Federal St.

15 Filed OCT 19 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 14 1925, to Oct 18 1925, that I last saw h alive on 9-30 1925 and that death occurred, on the date stated above, at 12 P. M.

The CAUSE OF DEATH* was as follows: Duodenal Ulcer

(duration) yrs. mos. 5 0 ds.

CONTRIBUTORY (Secondary) Carbuncle, arthritis, Heart Failure

(duration) yrs. mos. 2 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? N O

What test confirmed diagnosis? Surgical exploration

(Signed) [illegible], M. D.

10/19/25 (Address) 1626 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem.	10/20 1925
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St

TION is very important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02914

CERTIFICATE OF DEATH.

46 E 02914

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Aisquith ST. 4-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Meyer Schulte

(Residence in Baltimore: No. 1420 Aisquith St St: 6 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (Write the word.) married

6-DATE OF BIRTH, 7th (Month) 14th (Day), 1847 (Year)

7-AGE, 78 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: no occupation
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Doetsch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Rapps

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anton L. Hellmann

(Address) 1420 Aisquith St

15-

Filed OCT 19 1925, 191.... ROBERT R. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 17th (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5th 1925, to Oct 17th 1925, that I saw her alive on Oct 17th 1925, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows: Cancer of uterus involving bladder and intestines

Texas not certain probably several years. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

10/X/25 (Signed) Amanda T. Heyser M. D.

....., 191... (Address) 601 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Oct 21, 1925

20-UNDERTAKER Henry Koch Son — ADDRESS 1301 E Eager St

Spec.—6-9-19—H. P. Co.—1000 Bks.

02915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-011

100 E 02915

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1049 N Front ST.: 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Hill

(a) RESIDENCE. No. 1049 N. Front ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 2 1924. Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Bertha Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant James Hill (Address) 1049 N Front

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

OCT 19 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 19 25, to Oct 16, 19 25, that I last saw h alive on Oct 16, 19 25 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Clyde Berry M. D.

(Address) 20 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Zion Cemetery	9/19/25

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Ashland Ave

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 02916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

21-2 179 E 02916

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) BALTIMORE CITY HOSPITALS (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Forney

(a) RESIDENCE NO. 1253 Sargent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	65 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Harness Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm C. Forney

11 BIRTHPLACE OF FATHER (city or town) New York, N.Y.
(State or country)

12 MAIDEN NAME OF MOTHER Amelia ?

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed OCT 18 1925, 19 ROBERT R. KRAMER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1925, to Oct. 15, 1925, that I last saw him alive on Oct. 15, 1925, and that death occurred, on the date stated above, at 10:15 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic myocarditis
Chronic nephritis
(duration) 3 (history) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Miller. M. D.

10/16, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	10/19/1925
20 UNDERTAKER J. A. Moran	ADDRESS 300 E Balto

TION is very important. See instructions on back of certificates.

Spec. D-10-21—M&T—1500 Bks.

E 02917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+88 E 02917

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Schreyer

(a) RESIDENCE No 167 Gloucester St Annapolis WARD Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND (or) WIFE of H. A. Schreyer

6 DATE OF BIRTH (month, day, and year) May 6th 1890

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. Wr. 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Geo. M. Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Clara Tydings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 19 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 16th, 1925, to Oct. 19th, 1925, that I last saw her alive on Oct 19th, 1925, and that death occurred, on the date stated above, at 2:50 a m.

The CAUSE OF DEATH* was as follows:

Subacute bacterial endocarditis

(duration) — yrs. 5 mos 7 ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Annapolis, Md.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) Alexander Schaffer, M. D.

, 19 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md. DATE OF BURIAL Oct 23 1925

20 UNDERTAKER Jas S. Taylor-Sons ADDRESS Annapolis Md.

CAUSE OF DEATH must be plainly written, and all questions answered. See instructions on back of certificates. TION is very important.

E 62918

Size 6-9-19—B. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 E 02918

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Aliceanna ST.: 23-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Wheeler

(a) RESIDENCE. No. 1607 Aliceanna ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John W. Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Md.

12 MAIDEN NAME OF MOTHER Martha J. Mann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Somerset Md.

14 Informant John W. Wheeler (Address) 24 E. Hanover

15 Filed OCT 19 1925 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 25 1925 to Oct 16 1925 that I last saw h~~e~~ alive on Oct 16 1925 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duralion) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. R. Campbell, M. D.

Oct 16, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	10/19/25

20 UNDERTAKER E. J. Hemming & Son ADDRESS 1420 Battery

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02919 — 100-00 — E 02919

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2034 E. Federal St ST., 8-2 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo E. Derr

(a) RESIDENCE NO. 2034 E. Federal St ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24, 1924

7 AGE — Years: 1 — Months: 2 — Days: 22 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto — Md.

PARENTS

10 NAME OF FATHER Clarence Derr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Amelia Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant Clarence Derr
(Address) 2034 E Federal St

15 Filed OCT 19 1925, 19 .....

ROBERT P. KRAUSE, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 16 1925

17 I HEREBY CERTIFY, That I attended deceased from October 7, 1925 to October 16, 1925.

that I last saw him alive on October 16, 1925.

and that death occurred, on the date stated above, at 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia and Exhaustion

(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination.

(Signed) Albert Blumberg M. D.

10/18 1925 (Address) 2027 East North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: 10/19 1925

20 UNDERTAKER: George J. Ruth — ADDRESS: 1735 Hanford Av

CAUSE OF DEATH must be given by physician, if possible, and in all cases the coroner must state the cause of death in full. Fill in all blanks with ink or indelible pencil. Use figures for dates. Do not abbreviate. Write plainly. Punctuation is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02920

CERTIFICATE OF DEATH.

16 E 02920

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Spring Gardens off Hanover St. Draw. ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles G. Levin.

(a) RESIDENCE NO 643 W. Lombard St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Auguat, 1898.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	2	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Stanislaw Levinowich.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Lithuania.

12 MAIDEN NAME OF MOTHER Elizabeth Corolauskas

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lithuania.

14 Informant Stanislaw Levinowich. (father)
(Address) 648 W. Lombard st.

15 Filed OCT 19 1925, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 16, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to hrs death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Suicide.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Oct. 19, 1925 (Address) 1019 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	oct 20, 1925
20 UNDERTAKER	ADDRESS
John Grabliauskas	425 S. Paca st

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 02921

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 733 E. Glover St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Josephine Wawkowski

(a) Residence No. 733 E. Glover St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Walenty Wawkowski

6-DATE OF BIRTH (month, day and year) Not Know

7-AGE. 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS.

10-NAME OF FATHER, John Sopezynski

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER, Josephine

13-BIRTHPLACH OF MOTHER (city or town) (State or Country), Poland

14- (Informant) Walenty Wawkowski

(Address) 733 E. Glover

15- Filed....., 192.... ROBERT R. KRAUTER, Registrar.

Burial Permit issued.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). October 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from October 8 19.25 to October 18 19.25

that I last saw h.. alive on October 18 19.25

and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Medical Examiner, M. D.

, 19 (Address) 2579 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St. Stanislaus — DATE OF BURIAL, Oct. 22 1925.

20-UNDERTAKER, W. F. Sadowski — ADDRESS 705 S. Ann St

Spec.—1-12-23—M&T—500 Blks.

E 02922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 02922

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 E. Hamburg ST., 23-1 WARD)

2-FULL NAME Henry Weamert.

(a) RESIDENCE NO. 40 E. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Weamert

6 DATE OF BIRTH (month, day, and year) Nov 23-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Adam Weamert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Weamert (Address) 40 E. Hamburg st

15 Filed OCT 18 1925, 19 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1925, to Oct 17, 1925, that I last saw him alive on Oct 17, 1925, and that death occurred, on the date stated above, at 4.0 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Uraemia Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. Hammer Lueb, M. D.

Oct 18, 1925 (Address) Lytle & Warner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 1925

20 UNDERTAKER	ADDRESS
F. A. Krauser Son	703 Hanover

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02923

CERTIFICATE OF DEATH.

37

E 02923

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2047 E. Monument ST., 7-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances M. Kelly

(a) RESIDENCE No. 2047 E. Monument ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: John W. Kelly

6 DATE OF BIRTH (month, day, and year): Aug. 5, 1900

7 AGE: Years 25 Months 2 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Charles Stetka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prague, Echo-Slovakia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Echo-Slovakia

14 Informant (Address): John W. Kelly 2047 E. Monument St

15

16 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1925, to Oct. 17, 1925, that I last saw h[er] alive on Oct. 16, 1925 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent Brooks, M. D.

, 19 (Address) 840 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill — DATE OF BURIAL: Oct 20 1925

20 UNDERTAKER: F. A. Kranseton — ADDRESS: 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Burial Permit Clerk.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Hamilton 47

E 02924

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 13 Goodwood Rd. WARD 27-12

2-FULL NAME Mrs Katherine Kramer

(a) RESIDENCE. No. 13 Goodwood Rd WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Kramer

6 DATE OF BIRTH (month, day, and year) Dec 31 186[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto and, Germany

PARENTS

10 NAME OF FATHER Charles Beyersdorf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER — Hauptbroek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Kramer
(Address) 13 Goodwood Rd

15 Filed OCT 19 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1925

17 I HEREBY CERTIFY, That I attended deceased from June 25. 1925. to Oct 17. 1925.
that I last saw h[illegible] alive on Oct 17. 1925.
and that death occurred, on the date stated above, at 11.30A m.
The CAUSE OF DEATH* was as follows:

Cancer of Breast

(duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 1924

Was there an autopsy?

What test confirmed diagnosis? —

(Signed) Geo. F. Zimmermann M. D.

1925 (Address) 2858 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Oct 20, 25 19

20 UNDERTAKER Harry H. Witzke ADDRESS 1531 N. Lombard St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02925 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02925

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH CITY OF BALTIMORE: (No. 1839 W. Pratt St., Ward) 19

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Mangold

(a) RESIDENCE NO. 1839 W. Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 9 mos. 28 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Mangold

6 DATE OF BIRTH (month, day, and year) Dec 20 = 1848

7 AGE Years 76 | Months 9 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER John Schumacher
11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant (Address) Mrs. Beyer 1839 W. Pratt St

15 Filed ... 19 ... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 14 , 1925 , to Oct 17 , 1925 ,
that I last saw her alive on Oct 17 , 1925 ,
and that death occurred, on the date stated above, at 5.30 a m.
The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

..... (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
..... (duration) 11 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) F. H. Schlacks M. D.

(Address) 113 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 19 25
UNDERTAKER F. B. Wilfert	ADDRESS 185 W. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

E 02926 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02926

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 556 Robert St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Kelley. dau'ter.

(Residence in Baltimore: No. 556 Robert St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored.	single

6-DATE OF BIRTH. About 1855
(Month) (Day) (Year)

7-AGE. 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housekeeper.
(b) General nature of industry, business, or establishment in which employed (or employer). 0/0

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N. W. Dist. Police

(Address) Penna Ave.

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 25, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said decessed came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebro of Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. T. Hennessy M.D.
(Coroner.)

Oct. 19, 1925 (Address) 710 Fayette Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL, 19

20-UNDERTAKER. Commissioner ADDRESS OCT 19 1925

THE MORGUE.

Per. Wm. E. Woods.

Is very important. See instructions on back of certificate.

Robert F. Harrison,
Burial Permit Clerk

Spec– 12-23-21– E.B.R.S.—400 Bks.

E 02927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02927

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1512 Boyle St., 7th-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Lycett

(a) Residence No. 1512 Boyle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

3a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 18, 1925

7-AGE 1½ hours

yrs. mos. ds.

If LESS than 1 day. 1 hrs. or 30 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country) Maryland

PARENTS.

10-NAME OF FATHER William Frost Lycett

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Blanche Irene Standiford

13-BIRTHPLACE OF MOTHER (city or town) Hartford Co (State or Country) Maryland

14-

(Informant) Mother

(Address) 1512 Boyle

15-

Filed....., 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10-18-25

17- I HEREBY CERTIFY, That I attended deceased from 10-18, 1925 to 10-18, 1925

that I last saw h[illegible] alive on 10-18, 1925,

and that death occurred, on the date stated above, at 5-20 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Susanna R Parsons M. D

10-18, 1925 (Address) 1702 Westwood Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem.	Oct 19, 1925
20-UNDERTAKER.	ADDRESS
Margaret G Flynn	1422 Light St

instructions on back of certificates.

Burial Permit Clerk

Cor.—1-12-23—M&T—100 Bks.

E 02928

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02928

CERTIFICATE OF DEATH.

6-3 199

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. Hopkins Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert H. Crowell

(a) RESIDENCE NO. 151 N. KenwoodAve ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Crowell

6 DATE OF BIRTH (month, day, and year) Aug 25-1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Baker-Whitely
(c) Name of employer Coal Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Marshall K. Crowell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Australia

12 MAIDEN NAME OF MOTHER Nora A. Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Henrietta C. Crowell
(Address) 151 N. Kenwood Ave

15 Filed ..., 192 ... Registrar

Robert E. Harrison, 9-1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) autopsy find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac. Base Skull-Mid. Fossa
Extra Dural Hem.
(Assault) (Others)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J S H Patton, M. D.
(Coroner.)

10-19-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem. Cem.	20th 1925
20 UNDERTAKER	ADDRESS
Lilly & Zirkin	403 S. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 02929 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 02929

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 S. Robinson St. ST., 1 WARD)

REGISTERED NO. 4179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Herold.

(a) RESIDENCE No. 503 S. Robinson St ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J. Herold.

6 DATE OF BIRTH (month, day, and year) May 27 - 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frank J. Robinson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Emma Tragesser.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Joseph J. Herold. 503 S. Robinson St

15 Filed ..., 19 ..... Registrar

Robert F. Hartson, Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. PARTICULAR ATTENTION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1925, to Oct 17, 1925, that I last saw her alive on Oct 17, 1925 and that death occurred, on the date stated above, at 2. P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia of Pregnancy

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace D. Titlow M. D.

10/19/1925 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	Oct. 21 st 1925

20 UNDERTAKER Lilly & Son Zeiler ADDRESS 430 S. Wolfe St

10 1925

Spec.—1-10-21—M&T—1500 Bks.

E 02930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02930

99-005

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 S. Wolfe St. ST., 7 WARD)

2-FULL NAME John A. Kuhn

(a) RESIDENCE NO. 735 S. Wolfe St. ST., 7 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Kuhn.

6 DATE OF BIRTH (month, day, and year): May 9 - 1847

7 AGE — Years: 78 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar maker.

(b) General nature of industry, business, or establishment in which employed (or employer): O/W

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George F. Kuhn.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Elizabeth Kuhn
(Address) 735 S. Wolfe St

15 Filed ..... , 19 .....
Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviations must not be used. Read carefully the instructions on back of certificates. ATTENTION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1- , 1923, to Oct 17- , 1925, that I last saw h[illegible] alive on Oct 16- , 1925, and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Ed Hamilton

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Chronic Bronchitis?

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Symptoms

(Signed) Louis Vogt, M. D.

10-19 1925 (Address) 1601 E Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. — DATE OF BURIAL: Oct. 20th 1925

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 403 S. Wolfe St.

OCT 19 1925
Burial Permit Clerk.

Cor.—1-12-23—M&T—100 Bks.

E 02931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02931

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 14 WARD)

REGISTERED NO. 199

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Link

(a) RESIDENCE NO. 268 S East Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8, 1902

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
23	2	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Otto Brenninger

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Rosa Kemminger

13 BIRTHPLACE OF MOTHER (city or town) Ger
(State or country)

14 Informant Otto Brenninger
(Address) 703 S. 7th St

15 Filed ..... 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16 192-

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Incomplete abortion

Sunday (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Fahey, M. D.
(Coroner.)

Oct 17, 1925 (Address) 1639 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds. 3 days

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem. Oct.	20th 1925
20 UNDERTAKER Lilly and Zahn	ADDRESS 403 S Monroe St

IMPORTANT: See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 02932

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-002

E 02932

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 826 W Franklin ST. 18-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Gray

(a) RESIDENCE NO. 826 W Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col'd	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj Gray

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Jos Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Florence Gray (Address) 826 W Franklin

15 Filed ..... 19 ..... Registrar

JAN 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18th 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 26 1925 to Oct 18th 1925, that I last saw her alive on Oct 17 1925, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) Gustav Toldman, M. D.

, 19 (Address) 826 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Island Creek	Oct 21 1925
20 UNDERTAKER Cal. Co. Md	ADDRESS 1027 Druid Hill Ave
John H. Toadvine	

CAUSE OF DEATH must be properly certified. Any false statement may be prosecuted. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Bks.

E 02933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02933

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 E. 31 st ST., 12-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Cot Moore

(a) RESIDENCE No. 406 E. 31 st ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Andrew J. Moore

6 DATE OF BIRTH (month, day, and year) Jan 27th 1875

7 AGE: Years 50; Months 8; Days 26; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER James Cot

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER Phenelipha Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant A. J. Moore (Address) 406 E. 31st st

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1925, to Oct 17, 1925, that I last saw h[illegible] alive on Oct 17, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Parenchymatous nephritis (duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) L. L. Gordy M. D.

(Address) 4218 Harford Road

10-18 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 20 1925

20 UNDERTAKER: Ehenouth & Son

ADDRESS: 917 Cheatnut ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 02934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02934

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1725 Pennington Ave St., Ward) 25-7161-002 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Charles Mueller

(a) Residence No. 1725 Pennington Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 19 1925

7-AGE.	If LESS than 1 day,
....yrs....mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Mueller

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER, Cecilia Hutman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore

11- (Informant) Charles Mueller

(Address) 1725 Pennington Ave

15-

Filed ..... 192.....

Registrar.

Robert P. Harrison, M.D.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 19 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 17 1925 to Oct 19 1925

that I last saw him alive on Oct 18 1925

and that death occurred, on the date stated above, at 5:30a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Sutton M.D.

Oct 19, 1925 (Address) 315 S. Highland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Cross a. a. C.	Oct 20 1925
20-UNDERTAKER.	ADDRESS
William Cook	501 E North

If paper is required for additional instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr Straq. 926 Park Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02935

E 02935

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 740 St Peter ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian V. Davis

(a) RESIDENCE NO. 740 St Peter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank E Davis

6 DATE OF BIRTH (month, day, and year) Aug 25, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs or.. min.
	20	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Jacob H. Seifert

11 BIRTHPLACE OF FATHER, (city or town) (State or country) Chestertown, Md.

12 MAIDEN NAME OF MOTHER Sadie E Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chestertown Md.

14 Informant Frank E Davis (Address) 740 St Peter St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1925

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to Oct 18, 1925, that I last saw h[illegible] alive on Oct 17, 1925, and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos 7 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J Morley Hoag, M. D.

Oct 19 1925 (Address) 729 Washington Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Oct 21 1925

20 UNDERTAKER W. H. Cook — ADDRESS 1142 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly coded. Abbreviations are not permitted. Indefinite terms, such as "Heart Failure," "Old Age," "Senility," "Exhaustion," "Convulsions," "Infection," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Tumor," "Abscess," "Hemorrhage," "Accident," "Fracture," "Injury," "Burns," "Drowning," "Asphyxia," "Poisoning," "Suicide," "Homicide," "Unknown," "Undetermined," "Not Known," "Not Ascertained," "Not Diagnosed," "Not Determined," "Not Given," "Not Stated," "Not Specified," "Not Applicable," "None," "N/A," "Nil," "Zero," "0," "—," "?," "!," "*," "#," "@," "&," "%," "$," "+," "=," "<," ">," "[," "]," "{," "}," "|," "\," "/," "~," "^," "`," "'," """, ";," ":," "," "." "

TION is very important See instructions on back of certificate.

Filed OCT 1925 Robert P. Garrison, Registrar

Spec.—1-10-21—M&T—1500 Bks.

E 02936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-00 E 02936

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Lewis

(a) RESIDENCE NO. 503 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT WHOLE TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals (Address)

15 Filed ..... 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1925, to Oct. 15, 1925, that I last saw him alive on Oct. 15, 1925, and that death occurred, on the date stated above, at 6.20 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory

(Signed) W Lindsay Miller, M. D.

10/17, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden

DATE OF BURIAL Oct 20, 1925

UNDERTAKER Wm Cook

ADDRESS 502 E York

OCT 19 1925 Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 02937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02937

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 16-5 WARD)

REGISTERED NO. 185

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Schneider.

(a) RESIDENCE NO. 2032 W Lanvale St. ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Schneider

6 DATE OF BIRTH (month, day, and year): May 31st 1850

7 AGE: Years 75 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Joe ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Schopp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Hospital Record

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-18- 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-10-, 1925, to 10-18-, 1925, that I last saw h[illegible] alive on 10-18-, 1925 and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Fractured neck right femur (fall) - (duration 10 days) - Cerebral Apoplexy - Exhaustion (over)

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Senile Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home,

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Signs

(Signed) Ira F. Chamberlain, M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western

DATE OF BURIAL: Oct 22nd 1925

20 UNDERTAKER: H C Manning Son

ADDRESS: 317 N Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02938

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Glen Oak Ave nr Maple ST., 27-11 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary McCracken

(a) RESIDENCE NO. Glen Oak Ave nr Maple (Hamilton) WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. McCracken

6 DATE OF BIRTH (month, day, and year) Apr 30-1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Robt. E. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A. Co. Md

12 MAIDEN NAME OF MOTHER Frances R. Woodburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pr. Geo. Co Md

14 Informant Charles W. McCracken (Address) Glen Oak Ave

15 Filed ..... 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Nephritis

about to 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. ..... mos. ..... ds.

(Signed) J. S. H. Callen, M. D. (Coroner.)

10-19-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Oct 21 1925
20 UNDERTAKER	ADDRESS
Fred K. Lasseter Sons	Baltimore

Robert P. Harrison,
Burial Permit Clerk

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02939

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 6019 Foster Av. St., 27 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Gibson Hayden

(a) Residence No. 6019 Foster Ave St., 27 Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 62 yrs. 1 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Gen. Gillette Hayden

6-DATE OF BIRTH (month, day and year) Aug-22-1863

7-AGE. 62 yrs. 1 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9-BIRTHPLACE (city or town) (State or Country), St. Louis Mo.

PARENTS.

10-NAME OF FATHER Wm. H. Reid

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Matthews Co. Virginia

12-MAIDEN NAME OF MOTHER Harriet Ackland

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltto. Maryland

14-(Informant) W. Reid Hayden - (Son)

(Address) 105 Chapsides - City

15-

Filed ..... 19.....

Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 19-25

17- I HEREBY CERTIFY, That I attended deceased from Jun 12 1920 to October 19 1925.

That I last saw h.. alive on Octo 18 1925

and that death occurred, on the date stated above, at 12.05 P. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis — Hyp. Blood Press

Chr Ast. Nephrit

Chr Myocarditis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Typical Findings

(Signed) G. W. Brady, M. D.

Oct 20, 1925 (Address) 501 Sharon Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery DATE OF BURIAL. Oct 20 1925

20-UNDERTAKER. STEWART & HOWELL COMPANY (WILLIAM F. WOOLEN, Successor) ADDRESS 108 W. NORTH AVE.

In preparing, see instructions on back of certificates.

OCT 20 1925

Burial Permit Clerk.

Spec.—1-12-23—M&T—500 Blks.

E 02940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 02940

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hosp. St. 5-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Casimiro Varella

(a) RESIDENCE No. 1124 McElderry St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Not given 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of Industry, business, or establishment in which employed (or employer) Fireman

(c) Name of employer Not given.

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER Not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not given

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not given

14 Informant Self

(Address)

15 Filed OCT 20 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1925

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to Oct. 17, 1925, that I last saw h alive on Oct. 17, 1925, and that death occurred, on the date stated above, at 4 00 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Mitral & aortic insufficiency

(duration) 2 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Not given

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory and Clinical

(Signed) M. A. Tolle, M. D.

, 19 (Address) U. S. Marine Hospital #1. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Oct 20 25

20 UNDERTAKER Samuel K. Insley ADDRESS N Balto

TION is very important See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 02941

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02941

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2233 Division (St.) 14-1 (Ward)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Smith

(a) RESIDENCE. No. 2233 Division St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Smith

6 DATE OF BIRTH (month, day, and year) July 4th 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ferdinand Smith

(Address) 2233 Division St

15 Filed ....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 24th, 1925, to Oct 17th, 1925, that I last saw him alive on Oct 16th, 1925, and that death occurred, on the date stated above, at 7.40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. F. Lee Smith, M. D.

(Address) 2233 North East Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Law.	Oct 20 1925
20 UNDERTAKER Samuel Beasley	ADDRESS 1300 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT LOCATION OF RESIDENCE is very important. See instructions on back of certificates.

OCT 20 1925 ROBERT R. KRAUTER Burial Permit Clerk

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02942 E 02942

CERTIFICATE OF DEATH.

× 198

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 125 Welcome Alley. ST. 7-2-1 WARD)

2-FULL NAME Nellie Jasper.(C)

(a) RESIDENCE NO 107 Welcome Alley. ST., WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of !! !:!!!!!!!!!!

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alexandria Va.

PARENTS

10 NAME OF FATHER George Jasper.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Ella Gibson.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Ella Jasper.(C) mother.
(Address) 1308 Cameron St. Alexandria Va.

15 Filed OCT 20 1925 ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 18°1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage, due to a pocket knife stab wound in the chest involving the Aorta. Homicide.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt (Coroner), M. D.

Oct. 20, 1925 (Address) 1617 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Alexandria Va Douglas Cemetery	Oct 30th 1925
20 UNDERTAKER	ADDRESS
Farmer & Brother	867 King

FROM A VERY important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

02943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 02943

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 McDonough ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Simpson

(a) RESIDENCE NO. 807 MCDonough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year) June 7-1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	4	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER John Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Eliza Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Mrs R.A. Elliott
(Address): 1725 Ashland Ave

15 Filed OCT 20 1925 ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained hy said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J S H Cullen, M. D.
(Coroner.)

10-20-25, 192 (Address) 538 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Drake Branch Va	Oct 20 1925
20 UNDERTAKER: Mrs R.A. Elliott	ADDRESS: 1725 Ashland Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02944

CERTIFICATE OF DEATH.

74 E 02944

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 N. Bruce ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Milburn

(a) RESIDENCE NO. 308 N. Bruce ST., WARD

(Usual place of abode) dont

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Milburn

6 DATE OF BIRTH (month, day, and year) Not-known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Gynerl Housework

(c) Name of employer

9 BIRTHPLACE (city or town) Md. Gilbert (State or country) Md.

PARENTS

10 NAME OF FATHER Richard Bacon

11 BIRTHPLACE OF FATHER (city or town) Md. Gilbert (State or country) Md.

12 MAIDEN NAME OF MOTHER Not-known

13 BIRTHPLACE OF MOTHER (city or town) Not (State or country) known

14 Informant Herman Keating (Address) 308 N. Bruce St

15 Filed OCT 20 1925, 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1 - , 1925 , to Oct. 18 - , 1925 , that I last saw h alive on Oct. 18 - , 1925 , and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) - yrs. - mos. d. ds.

CONTRIBUTORY (Secondary) Acute congest. of kidneys (duration) 3 weeks yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas. T. McCarthy, M. D.

, 19 (Address) 2410 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn Cem-	Oct 21 1925
20 UNDERTAKER	ADDRESS
Joseph A. Farrell	2917 Division St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02945

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST., 1-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Grabowski.

(a) RESIDENCE NO 1244 S. Elwood Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 28 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 10, 1923.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	10	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ----------
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Frank Grabowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Rose Stefanski.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Frank Grabowski
(Address) 1244 S Elwood Ave

15 Filed ....., 192 ....

OCT 20 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 18, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extensive 2nd. degree burns about the body

(duration) ..... yrs. ..... mos. 19 ds.

CONTRIBUTORY (Secondary) Toxaemia.

(duration) ..... yrs. ..... mos. 19 ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Oct. 20, 1925 (Address) 10 W. Chas. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? Dec. 29, 25
Minefield Harford Co, Md.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus-Cem	Oct 20 1925
20 UNDERTAKER Stephen J Kraikowski	ADDRESS 901 S Eaton St

FOR IS very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 02946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02946

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Murphy

(a) RESIDENCE No. 907 Ramsay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary C Tierney Murphy

6 DATE OF BIRTH (month, day, and year) Oct 15th 1868

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	0	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) B & O R R Co
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Cornelius Murphy

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Ella O'Connell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14 Informant Mrs Mary C Murphy
(Address) 907 Ramsay St

15 Filed ..... 192 ROBERT V. KRAUTER Registrar

TION is very important See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: M Car Acc, Fracture of Skull 4 Hrs.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock (duration) 4 Hrs. mos. 4 Hrs ds.

(Signed) H G Coles M. D.
(Coroner.)

Oct 19 1925 (Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Oct 21 1925
20 UNDERTAKER Jobe Cowan & Son	ADDRESS 901 Hollins St
Per F J Cowan	

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02947

CERTIFICATE OF DEATH.

4H ✓ 02947

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3516 Ramwood Ave ST. 28-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hezekiah Miles

(a) RESIDENCE. NO. 3516 Ramwood Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Miles

6 DATE OF BIRTH (month, day, and year) Oct 6, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa

PARENTS

10 NAME OF FATHER Rodney C. Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER M. J. Barby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Fannie H. Miles (Address) 428 E. Fourth Ave

15 Filed ..... 19..... Registrar

OCT 20 1923 ROBERT N. KRAUTER Public Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1923

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1923, to Oct 18, 1923, that I last saw h alive on Oct 18, 1923, and that death occurred, on the date stated above, at 0P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Obmutism and operation

(Signed) A. C. Smith, M. D.

1923 (Address) 4509 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 20 1923
20 UNDERTAKER	ADDRESS 1532
George J Smith	Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02948

E 02948

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Edmondson ave & Nursery Lane ST., 17-W WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lavinia C. Leaming

(a) RESIDENCE No. 611 Brune n ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Reuben Leaming

6 DATE OF BIRTH (month, day, and year) Nov 14-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Saml Bowers

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Rachal Rumbalow

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Eliz Ledley
(Address) 906 N. Bentalou st

15 Filed. ....., 19 .....
Registrar

OCT 20 1925 ROBERT R. KRAMER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18th 19 25

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1, 19 25, to Oct. 18, 19 25,

that I last saw h— alive on Oct. 17, 19 25,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

Chronic Myocarditis

(duration) ... yrs. ... mos 20 ds.

CONTRIBUTORY (Secondary) old age

(duration) senial yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) Robt C. Estabrook, M. D.

19 (Address) 1014 W Fa Bryden.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Oct 21st 19 25

20 UNDERTAKER F. R. Krause & Son — ADDRESS 703 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02949 E 02949

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1275 William ST., 24th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dolores May Hancock

(a) RESIDENCE No. 1275 William ST., 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white.

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 16th - 1925

7 AGE: Years ... Months 9. Days 3. If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Elmer Hancock

11 BIRTHPLACE OF FATHER (city or town) Delmar (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Ethel Chornick

13 BIRTHPLACE OF MOTHER (city or town) Crisfield (State or country) Maryland.

14 Informant Helen Sterling (Address) 1275 William St.,

15 Filed ... , 19 ... Registrar

OCT 20 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 19, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1925, to October 19, 1925, that I last saw him alive on October 18, 1925, and that death occurred, on the date stated above, at 2.05 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis (duration) 0 yrs. 0 mos 2 ds.

CONTRIBUTORY (Secondary) Inanition (duration) 0 yrs. 3 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry F. Buettner M. D.

, 19 (Address) 1319 Light St.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Oct 21st 1925

20 UNDERTAKER: F. A. Wanzer & Son — ADDRESS: 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02950

CERTIFICATE OF DEATH.

166 E 02950

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Colonial Hos. St., 203 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard L. Ritter

(a) RESIDENCE No. 2339 Edmondson Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Schnell Ritter

6 DATE OF BIRTH (month, day, and year) Aug 31-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) 00+
(c) Name of employer Self

9 BIRTHPLACE (city or town) Lyttonsville
(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Ritter

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Warfield

13 BIRTHPLACE OF MOTHER (city or town) Howard Co
(State or country) Md.

14 Informant Walter L. Ritter
(Address) 2339 Edmondson

15 Filed ..... 192.....

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide - cut throat

Duration of Incidents of suicide (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

Oct 30 1925 (Address) 280 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	Oct 30 1925
20 UNDERTAKER Wm J. Tickner & Sons	ADDRESS N. Y. Pa

IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02951

CERTIFICATE OF DEATH.

44 E 02951

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 W. Lombard ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie M. Gatchell

(a) RESIDENCE No. 1423 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of John H. Gatchell

6 DATE OF BIRTH (month, day, and year) May 18. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	77	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John E. Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah E. Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frank B. Gatchell (Address) 1423 W. Lombard St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18. 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1925, 1925, to Oct 18th, 1925, that I last saw her alive on Oct 7th, 1925, and that death occurred, on the date stated above, at 9-A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas L. Stearns M. D.

, 19 (Address) 905 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount DATE OF BURIAL Oct 20 1925

20 UNDERTAKER John O. Mitchell ADDRESS 201 W. Fayette St.

REGISTERED OCT 23 1925 ROBERT N. KRANTZ Burial Permit Clerk

NATURE should be carefully observed. Exact statement of OCCUPATION should be given so that it may be properly classified. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02952

CERTIFICATE OF DEATH.

90 02952

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 St Paul ST., 12-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodocia A Gardner

(a) RESIDENCE NO. 2705 St Paul ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W-

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo-W-Gardner

6 DATE OF BIRTH (month, day, and year): July 11, 1841

7 AGE: Years 84. Months Days If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Eli Sowers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Susan Norris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Market Frederick Co-Md.

14 Informant: Rev-L F Warner
(Address): 2705 St Paul St

15 Filed ..... 19 .....

OCT 20 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 19/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/2, 19 25, to 10/16, 19 25, that I last saw h[er] alive on 10/16, 19 25, and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis. 1
Asthma (Bronchial.)

(duration) 10 yrs 3 mos 0 ds.

CONTRIBUTORY (Secondary) Cardiac-Renal Com.
Edema (duration) 3 yrs 6 mos. 0 ds.

18 Where was disease contracted if not at place of death? Dont Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Brown, M. D.

, 19 (Address) 700 N. Howard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Union Bridge. Md.

DATE OF BURIAL: Oct 21 1925

20 UNDERTAKER: J. O. Mitchell

ADDRESS: 1201 W. Fayette

IMPORTANT—Should be Carefully Answered. Each item may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02953 — 61-002 — E 02953

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital, Balto. — REGISTERED NO. 27-44

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruby Brooks

(a) RESIDENCE NO. 300 North Ave, ST., West Washington Blvd. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 18, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			1 1/2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Phelps Brooks.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Evelyn Clapp.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tennessee.

14 Informant Father Phelps Brooks
(Address) 300 North Ave. West Washington

15 Filed ..... 19 ..... Registrar

OCT 20 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Oct. 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 18, 1925, to Oct 19, 1925, 19 ,

that I last saw h/im alive on Oct 19, 1925 19 ,

and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Intra-cranial Hemorrhage
due to birth.

(duration) ..... yrs. ..... mos 1 1/2 ds.

CONTRIBUTORY (Secondary) Toxemia & Inimition

(duration) ..... yrs. ..... mos. 1 1/2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Spinal Puncture.

(Signed) Chas. W. Dorsey Jr. M. D.

19 (Address) Woman Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Oct. 20 1925
20 UNDERTAKER	ADDRESS
Jno B Spencer	1325 N Carrollton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

185063

E 02954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-201

E 02954

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 5-2 WARD)

2-FULL NAME Lonna Jackson

(a) RESIDENCE No. 617 N. Central Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years | Months 6 1/2 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Parents

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1925, to Oct 18, 1925, that I last saw h[illegible] alive on Oct 18, 1925, and that death occurred, on the date stated above, at 1 00 a m

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical findings

(Signed) Thos. S. Stroupe M. D.

, 19 (Address) Johns Hopkins, Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem.	Oct 20 1925

20 UNDERTAKER Mrs J. G. Locke — ADDRESS 1302 Jeffry

mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it TION is very important. See instructions on

OCT 20 1925

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02955

CERTIFICATE OF DEATH.

58-001

E 02955

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 Park Ave. Kaspbug ST. 27-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Hellmers.

(a) RESIDENCE NO. 9 Park Ave. ST. WARD.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B. Hellmers.

6 DATE OF BIRTH (month, day, and year) Dec. 26 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supply Clerk. 09

(b) General nature of industry, business, or establishment in which employed (or employer) Eisenbuys Dept.

(c) Name of employer Stern

9 BIRTHPLACE (city or town) (State or country) Baltimore md.

PARENTS

10 NAME OF FATHER Henry D. Hellmers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna B. Hellmers. (Wife)

(Address) 9 Park Ave.

15 Filed ..... 19 ROBERT R. KRAUTER, Registrar

OCT 20 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925 to Oct 19-25.

that I last saw him alive on Oct 18-25

and that death occurred, on the date stated above, at 6.10 A. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. B. Thurman M. D.

Oct 19 1925 (Address) 2913 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	Oct 21st 1925.

20 UNDERTAKER Tilly, Ed Zeller ADDRESS 403 S. Wolfe St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S designation of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 02956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02956

CERTIFICATE OF DEATH.

170

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1220 Mc Culloh St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Probably Harry Smith

(Residence in Baltimore: No. 1220 Mc Culloh St. Don't Know. St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	Single

6-DATE OF BIRTH. about 1859
(Month) (Day) (Year)

7-AGE. 78 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Don't Know
(b) General nature of industry, business, or establishment in which employed (or employer) 087

9-BIRTHPLACE, (State or Country). Don't Know

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER, (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER, Don't Know

13-BIRTHPLACE OF MOTHER, (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. W. Dietrich

(Address) Penna Ave.

15-

Filed ....., 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 29, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by gun shot wound to head

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

Oct. 16, 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery DATE OF BURIAL. Jan 21 1926, 19...

20-UNDERTAKER. Paul Lenig ADDRESS 1434 Lee St

Com. Health. OCT 20 1925

For J. M. E. WOODALL

THE MORGUE Burial Permit Clerk

ROBERT H. KRAUSE

PUBLIC HEALTH NURSE

N. B.—Every effort should be made to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Willard J. Edmunds

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02957

CERTIFICATE OF DEATH.

100-001 E 02957

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Edmunds

(a) RESIDENCE NO. 515 W Mulberry St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER William H. Edmunds.

11 BIRTHPLACE OF FATHER (city or town) Maine (State or country)

12 MAIDEN NAME OF MOTHER Mary A Edmunds

13 BIRTHPLACE OF MOTHER (city or town) Maine (State or country)

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

OCT 20 1925 By ..... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16- 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-5- , 1925, to 10-16- , 1925,

that I last saw him alive on 10-16-25, 19

and that death occurred, on the date stated above, at 3 00 a m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate. Development of Bladder. Myocardial Insufficiency and Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 515 W Mulberry St.

Did an operation precede death? NO. Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical Signs & X Ray

(Signed) Dr. F Chamberlain M. D.

, 19 (Address) Balto. City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health.

OCT 19 1925

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 02958

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 02958

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hosp. REGISTERED NO.....

CITY OF BALTIMORE: (No. ..... ST., 7-2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Whitely

(a) RESIDENCE NO. 903 N Chapel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white.

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5 1925

7 AGE Years 4 Months Days 14 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Clarence Whiteley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emila

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hebrew Hospital (Address)

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

OCT 20 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 19 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-12 , 1925 , to 10-19 , 1925 , that I last saw him alive on 10-19 , 1925 , and that death occurred, on the date stated above, at 10 5 m.

The CAUSE OF DEATH* was as follows:

Extreme malnutrition

(duration) yrs. 1/2 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical exam and symptoms

(Signed) ..... M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ant Lawn Cem

DATE OF BURIAL Oct 21 1925

20 UNDERTAKER Geo M Fritchey

ADDRESS Sunwood

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S NOTICE: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02959

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (Street) (WARD)

REGISTERED NO. 1175

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Roach

(a) RESIDENCE NO. 6 N. Arlington Ave., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R. R.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John C Roach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Isabell O'Neil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Bertha Roach

(Address) 6 N Arlington Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1925, to Oct. 19, 1925.

that I last saw him alive on Oct. 19, 1925,

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Adhesions about Ascending Colon with resulting Partial Intestional Obstruction.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of 9/29/25 Exploration 10/19/25 Colostomy

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) B. Mc Kodeka, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National

DATE OF BURIAL Oct 19 1925

20 UNDERTAKER John J. Fields

ADDRESS 1200 W Lombard

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02960 E 02960

CERTIFICATE OF DEATH.

REGISTERED NO. 87

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 W. Lanvale ST., 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rudolph J. H. Moesta

(a) RESIDENCE NO. 2312 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha A. Moesta

6 DATE OF BIRTH (month, day, and year) May 14th 1869

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Traveling Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Baker, Supplies

(c) Name of employer Joe Lowe Co. Inc Richmond Va

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Henry Wm Moesta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ellenora Wilhelm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Martha A. Moesta (Address) 2312 W. Lanvale

15 Filed ....., 19 ..... Registrar

Robert P. Harrison, Burial Permit Clerk

OCT 20 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18th 1925

17 I HEREBY CERTIFY, That I attended deceased from October 4- 1925 to October 18 1925.

that I last saw him alive on October 17- 1925.

and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis

(duration) — yrs. — mos 15 ds.

CONTRIBUTORY (Secondary) Dilatation of heart

(duration) — yrs. — mos. 11 ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical Signs

(Signed) Chester Piland, M. D.

10-19-19 25 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emmanuel Lutheran Catonsville	10/21/25

20 UNDERTAKER Geo. Nibert & Son ADDRESS 2503 Edmondson Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02961

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 35 Cedar St. (ST.) 5-11 (WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jaschia Ledwina (LEDVINA)

(a) RESIDENCE No. 35 Cedar St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., If of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Ledvina

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Charles Ledvina

(Address) 33 Cedar St

15 Filed ..., 19... Robert P. Harrison, Registrar

OCT 26 1925

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct — 1923 to Oct 19 — 1925 that I last saw h[illegible] alive on Oct 19 — 1925 and that death occurred, on the date stated above, at 10:20 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) [illegible], M. D.

, 19 (Address) 1340 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Oct 22 1925

20 UNDERTAKER Grant Evelston

ADDRESS 1906 Gay

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02962

CERTIFICATE OF DEATH.

90 E 02962

1-PLACE OF DEATH Baltimore, Md

CITY OF BALTIMORE: (No. 313 Gittings Ave ST. 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Sloan Caldwell

(a) RESIDENCE NO. 313 Gittings Av. ST., Cedarcroft WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a ~~If married, widowed, or divorced~~ HUSBAND of (or) WIFE of Amanda N. Scott

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ~~hrs or min.~~
	69	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer, Former Member of

(b) ~~General nature of industry, business, or establishment in~~ which ~~employed (or employer)~~ Law Firm of

(c) ~~Name of employer~~ Benzinger a Caldwell

9 BIRTHPLACE (city or town) (State or country) Catonsville, Balto. Co. Md.

PARENTS

10 NAME OF FATHER Lucien B. Caldwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Harriett Sloan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Walter S. Caldwell

(Address) 313 Gittings Av.

15 Filed OCT 20 1925, 19 Robert E. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1925, to Oct 20, 1925, that I last saw him alive on Oct 19, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis, Cerebral Softening.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis (duration) 6 & 8 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Former residence 171 W Lanvale

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination High blood Pressure

(Signed) Jas. M. Scarlett M. D.

OCT. 1925 (Address) 1800 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem — DATE OF BURIAL Oct 21 1925

20 UNDERTAKER Henry J. Haskins Sons Co — ADDRESS McCulloh & Orchard Sts

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02963

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02963

CERTIFICATE OF DEATH.

38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Gough ST. 7-1 WARD)

2-FULL NAME Harry E Welzel

(a) RESIDENCE NO. 1812 Gough ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margueth Welzel

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Harry Welzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margueth Welzel (Address) 1812 Gough St

15 Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1925, to Oct 18, 1925, that I last saw him alive on Oct 18, 1925, and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) B yrs. mos. ds.

CONTRIBUTORY (Secondary) Renal

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Laboratory findings

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings

(Signed) Oscar Heller M.D.

10-21, 1925 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Oct 24 1925

20 UNDERTAKER Wendel Dyer Co — ADDRESS 3104 W

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OCT 20 1925

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02964

CERTIFICATE OF DEATH.

197 E 02964

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dominic Espoli

(a) RESIDENCE NO. 911 Eastern Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Espoli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Martin E. Dippel
(Address) 37 S. Ann St

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17-29 22

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to pistol shot in chest.
(Homicide)

8nquest Oct. 21/25 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Culley, M. D.
(Coroner.)

10-20/25, 192 (Address) 508 E. Lor h Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bath Cem	Oct 2/1925

20 UNDERTAKER Wendell Apple & Son ADDRESS 378 Ln

Robert P. Harrison,
Burial Permit Clerk

Spec.—1-10-21 M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02965

CERTIFICATE OF DEATH.

49 E 02965

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 N. Charles ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Natalie D. Hall.

(a) RESIDENCE No. 2426 N. Charles ST., WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 13 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

068

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Dr Robert J Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Rebecca Ann Prill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant Mrs Flora H. Hall
(Address) 2426 N. Charles St

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Mch. 3, 1924, to Oct. 19, 1925.

that I last saw h a alive on Oct. 19, 1925,

and that death occurred, on the date stated above, at 3.75 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Chest Wall.
(Possible metastasis into lungs.)

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Synovial sarcoma of lungs. (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Henry B Fletcher, M. D.

(Address) 2306 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Oct 22 19 25
20 UNDERTAKER	ADDRESS
John O. Mitchell	1701 W Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Burial Permit Clerk

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02966 E 02966

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2211 N. Charles ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. David P. Allison

(a) RESIDENCE No. 2211 N. Charles St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia V. J. Allison

6 DATE OF BIRTH (month, day, and year) Sept 13 1857.

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
68.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Windsor Nova Scotia

PARENTS

10 NAME OF FATHER David P. Allison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nova Scotia

12 MAIDEN NAME OF MOTHER Eliza Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nova Scotia

14 Informant Mrs Amelia Allison

(Address) 2211 N. Charles St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1925, to Oct 20, 1925, that I last saw him alive on Oct 17, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease.

(Had other attacks over a period of about 50 years.)

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm U. Watson, M. D.

Oct 20 1925 (Address) 2128 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Oct 24 1925

20 UNDERTAKER ADDRESS

John O. Mitchell 1210 W Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OCT 26 1925 Robert P. Harrison, Burial Permit Clerk

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02967

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 02967

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bucks Lane, Arlington (ST.) 28-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca A. Martin

(a) RESIDENCE NO. Bucks Lane, Arlington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Noah Martin

6 DATE OF BIRTH (month, day, and year) Feb. 8- 1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	86	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Aquilla Richpan

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Wooden

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Mrs. Mary E. Fetter
(Address) Bucks Lane Arlington

15 Filed ..... 19 Robert P. Harrison
Registrar

OCT 20 1925
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-14 1925, to 10-18 1925.

that I last saw h[illegible] alive on 10/18 1925.

and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Interstetial nefritis (Chronic)

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral regurgitation

(duration) 4-5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Patient house

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam Urine

(Signed) Henry Schuell M. D.

10/19 1925 (Address) 5902 Groveland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stone Chapel	Oct 21 1925
UNDERTAKER	ADDRESS
Horace H. Burgee	401 Fall Rd

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write plainly. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

(Dorsey)

E 02968

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02968

CERTIFICATE OF DEATH.

+ 129

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 11-2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs. Rebecca Dorsey

(a) RESIDENCE NO. 40 Bloomingdale Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 weeks How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town)
(State or country) Balto Co

10 NAME OF FATHER Wood Dorsey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Co

12 MAIDEN NAME OF MOTHER Ann Gordon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Co

14 Informant Arthur Dorsey
(Address) 40 Bloomingdale Ave Catonsville

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-17-25 19

17 I HEREBY CERTIFY, That I attended deceased from 10-2-25, 19 , to 10-17-25, 19 ,

that I last saw her alive on 10-17-25, 19 ,

and that death occurred, on the date stated above, at 10:00 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease.

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 425 N. Carline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Loudon Park Cem 10/21/1925

20 UNDERTAKER — ADDRESS

Dame Easton Balto

I. B. WHITE—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1010-21—M&T - 1500 Bks.

1842 E 02969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02969

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 17-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Washington

(a) RESIDENCE NO. 756 Bradley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Geo. Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maria

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 20 1925 By Robert P. Harrison, Registrar

(Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 3 1925 to Oct. 17th 1925 that I last saw h alive on Oct. 17th 1925 and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Infection Hip. Rt.

6 wks

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Sept 4-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) L.W. Saunders, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and, (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL John Wesley Cem Md

DATE OF BURIAL 10/21/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Penna ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIAN'S should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 02970

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02970

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2354 Mc Culloh St. 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Carpenter

(a) RESIDENCE No. 2354 Mc Culloh ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary E. Carpenter

6 DATE OF BIRTH (month, day, and year) Oct. 30-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chris Carpenter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mary E. Carpenter (Address) 2354 Mc Culloh St

15 Filed OCT 21 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5 1925 to Oct. 18 1925.

that I last saw h... alive on Oct. 17 1925,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Lam, Jr. M. D.

Oct. 19 25 (Address) 515 Hooker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Oct. 21 1925

20 UNDERTAKER Jno. M. Johnson

ADDRESS 2349 Eutaw St

N. B.—WRITE LEGIBLY. All information required should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E2971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 02971
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward B Claggett

(a) RESIDENCE NO. 614 N. Fremont ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Lillian Claggett,

6 DATE OF BIRTH (month, day, and year) August 20.1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	65	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm Claggett,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Lillian Claggett
(Address) 614 N. Fremont Ave.

15 Filed OCT 21 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20 19 25

17

I HEREBY CERTIFY, That I attended deceased from August, 1925, to Oct 20, 1925, that I last saw him alive on Oct 20, 1925 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Oesophagoscopy

(Signed) Wm. Grampier, M. D.

, 19 (Address) 1013 Poplar Grove St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvert Co. Md. Wesley Memorial Church

DATE OF BURIAL OCT 22 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 1700 EDMONDSON AVE.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PAPER mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02972

CERTIFICATE OF DEATH.

31 E 02972

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 61 WARD)

2-FULL NAME Lulu Wilson (Reese)

(a) RESIDENCE NO. 1645 E. Fayette st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Wilson

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Newport News

(State or country) Virginia

PARENTS

10 NAME OF FATHER James Byers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital records

(Address)

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1925, to Oct. 18, 1925,

that I last saw her alive on Oct. 18, 1925,

and that death occurred, on the date stated above, at 11.55 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis Clinical findings

(Signed) W. O. McFane M. D.

10-19 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gaffney S. C

DATE OF BURIAL Oct 22 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OCT 21 1925 ROBERT R. KRAUTER, Deputy Register

Spec.—1-10-21—M&T—1500 Bks.

E 02973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02973

CERTIFICATE OF DEATH.

× 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Central Ave. 5-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha F Simmons

(a) RESIDENCE NO. 511 N. Central Ave WARD Norfolk Va

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Simmons

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ·min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk County (State or country) Va

PARENTS

10 NAME OF FATHER Virginia

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Lillie M Elliott

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant John Simmons

(Address) 511 N. Central Ave

15 Filed OCT 21 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Oct 18, 1925, that I last saw her alive on Oct 18, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Phthisis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Geo S Callen M. D.

10-20, 1925 (Address) 508 Commerce St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va

DATE OF BURIAL Oct 21, 1925

20 UNDERTAKER Edward Bryan

ADDRESS 101 Orleans St

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02974

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02974

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Wilderson

(a) RESIDENCE No. 3651 Park Heights ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice A Wilderson

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 75 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dairy Business

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Samuel Wilderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): York County Pennsylvania

12 MAIDEN NAME OF MOTHER: Mary Ann Gent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Reginald C Wilderson

(Address): 3736 Gypsy Ave

15 Filed ..... 19..... ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-19-1925

17

I HEREBY CERTIFY, That I attended deceased from 7-26, 1925, to 10-19-1925, that I last saw him alive on 10-19-1925, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Bladder with Metastases

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No Clinical Diagnosis

What test confirmed diagnosis? Physical Signs & Biopsy

(Signed) Jos. C. Champe, M. D.

, 19 (Address) Balto. City Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Lodge — DATE OF BURIAL: Oct 22 1925

20 UNDERTAKER: William Ged — ADDRESS: 502 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02975

E 02975

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mrs Hospital ST. 25-4 WARD) 199

2-FULL NAME Ralph D Caulfield

(a) RESIDENCE NO. 109 Patapsco ST. (Westport WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence A Caulfield

6 DATE OF BIRTH (month, day, and year) May 1, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Repair Man 686
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Gas Co.

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John H Caulfield

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Emelia Plummer

13 BIRTHPLACE OF MOTHER (city or town) Talbot Co
(State or country) Md

14 Informant Amelia J Caulfield
(Address) Mt Vernon Ave.

15 Filed ....., 192 .....
ROBERT R. KRAUTER,
Burial Permit Clerk
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis of Bowels
(Gas Fumes)

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Locks

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G C Hady, M. D.
(Coroner)

Oct 21 192 (Address) 1934 E Biray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Inatitutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Oct 21 1925
20 UNDERTAKER	ADDRESS
W. Cook	502 E Monument

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 02976 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02976

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Stmr. Middlesex. REGISTERED NO.

CITY OF BALTIMORE: (No. Foot of Woodall St. ST. 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Benson Lowe. (LOWE)

(a) RESIDENCE NO 608 N. Monroe St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, HUSBAND of Mary W. Lowe.

6 DATE OF BIRTH (month, day, and year) May 14, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman 062
(b) General nature of industry, business, or establishment in which employed (or employer) Stmr. Middlesex
(c) Name of employer B.C. & A. Ry.

9 BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

PARENTS

10 NAME OF FATHER James Lowe.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Amanda J. Charles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Michael Lowe. (Address) 2412 Poplar Drive.

15 Filed OCT 21 1925 ROBERT H. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 18, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner), M. D.

Oct. 20, 1925. (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Oct 21 1925
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 02977.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 02977.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 E. Eager St ST., 71 WARD)

2-FULL NAME Charles Benesch

(a) RESIDENCE NO. 1722 E. Eager St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 30 yrs. ... mos. ... ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	whi te	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Benesch

6 DATE OF BIRTH (month, day, and year) Sept 9/1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher 013
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Israel Benesch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Helen Lavinia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Eli Benesch
(Address) 1722 E. Eager St

15 Filed OCT 21 1925 192 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Cardiac Insufficiency

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (Duration) ... yrs. ... mos. ... ds.

(Signed) I S Wallis, M. D. (Coroner.)

10-20-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	10/21 1925

20 UNDERTAKER J. Ahrens Co ADDRESS 3314 Reisterstn Rd

S·A·F

BACK

J. S. H. POTTER. M. D.
505 NORTH AVENUE, EAST
BALTIMORE, MARYLAND

December 9-1925

Dr. C. Hampson Jones,
Health Commissioner,
Baltimore, Md.

Dear Sir; Please correct date of birth of Charles Benesch, 1722 E. Eager St., whose death occurred on Oct. 19/25. The correct date so I am told is Sept: 9, 1862, which makes his age 63yrs. 1 mon. & 10days.

Respectfully,
J. S. H. Potter M. D.
Coroner N. E. Dist.

Spec.—1-10-21—M&T—1500 Bks.

E 02978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

163 16 E 02978

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. West Baltimore General Hospital WARD)

2-FULL NAME Baby Boy Newcomb-

(a) RESIDENCE NO. 4911 Shader Ave - Rastertown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced (oc) HUSBAND of (oc) WIFE of ___

6 DATE OF BIRTH (month, day, and year) Oct 20 25

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs or ___ min.
	___	___	___	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ___ 000

(b) General nature of Industry, business, or establishment in which employed (or employer) ___

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER R Joseph Newcomb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore City Md

12 MAIDEN NAME OF MOTHER Mary Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Parkton Baltimore County Md

14 Informant (Address) Mrs Mary E Newcomb Balto. County, Md

15 Filed OCT 21 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1925, to Oct 20, 1925, that I last saw him alive on Oct 20, 1925, at 6 17 and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos 5 hrs

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ___

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. Hebert Wilkinson, M. D.

, 19 (Address) Med Staff Jes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HUNKTON. Cremation Md | DATE OF BURIAL Oct 21 1925

20 UNDERTAKER F. B. Wagner | ADDRESS 1850 W Pratt St

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02979

CERTIFICATE OF DEATH.

16 E 02979

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST. 15-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Baylin

(a) RESIDENCE NO. 2616 Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-17-25

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
		3	

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bala, Md

PARENTS

10 NAME OF FATHER Samuel Baylin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sadie Hurlberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bala, Md

14 Informant Samuel Baylin (Address) 2616 Bentalou Ave.

15 Filed ..., 19 ROBERT R. KRAUTER, Registrar

OCT 21 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1925, to Oct 20, 1925, that I last saw her alive on Oct 20, 1925, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) Samuel R Siegel, M. D.

, 19 (Address) Hebrew Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship — DATE OF BURIAL 10-21-1925

20 UNDERTAKER Jack Levins, ADDRESS 1439 E. Bala

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 02980 HEALTH DEPARTMENT—CITY OF BALTIMORE

99-002 E 02980

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2404 W. Lafayette Ave ST. 16-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Rice

(a) RESIDENCE NO. 2404 W. Lafayette Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fire Chief. 03 V

(b) General nature of industry, business, or establishment in which employed (or employer) Fighting fires.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles E Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Emma Donnelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia

14 Informant Wm F. Rice

(Address) 1936 Park Heights Ave.

15 Filed OCT 21 1925 Burial Permit Issued

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1924 to Oct 19 1925,

that I last saw h[illegible] alive on Oct 19 1925,

and that death occurred, on the date stated above, at 2-50 A m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis & Bronchial asthma

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Harry A. McCarty M. D.

10-23, 1925 (Address) 837 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Oct 23 1925

20 UNDERTAKER F. A. Klauser & Son ADDRESS 703 Hamp[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02981

CERTIFICATE OF DEATH.

31 E 02981

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Hoes Road ST., 27th WARD)

2-FULL NAME John T. Norris Jr

(a) RESIDENCE NO. 1 Hoes Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 10 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	18	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Ori

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Butler Md.

PARENTS

10 NAME OF FATHER John T. Norris Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tonga Town Md

12 MAIDEN NAME OF MOTHER Helen J. Atkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John T. Norris Sr
(Address) 1 Hoes Rd. Roland Park.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1925

17 I HEREBY CERTIFY, That I attended deceased from May . 1925 . to Oct 19 . 1925 .
that I last saw him alive on Oct 11 . 1925
and that death occurred, on the date stated above, at 7-15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M. J. Pyle, M. D.

10/20 1925 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	Oct 21 1925
20 UNDERTAKER	ADDRESS
Samuel S. Brusley	578 Pa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02982

CERTIFICATE OF DEATH.

E 02982

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 212 W. Chase St. 23-1 (WARD)

2-FULL NAME Nelson Price Sr

(a) RESIDENCE NO. 212 W. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Divorced

5a If ~~married, widowed, or~~ divorced HUSBAND of ~~(or) WIFE of~~ Minnie Smith

6 DATE OF BIRTH (month, day, and year) Dec 27, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	50	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer) 071

(c) Name of employer Mutual Benefit Ins Co

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Leonard Price

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Nelson Price Jr

(Address) 212 W. Chase

15 Filed OCT 21 1925 ROBERT N. KRAUTER, Burial Permit Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1925, to Oct 18, 1925.

that I last saw h~~e~~r alive on Oct 17, 1925.

and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. S. Haviland M. D.

(Address) 119 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem.

DATE OF BURIAL Oct 22, 25

20 UNDERTAKER Edmund D Hensley

ADDRESS 1728 McCulloh

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All questions must be answered EXACTLY. PHYSICIANS should state CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See in plain terms, so that it may be properly classified. instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02983

E 02983

CERTIFICATE OF DEATH.

Registered No. 2179

1-PLACE OF DEATH

City of BALTIMORE: (No. 926 Shields Place St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pinkney Foote

(a) Residence No. 926 Shields Place St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 18 1887

7-AGE 38 yrs. 6 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Coal dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Selling Coal

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm B. Foote

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Co. Md.

12-MAIDEN NAME OF MOTHER, Henrietta Young

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Henrietta Foote

(Address) 926 Shields Place

15-

Filed OCT 21 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 18 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1925 to Oct 18 1925

that I last saw him alive on Oct 18 1925

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis & Mitral Insufficiency

(Duration) 10 mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Findings Acute Endocarditis Mitral Insufficiency

What test confirmed diagnosis? Post Mortem Acute Endocarditis Mitral Insufficiency

(Signed) John C Stevens M. D.

, 19 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, National Cem. DATE OF BURIAL, 10-21-25

20-UNDERTAKER, Samuel S Beasley ADDRESS 1778 Bedford St

Cor.—1-12-23—M&T—100 Bks.

02984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-003

B 02984

1-PLACE OF DEATH In front of Colonial Hospital 16-6

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Sipes.

(a) RESIDENCE No. McDonough Station ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. few hrs. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Sipes

6 DATE OF BIRTH (month, day, and year): July 4 1847

7 AGE: Years 78 | Months 4 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 015
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joshua Sipes.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Susie Ecly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Marcella Sipes
(Address): Phoenix Md.

15 Filed OCT 21 1925, 192.. ROBERT L. KRAUSER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 17 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of skull and subdural hemorrhage accidental

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fracture of pelvis about 5 hrs.

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Oct. 19, 1925 (Address) 250 Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Kendallstown Md. DATE OF BURIAL: 10-21 1925

20 UNDERTAKER: Frank H Moore ADDRESS: Pikesville Md.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02985

CERTIFICATE OF DEATH.

1001
100 E 02985

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 1228 Carroll ST. 21-2 WARD)

2-FULL NAME Joseph Horn

(a) RESIDENCE NO. 1228 Carroll ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 15th 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	7	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child. ddd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Wm L. Horn

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Lucas

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant Wm L. Horn
(Address) 1228 Carroll St

15 Filed OCT 21 1925, 192... ROBERT R. KRAUTER, Burial Permit Clerk, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Geo. B. Horton, M. D.
(Coroner.)
Oct 20, 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters — DATE OF BURIAL: 10-22-25

20 UNDERTAKER: James Sigmon & Son — ADDRESS: 1000 S Paca St

INFORMATION, WITH CERTIFICATE OF THIS DEPARTMENT, WILL BE KEPT STRICTLY CONFIDENTIAL. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

02986

REGISTERED NO. E 02986

12-5 129

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 343 E. 22nd. St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma V. Carter Irwin

(a) RESIDENCE NO. 343 E. 22nd. St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 8 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Irwin

6 DATE OF BIRTH (month, day, and year) Feb. 1, 1857.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Flavius J. Carter

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Hare

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Harry C. Irwin (Address) 343 E. 22nd St.

15 Filed OCT 27 1925 19.... ROBERT R. KRAMER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 25 1925

17 I HEREBY CERTIFY, That I attended deceased from August 11th 1925 to October 25th 1925.

that I last saw her alive on October 19th 1925.

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Jos E Jelly M. D.

(Address) 343 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery,	Oct. 22, 1925

20 UNDERTAKER Chas. S. Black ADDRESS 7420 Northern

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02987 E 02987

CERTIFICATE OF DEATH. + 46

REGISTERED NO. .....

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. ..... ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Goldie Beall.

(a) RESIDENCE NO. Oswego Mills ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Cleveland Beall

6 DATE OF BIRTH (month, day, and year) Jan 28 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto co md

PARENTS

10 NAME OF FATHER George Kilbaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll co Md

12 MAIDEN NAME OF MOTHER Elizabeth Sowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll co md

14 Informant Mr Cleveland Beall (Address) Owings Mills md

15 Filed ..... 19 ..... HUBERT M. KRAUTEN, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 14 , 1925 , to Oct 14 , 1925

that I last saw h Malive on Oct 14 , 1925

and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows: Chronic Parenchymatous Nephritis

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Oct 7/21 2

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) Louis Hamburger, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pleasant Grove Cemetery	Oct 22 1925
20 UNDERTAKER Balto co md	ADDRESS
J T Ebersberger	Reisterstown md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

02988

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02988

CERTIFICATE OF DEATH.

+ 37-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Johndon

(a) RESIDENCE NO. Rock Hall Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Johnson

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Oysterman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wesley Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Anna Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hopkins Hospital
(Address) JOHNS HOPKINS HOSPITAL

15 Filed. OCT 21 1925, 192 ROBERT M. KRAUTER, Registrar
Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Moliary Tuberculosis

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] (Coroner.), M. D.

Oct 19/25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	OCT 25
20 UNDERTAKER Co. Health,	ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every question on this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02989

CERTIFICATE OF DEATH.

90 E 02989

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Park Ave. ST.; 11-2 WARD)

2-FULL NAME Elizabeth Heiramimus

(Residence in Baltimore: No. 522 Park Ave. St.; 15 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 4 (Day) 1844 (Year)

7-AGE, 81 yrs. 4 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... retired
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Saml. H. Fowley

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Maria Rogers

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Fowley J. Heiramimus

(Address)..... 522 Park ave

15-

Filed..... 191....

Registrar.....

OCT 21 1925 ROBERT A. BRADY Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 21 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 191..., to October 191..., that I saw h... alive on October 20. 191..., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

Mitral Regurgitation

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) old age

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert C. Poteat M. D.

....., 191... (Address) 101 W. Mt. Royal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Winchester Va. DATE OF BURIAL, Oct. 24, 1925

20-UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02990 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02990

CERTIFICATE OF DEATH.

90 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1015 Ensor St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna T. Lynch

(a) Residence No. 1015 Ensor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 30 1885

7-AGE, 40 yrs. 2 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Daniel Lynch

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mona O'Donnell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mary Lynch

(Address) 1015 Ensor St

15- Filed OCT 21 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 20, 1925

17- I HEREBY CERTIFY, That I attended deceased from ..., 19 23 to Oct 20, 19 25

that I last saw h[illegible] alive on Oct 19, 19 25

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Chr endocarditis

Acute dilatation Heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 1015 Ensor St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Kirby M. D.

(Address) 110 E Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL, St. Mary's Cemetery Govans — DATE OF BURIAL, Oct 23 1925

20-UNDERTAKER, Elmer W. Conkle — ADDRESS 1246 E. Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 02991

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals WARD)

2-FULL NAME Mamie Louise Wesley

(a) RESIDENCE No. 315 Myrtle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	unknown	unknown	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundry Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) tennessee

PARENTS

10 NAME OF FATHER William Wesley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Julia Flowers
(Address) 315 Myrtle Ave

15 Filed ... 192 ...

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) acute alcoholism

(duration) yrs. mos. 5 ds.

(Signed) James H. Pilcher M. D.
(Coroner.)

Oct 19, 1925 (Address) Town House

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos. (3 days) In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?
315 Myrtle Ave

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mont Zion — DATE OF BURIAL Oct 20 1925

20 UNDERTAKER Leonard Whalen — ADDRESS 306 Fremont Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 02992

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02992

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 Schroder ST. 18-1 WARD)

2-FULL NAME Samuel Frisby

(a) RESIDENCE No. 327 Schroder ST. U WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Unknown

6 DATE OF BIRTH (month, day, and year) Jan 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	75	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel Frisby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edna Brown

(Address) 2311 McCulloh St

15 Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19. 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 17 1925, to Oct 19th 1925, that I last saw him alive on Oct 19th 1925 and that death occurred, on the date stated above, at 10:45 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia (1)

Cerebral Hemorrhage

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis 6 years

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

10/20, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 10/22/25

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1103 Druid

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 21 1925 Burial Permit Clerk

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 02993

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3112 Elliott ST. 1-4 WARD)

2-FULL NAME Anna M. Kotch

(a) RESIDENCE NO. 3112 Elliott ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 10 23

7 AGE — Years: — Months: 4 Days: 10 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John Kotch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Florence Sears

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): John Kotch 3112 Elliott St

15 Filed ....., 19 ..... Registrar

ROBERT N. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 20th 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1925, to Oct. 20, 1925, that I last saw [illegible] alive on Oct. 20 1925, and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) D. B. Bronushar, M. D.

(Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus — DATE OF BURIAL: Oct 22 25

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

02994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 31 E 02994

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 E Ashland Ave ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah N. Handy

(a) RESIDENCE NO. 1411 E Ashland Ave ST.

(Usual place of abode)

WARD Nanticoke Md.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Approx 39	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tyaskin Md.

PARENTS

10 NAME OF FATHER Hiram Handy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Wainwright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Alethia Steen (niece)

(Address) 1411 E Ashland Ave

15 Filed OCT 21 1925, 19 ... ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1925

17

I HEREBY CERTIFY, That I attended deceased from July, 1925, to Oct 19, 1925, that I last saw h e alive on Oct 19, 1925, and that death occurred, on the date stated above, at 11 00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3½ mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R Lyburg, M. D.

(Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Nanticoke Md	10/22 1925
20 UNDERTAKER Byron Wright	ADDRESS 218 McElderry

Spec—12-23-21—E.B.R.S.—400 Blks.

E 02995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02995

CERTIFICATE OF DEATH.

135

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1911 Fleet St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Durnicka

(a) Residence No. 1911 Fleet St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., If of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Wh

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of married

6-DATE OF BIRTH (month, day and year) nuknown 1860

7-AGE. 65 yrs. mos. ds. If LESS than 1 day, hrs. or. min.*

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired 040
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer nature.
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Lithuania

PARENTS.

10-NAME OF FATHER, Nukown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Lithuania

12-MAIDEN NAME OF MOTHER, Nukown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Lithuania

14- (Informant) M. Dominick
(Address) 1911 Fleet St

15- Filed OCT 21 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 19/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 24, 1925, to Oct 18, 1925, that I last saw h[illegible] alive on Oct 18, 1925, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Probable Cause

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Cystitis

(Duration) yrs. ½ mos. ds.

18-Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ~

Was there an autopsy? no

What test confirmed diagnosis? Usual

(Signed) [illegible] M. D.

, 19 (Address) 1211 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Stanislaus	Oct 22, 1925
20-UNDERTAKER.	ADDRESS
John Gulbinowicz	420 S Paca St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 02996

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02996

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital W-2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E Farmer

(a) RESIDENCE NO. Cochambaccuts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Farmer

6 DATE OF BIRTH (month, day, and year) July 4 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	57	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Atlanta Ga.

PARENTS

10 NAME OF FATHER Chas Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Atlanta Ga

12 MAIDEN NAME OF MOTHER Sarah Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary E Farmer

(Address) 20 Hamilton Apts

15 Filed OCT 21 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1925, to Oct 20, 1925.

that I last saw h alive on Oct 20, 1925,

and that death occurred, on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Operation for Gall Stones (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date Oct 16th

Was there an autopsy? Yes

What test confirmed diagnosis? Typical

(Signed) J L Kuhlke M. D.

10/22 1925 (Address) Wedgeworth Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Oct 22 1925

20 UNDERTAKER: Jos B Cork — ADDRESS: 1003 W Balto St.

Spec.—1-10-21—M&T—1500 Blks.

Mills

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02997

CERTIFICATE OF DEATH.

129

E 02997

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harris & Cottage Ave., ST., 27-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. Brindley Mills.

Gardenville, Md.

(a) RESIDENCE No. Harris & Cottage Ave., ST., WARD 27

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mills

6 DATE OF BIRTH (month, day, and year) Nov. 19th, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44 yrs.	11	2 days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wales
(State or country)

PARENTS

10 NAME OF FATHER John Mills

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Jane---

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Brindley Mills
(Address) Harris & Cottage Ave.

15 Filed OCT 21 1925, 19 Robert F. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20th, 19 25

17

I HEREBY CERTIFY, That I attended deceased from Oct 19th, 19 25, to Oct 20th, 19 25,

that I last saw him alive on Oct. 20th, 19 25,

and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

3 hours (duration)

CONTRIBUTORY (Secondary) Hyper-tension with chr. interstitial nephritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

10/26, 19 25 (Address) Rosebury, Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Oct 23, 1925
20 UNDERTAKER	**ADDRESS**
Fredk. Sasse & Son	Fullerton

Spec—12-23-21—E.B.R.S.—400 Bks.

E 02998

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002 E 02998

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 855 Hamilton Terrace. St., 11-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Robert Rainey.

(a) Residence No. 855 Hamilton Terrace. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, ~~or divorced~~
HUSBAND of (or) ~~WIFE of~~ Margaret Greene

6-DATE OF BIRTH (month, day and year) Aug 12, 1824.

7-AGE.	If LESS than 1 day,
101 yrs. 2 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)..... "

(c) Name of employer..... "

9-BIRTHPLACE (city or town)..... Ireland.
(State or Country).

PARENTS.

10-NAME OF FATHER, Henry Rainey.

11-BIRTHPLACE OF FATHER (city or town)..... Ireland.
(State or Country).

12-MAIDEN NAME OF MOTHER, Mary Murray.

13-BIRTHPLACE OF MOTHER (city or town)..... Ireland
(State or Country).

14- (Informant) Margaret A. Rainey.

(Address) 855 Hamilton Terrace.

15- Filed ..... 192... Robert P. Harrison, Registrar.

OCT 21 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 20, 1925

17- I HEREBY CERTIFY, That I attended deceased from August 9, 1925 to Oct 20, 1925

that I last saw h[illegible] alive on Oct 19, 1925

and that death occurred, on the date stated above, at 6.45a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. J. O'Neill M. D.

10/21, 1925 (Address) 108 N. Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cem.	Oct. 22 ..... 19.25.

20-UNDERTAKER. Henry W. Mears & Son ADDRESS 805 N. Calvert St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 02999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02999

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH 12th Fayette St

CITY OF BALTIMORE: (No. Continental Con ST 7-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J. Geist

(a) RESIDENCE No. 8 S. 11th ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Henry H. Geist

6 DATE OF BIRTH (month, day, and year) March 5th 57

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	7	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laboring
(b) General nature of industry, business, or establishment in which employed (or employer) work at
(c) Name of employer Continental Can Co

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs John Kunkel
(Address) 29 S Linwood Av

15 Filed OCT 21 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 1 yrs. mos. ds.

(Signed) James H Lenhart, M. D. (Coroner.)

Oct 21, 1925 (Address) York Penna

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
York Penna.	Oct 23 1925
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 03000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

74 E 03000

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1750 Park Ave ST. 14-2 WARD)

2-FULL NAME Eleanor Eckelman

(a) RESIDENCE No. 1750 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 17 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4/1860

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Modiste

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Herman S. Eckelman

11 BIRTHPLACE OF FATHER (city or town) Hanover (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna A Schmuttzer

13 BIRTHPLACE OF MOTHER (city or town) Hanover (State or country) Germany

14 Informant Mary Eckelman (Address) 1750 Park Ave

15 Filed ..... 19 .....

Robert F. Harrison, Registrar

Burial Permit Clerk

OCT 21 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 19 25

17

I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1925, to Oct 21, 1925, that I last saw h~~e~~ive on Oct 20, 1925, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorhage

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) A. C. Emmert, M. D.

(Address) 4209 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Oct 23 1925

20 UNDERTAKER Harry H Armacost — ADDRESS 4204 Ridgewood Ave

E 03001 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03001

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Stephen A. L. Hommedier (L'Hommedieu)

(Residence in Baltimore: No. Towson Hotel. Towsonrd St.; yrs., mos. 1 ds.)

SIGNS ... statement of OCCUPATION

N. B.—E... of information sho... supplied. Age should state CAUSE OF DEATH in plain terms, so that it may be properly classified. is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Feby. (Month) 24 (Day) 1867 (Year)

7-AGE. 58 yrs. 7 mos. 26 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Broker

9-BIRTHPLACE, (State or Country). New York

PARENTS.

10-NAME OF FATHER. Jesse L. Hommedieu

11-BIRTHPLACE OF FATHER. (State or Country). New York

12-MAIDEN NAME OF MOTHER. May Fowler

13-BIRTHPLACE OF MOTHER. (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. S. Kaufman

(Address) 1153 Carroll St.

15-

Filed ... 19... Robert F. Harrison, Registrar.

OCT 21 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 20, 1925 (Month) (Day) 192... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... (Coroner.) M. D.

Oct 21 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Friendship Cem.	10/22/ 1925

20-UNDERTAKER. Baird Sondheim ADDRESS 115-20 W. Mt. Royal Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03002

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 515 N. Dukeran Ave St., 7-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Margaret Bullock

(a) Residence No.... 1909 McElderry St. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Bullock

6-DATE OF BIRTH (month, day and year) Feby 9-1853

7-AGE, 72 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or.....mio.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER John E. Dannetelle

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto

12-MAIDEN NAME OF MOTHER Emma C. Stahl

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto

14- (Informant) Chester Bullock

(Address) 1909 McElderry St

15- Filed....., 192.. Registrar.

OCT 21 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 19/25

17- I HEREBY CERTIFY, That I attended deceased from August 14 1925, to October 19, 1925.

that I last saw h.. alive on October 19, 1925,

and that death occurred, on the date stated above, at 5.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Cholecystitis

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Frank J. Ayd, M. D.

Oct 19, 1925 (Address) 2065 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL. Oak Lawn Cemetery — DATE OF BURIAL. 10/22, 1925

20-UNDERTAKER. Chas. E. Evans & Son — ADDRESS 1810 Mont Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1411 W. Lanvale St. St., 167 Ward) 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael J. O'Dea

(a) Residence No. 1411 W. Lanvale St. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Clementine O'Dea

6-DATE OF BIRTH (month, day and year): Nov. 5th. 1854

7-AGE: 70 yrs. 11 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Guard

(b) General nature of Industry, business, or establishment in which employed (or employer): Balto. City Jail

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): Ireland

PARENTS:

10-NAME OF FATHER: John O'Dea

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14-

(Informant): Clementine O'Dea

(Address): 1411 W. Lanvale St.

15-

Filed OCT 21 1925 19?

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct. 20th. 1925.

17- I HEREBY CERTIFY, That I attended deceased from 5-1 1925 to 10-20 1925

that I last saw h.. alive on 10-19 1925

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? Undetermined.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) [illegible] M. D.

10/21 1925 (Address) [illegible]

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Greenmount Cemetery.	Oct. 23rd 1925.

20-UNDERTAKER: Chas. P. Graul & Son

ADDRESS: 118 W. Mt. Royal Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03004

71-E 03004

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Blackwell

(a) RESIDENCE NO. 914 Sterling St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 11-1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ardella Blackwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant 914 Sterling St
(Address) Ardella Blackwell

15 Filed OCT 21 1925, 192 Robert F. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h&s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pacameningitis

(Autopsy at Hopkins Hospital)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J S Bullin, M. D.
(Coroner.)

10-21-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem — DATE OF BURIAL 10/23 1925

20 UNDERTAKER Jas. M. Skinner — ADDRESS 1625 E. Mad st

Cor.—1-12-23—M&T—100 Bks.

E 03005

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03005

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital. ST., 4-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME John Johnson.

(a) RESIDENCE No. 160 N. Gay St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ---mos--- ds. How long in U. S., if of foreign birth? 45 yrs. ---mos--- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed or divorced, HUSBAND of [redacted] Theresa Johnson.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	-----	-----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant John G. Johnson. (Address) 3633 Greenmount Ave.

15 Filed ..., 192 Robert F. Harrison, Registrar

CT 21 1925 Burial Permit Blank

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 20, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Oct. 21, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? 160 N. Gay St.

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. DATE OF BURIAL Oct 22 1925

20 UNDERTAKER Wm. Cook ADDRESS 502 E North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 03006 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03006

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 mattfeldt ave ST. 1274 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George K Williams

(a) RESIDENCE NO. 18 Mattfeldt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Roulla William

6 DATE OF BIRTH (month, day, and year) Feb 5th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 08

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md

PARENTS

10 NAME OF FATHER Benj. William

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind.

12 MAIDEN NAME OF MOTHER Annie Bond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind

14 Informant Annie Williams (Address) 18 Mattfeldt Ave

15 Filed OCT 21 1925 . 19 Robert P. Garrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10. 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 , 1925 , to Oct 21 , 1925 , that I last saw him alive on Oct 21 , 1925 , and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) C. H. Beelan , M. D.

10.21. 1925 (Address) 1st W Washington Ave Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lima Freeland Md

DATE OF BURIAL Oct 23rd 1925

20 UNDERTAKER E LeRoy Steffler

ADDRESS 125 E Main ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 03007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | E 03007
Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 926 Rear alley St. 17-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel H. Dupsprins

(Residence in Baltimore: No. 926 Rear alley St.; yrs. 45 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	Colored	married

6-DATE OF BIRTH. about 1880
(Month) (Day) (Year)

7-AGE. 45 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Samuel Dupsprins

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Mary E. Jones

13-BIRTHPLACE OF MOTHER. (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily Jones

(Address) 1 F 140 Rear alley

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 19 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said decedent came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessey, M. D.
(Coroner)

Oct. 20, 1925 (Address) 2802 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	10/22/1925 19

20-UNDERTAKER. Daniel Easton ADDRESS 916 Eden

16

E 03008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03008

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1412 N. Bruce St. 14-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Green

(Residence in Baltimore: No. 1412 N. Bruce St. St. 1 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored.

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

6-DATE OF BIRTH, About 1851
(Month) (Day) (Year)

7-AGE, 74 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~Wood~~ Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country), Unknown

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bula Jefferson.

(Address) 707 William Alley

15-

OCT 22 1925

Filed ..... 192.....

ROBERT R. KRAUTCH
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 20, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or Inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) Dr. T. Hennessy, M. D.
(Coroner)

Oct. 21, 1925 (Address) 2502 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn

DATE OF BURIAL. 10/22/1925

20-UNDERTAKER. Daniel Easton

ADDRESS 916 Eager

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03009

CERTIFICATE OF DEATH.

74-001

E 03009

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 S Streeper ST. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mareen Duvall

(a) RESIDENCE NO. 642 S. Streeper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lavenia Duvall

6 DATE OF BIRTH (month, day, and year) May 25/1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	74	4	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Joseph Duvall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Wm. M. Rowles
(Address) 642 S Streeper

15 Filed OCT 22 1925, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture base of skull
due to Stroke of apoplexy
accident

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Paulon (Coroner.), M. D.

Oct 21st 192 5 (Address) Tove Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Magothy Church Cemetery M.E.Ch.

DATE OF BURIAL Oct 23 1925

20 UNDERTAKER John H. Denny

ADDRESS 715 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03010

CERTIFICATE OF DEATH.

129 E 03010

1-PLACE OF DEATH West Baltimore General Hospital 3

CITY OF BALTIMORE: (NO. Rayner and Dukeland ST., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas A Reeder

(a) RESIDENCE NO. 16 W. 25th ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Bessie Chesley Reeder

6 DATE OF BIRTH (month, day, and year) June 27 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) U S Fidelity

(c) Name of employer & Guarantee Co

9 BIRTHPLACE (city or town) St Mary's Co

(State or country) Md

PARENTS

10 NAME OF FATHER Thos O Reeder

11 BIRTHPLACE OF FATHER (city or town) St Mary's Co

(State or country) Md

12 MAIDEN NAME OF MOTHER Harriet Harden

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs J. Edward Burroughs

(Address) 164 W. 25th St

15 Filed OCT 22 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 14 1925 to Oct. 21 1925

that I last saw h living on Oct. 21 1925

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Hypertension

Myocardial insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) acute uremia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jas H. Wiekenden M. D.

. 19 (Address) W Bolt Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. N.C.R.R. Brandywine - Pope Creek Line

DATE OF BURIAL Oct 22 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Leigh St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

FILM

Cor.—1-12-23—M&T—100 Bks.

E 03011

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-001 E 03011

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 S. Kenwood ST., 7-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Silvester J. McCarthy

(a) RESIDENCE NO. 922 S. Kenwood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1/2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Ernest McCarthy

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Illinois

12 MAIDEN NAME OF MOTHER Anna Macell

13 BIRTHPLACE OF MOTHER (city or town) Balto City
(State or country)

14 Informant Ernest McCarthy
(Address) 922 S Kenwood

15 Filed ..... 192 .....

OCT 22 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:*
Premature birth

(duration) ..... yrs. ..... mos. 1/4 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton, M. D.
(Coroner.)

Oct 22 1925 (Address) 700 Cham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	Oct 22 1925
20 UNDERTAKER	ADDRESS
Stephen J Feldwerks	1600 Fremont Av

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SAFE • ACCURATE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03012

CERTIFICATE OF DEATH.

138 E 03012

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital ST. 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Bader

(a) RESIDENCE NO. 1829 E Fayette St. Balto WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mr. Ruben

6 DATE OF BIRTH (month, day, and year) Feb. 24-1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N.W. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Geo. Reynolds.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Patient Herself.

(Address)

15 Filed OCT 22 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1925, to Oct 20, 1925, that I last saw her alive on Oct 20, 1925, and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

1. Pelvic Abscess. cause unknown
2. [redacted] - Peritonitis
3. Colon Bacillus. (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Terminal pneumonia (duration) yrs. mos. 8 hrs.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Oct. 19-1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence.

(Signed) E. E. Moore, M. D.

. 19 (Address) Maryland Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer	10-23 1925
20 UNDERTAKER	ADDRESS
Most Holy John A Moran	3000 E Baltimore

WARNING—RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03013

CERTIFICATE OF DEATH

101-61 E 03013

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 639 W Fratt St. 22-1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Ramey

(Residence in Baltimore: No. 639 W. Pratt St.; 22 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Dec 29, 1877 (Month) (Day) (Year)

7 AGE: 48 yrs. 10 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9 BIRTHPLACE (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs J Ramey

(Address) 639 W Pratt St

15 Filed OCT 22 1925, 191 ROBERT R. KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 20, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1925, to Oct 20 1925; that I saw him alive on Oct 20, 1925, and that death occurred, on the date stated above, at 11 a.m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 21 ds

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. F. Lane M. D.

Oct 21, 1925 (Address) 1903 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Balto Cemetery — DATE OF BURIAL: 10-23-1925

20 UNDERTAKER: Geo Leimbach & Son — ADDRESS: 647 W Pratt

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03014

CERTIFICATE OF DEATH.

129 E 03014

1-PLACE OF DEATH

City of BALTIMORE. (No.) 716 McHenry St., 21 Ward)

Registered No.

2-FULL NAME Lewis Jr Becker

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 716 McHenry St., Ward 21

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, Married, Widowed or Divorced. (Write the word.) Widow

5a-If married, widowed or divorced, HUSBAND of (or WIFE of) Catherine

6-DATE OF BIRTH (month, day and year) Sept 14 1847

7-AGE 78 yrs. 1 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Germany

PARENTS.

10-NAME OF FATHER Henry Becker

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md.

14- (Informant) Pauline Becker

(Address) 716 McHenry

15-

Filed 19?

Registrar.

OCT 27 1925

ROBERT R. KRAMER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 20-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 25, 19 to Oct 20 19 25

that I last saw him alive on Oct 20 19 25

and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Ch Int Nephritis

Hemiplegia

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Cardiac arteriosclerosis

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? None Date

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John G. Schwemley M.D.

(Address) 1 Redwood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Jerusalem Cemetery	10-22 19 25
20-UNDERTAKER. Geo Leimbach & Son	ADDRESS 6470 W Pratt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-2I—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03015 E 03015

CERTIFICATE OF DEATH.

03015 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 N Rose ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Haug

(a) RESIDENCE No. 429 N Rose ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Haug.

6 DATE OF BIRTH (month, day, and year) May 6-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Rozy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Haug (Address) 429 N Rose St

15 Filed ....., 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-19-1925

17 I HEREBY CERTIFY, That I attended deceased from 8-1, 1925, to 10-19, 1925.

that I last saw h alive on 10-19, 1925

and that death occurred on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Rheumatic in Origin

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Finding

(Signed) [illegible] M. D.

19 (Address) 1000 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	Oct 22 1925

20 UNDERTAKER Jas E. Hilleary & Son ADDRESS 2334 Eutaw

WARNING—RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03016

GE 03016

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 E. Lafayette Ave. St.) (8-2 WARD)

2-FULL NAME Mrs. Hannie W. Willey,

(a) RESIDENCE NO. ~~1611 E. Lafayette Ave.~~ St. Michaels Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George M Willey

6 DATE OF BIRTH (month, day, and year) March 26, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63		6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas Bean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs N Blades

(Address) 1611 E Lafayette Ave

15 Filed ___ ___, 19___ Registrar

OCT 22 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1925 to Oct 20, 1925 that I last saw h alive on Oct. 20 1925 and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis + endocarditis

Chd

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? St. Michaels, Md

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence.

(Signed) Geo B. Tybout, M. D.

19 (Address) 2802 Hayford ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 23 1925
20 UNDERTAKER Robt J Turner & Co	ADDRESS 1442 N Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03017

CERTIFICATE OF DEATH.

90 E 03017

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 8-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Witt

(a) RESIDENCE No. 2304 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Olive M Witt

6 DATE OF BIRTH (month, day, and year) March 2/25 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bartender
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm. Witt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Laura Brice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Olive M. Witt
(Address) 2306 E. Chase St

15 Filed OCT 22 1925 ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rt. Side Cardiac Dilitation
Empysema-Bronchitis
(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J S H Voiers, M. D.
(Coroner.)

10-21-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 23 1925
20 UNDERTAKER Robt J Turner Jr	ADDRESS N. Broadway

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 03018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 03018

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #2200 Harford Ave. ST., 9-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas.M.Streeper

(a) RESIDENCE NO #2200 Harford Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): in Garage
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Chas.Streeper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Amanda Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs John C. Menckе
(Address) 423 N. Chester St

15 Filed ..... , 192 .....
OCT 22 1925
ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Alcoholism

(Found dead in Garage, Darley & Harford Aves) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exposure (Duration) yrs. mos. ds.

(Signed) J. H. Fuller, M. D. (Coroner.)

10-21-25, 192 (Address) 508 E.North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. DATE OF BURIAL 10/22 1925

20 UNDERTAKER Philip Henry ADDRESS 2016 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03019

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

161-E 03019

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3900 Brookline ave ST., 13-5 WARD)

2-FULL NAME Richmond V. Wilson

(a) RESIDENCE NO. 3900 Brookline ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 19/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER Wm B. Wilson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Campbell

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Wm B. Wilson
(Address) 3900 Brookline ave

15 Filed OCT 22 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1925, to Oct 21, 1925;
that I last saw h alive on Oct 21, 1925
and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH* was as follows:

Premature Birth
5½ months

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) F. W. Bullup, M. D.

(Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL 10/23 1925

20 UNDERTAKER Philip Henry — ADDRESS 2016 Orleans St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03020 — 135 E 03020

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2735 Eastern ave ST., 1-2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry F. Baker

(a) RESIDENCE No. 2735 Eastern ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Tin Factory 040

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: John Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Cath. Thom

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Chas. Ball
(Address): 2737 Eastern ave

15 Filed OCT 22 1925, 19 ... ROBERT R. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1925, to Oct 20, 1925, that I last saw him alive on Oct 20, 1925, and that death occurred, on the date stated above, at 10.45 A. m.

The CAUSE OF DEATH* was as follows:

Prostatism (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Urinary Septicemia (duration) 5 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Eugene Zollert, M. D.

Oct 21, 1925 (Address) 2739 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lahmansville

DATE OF BURIAL: 19 Oct 25

20 UNDERTAKER: J. A. Swan

ADDRESS: E Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

REVISED FOR BINDING

Spec.—1-10-21—M&T—1500 Blks.

E 03021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 03021

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 167 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Turner

(a) RESIDENCE NO. 914 N. Stricker st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Richard Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Polly Atkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed OCT 22 1925, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1925, to Oct. 18, 1925, that I last saw him alive on Oct. 18, 1925, and that death occurred, on the date stated above, at 11.40 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) M. O. McLane Jr, M. D.

10-19, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem	Oct 22 1925
20 UNDERTAKER	ADDRESS
Sam'l. E. Chase & Son	1100 Madison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 03022 — 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

E 03022

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 N. Gilmor ST. 16-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis A. Dennis

(a) RESIDENCE. No. 1220 N. Gilmor ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adalade Dennis

6 DATE OF BIRTH (month, day, and year) May 14- 66

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59		5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister of the Gospel 018

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Thomas Virgin Is

PARENTS

10 NAME OF FATHER Spence Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Thomas Virgin Is

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Adalady Dennis

15 Filed OCT 22 1925 19 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/20 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1924 to Oct 20 1925, that I last saw him alive on Oct 17 1925, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis and Paralysis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) John H. Tomkins M. D.

19 (Address) 019 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Oct 22 1925

20 UNDERTAKER	ADDRESS
Sam'l Cooper & Son	1100 Myrtle

Spec– 12-23-21–E.B.R.S.—400 Blks.

E 03023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03023

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1317 Whitecast St. 15-13 56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary H Neal

(a) Residence No. 1317 Whitecast St Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Buried yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND or (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 14 / 25

7-AGE. ..... yrs. 2 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Sammie Neal

11-BIRTHPLACE OF FATHER (city or town) (State or Country). St Mary Co.

12-MAIDEN NAME OF MOTHER. Ruth Stewart

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). St Mary Co

14- (Informant) Mrs. Ruth Neal

(Address) 1317 Whitecast St

15- Filed ..... 192.....

ROBERT A. GRAETER Registrar. Burial Permit Clerk

OCT 22 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 21 1925

17- I HEREBY CERTIFY, That I attended deceased from: Oct 17th 1925 to Oct 21 1925

that I last saw her alive on Oct 21 1925

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Rickets and Malnutrition or Marasmus

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of no

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) S. T. Hall M. D

Oct 22 1925 (Address) 426 E 25th St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Pathegal — DATE OF BURIAL. Oct 25 1925

20-UNDERTAKER. Samuel Wright — ADDRESS 864 Carey

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03024

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03024

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 4-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Louise Fields.

(a) RESIDENCE NO. 504 Ristertown Road St., Pikesville Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas. E. R Fields

6 DATE OF BIRTH (month, day, and year) Aug 16 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michael Lynch.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Reyner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Thomas R Fields

(Address) 504 Ristertown Road Pikesville Md.

15 Filed OCT 22 1925, 19 CHARLES R. KRADLER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to Oct 21, 1925, that I last saw him alive on Oct 21, 1925, and that death occurred, on the date stated above, at 8:40 a. m.

The CAUSE OF DEATH* was as follows:

Prolonged Labor

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Septicaemia Oct 21 1925

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical.

(Signed) W F Bryand, M. D.

19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 10-24 1925

20 UNDERTAKER Frank H. Newell Pikesville Md

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03025

CERTIFICATE OF DEATH.

E 03025

Registered No. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 819 University Parkway St., 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Catharine Bonebrake

(a) Residence No. 819 University Parkway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Andrew S. Bonebrake.

6-DATE OF BIRTH (month, day and year) Oct. 17, 1851.

7-AGE. 74 yrs. 0 mos. 3 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9-BIRTHPLACE (city or town) (State or Country), Waynesboro Pa.

PARENTS.

10-NAME OF FATHER, Benjamin Price.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Mary Price.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Pa.

14- (Informant) Miss Adda E. Bonebrake.

(Address) 819 University Parkway.

15- Filed OCT 22 1925 192 Robert J. Barrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 20-25

17- I HEREBY CERTIFY, That I attended deceased from Oct, 1924, to Oct 20, 1925

that I last saw h[illegible] alive on Oct 20, 1925

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema Cardiac Asthma

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What lest confirmed diagnosis?

(Signed) Chas. F. Blake, M. D.

Oct 21, 1925 (Address) 704 Presta

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Green Hill Cem. Waynesboro Pa.	Oct 23, 25
20-UNDERTAKER.	ADDRESS
Henry W. Mears & Son	805 N. Calvert St.

NAME PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03026

CERTIFICATE OF DEATH.

3 E 03026

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4022 Hickory Ave ST.: 13 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Mixter

(a) RESIDENCE. No. 4022 Hickory Ave ST. 13 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma G. Mixter

6 DATE OF BIRTH (month, day, and year) May 2-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinner

(b) General nature of industry, business, or establishment in which employed (or employer) Tinning

(c) Name of employer Jno L.S. Mixter

9 BIRTHPLACE (city or town) (State or country) Balt Co

PARENTS

10 NAME OF FATHER Jno L.S. Mixter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Co.

12 MAIDEN NAME OF MOTHER Ortman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ortman

14 Informant Emma G. Mixter

(Address) 4022 Hickory Ave

15 Filed ..... 19.....

Registrar

OCT 24 1925 Robert F. Harrison

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-20 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1925 to Oct. 20 1925

that I last saw him alive on Oct. 20 1925

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Haemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. 2 mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Symptoms

(Signed) C. F. Long, M. D.

10-22 1925 (Address) 320 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

St Marys, Hampden Oct 23 1925

20 UNDERTAKER — ADDRESS

Chenoweth & Son 0617 Chestnut Ave

WHEN FILLED OUT WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118 E 03027

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 6-2 WARD)

2-FULL NAME Mrs. Mary C. Cossen

(a) RESIDENCE NO. 2032 E Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word) Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Cossen

6 DATE OF BIRTH (month, day, and year) Sept 11, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	55	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wife.

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Ruppel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Kraus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Charles Kalowski (Address) 2032 E Fayette St

15 Filed OCT 24 1925 . 19 (Robert P. Harrison,) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21, 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 19, 1925. to Oct 21, 1925.

that I last saw h~~e~~r alive on Oct 21, 1925.

and that death occurred, on the date stated above, at 2.45 4. m.

The CAUSE OF DEATH* was as follows:

Incarcerated Ventral Hernia

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) 2 wks. yrs. 1 mos. 1/4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 19, 25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Bayard M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer | DATE OF BURIAL Oct 24 1925

20 UNDERTAKER Frank Ecker & Son | ADDRESS 1906 Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Suicide) ✓

E 03028

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03028

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 922 N. Broadway St., 7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Joseph G. Eckels

(a) Residence No. 1912 E. Madison St., 7 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Oct 20, 1925

7-AGE, ...yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Francis J. Eckels

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Emma Eckels

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md.

14- (Informant) Mrs. Emma Eckels

(Address) 1912 E. Madison

15- Filed OCT 22 1925 192..... Registrar.

Robert F. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1925, to Oct 22, 1925, that I last saw h[illegible] alive on Oct 21, 1925, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Atelectasis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? respiration

(Signed) Thos K Hamman, M. D.

, 19 (Address) 325 St. Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Cross Cemetery Stahl Bros

DATE OF BURIAL, Oct 22, 1925

20-UNDERTAKER, Henry Hoeck Sons

ADDRESS 1911 E Eager St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–1-10-21–M&T–1500 Blks.

E 03029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03029

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 E. Biddle ST. 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lavinia Heaps

(a) RESIDENCE No. 1626 E. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Samuel Heaps

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Catherine Humfle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Benj. F. Heaps

(Address) 1626 E. Biddle St.

15 Filed OCT 22 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 14 1925 to Oct 21 1925.

that I last saw h alive on Oct 20 1925.

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia due to Cerebral Hemorrhage

(duration) — yrs. 3 mos 7 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferies Bucks M. D.

10/22 1925 (Address) 2846 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	Oct 23 1925

20 UNDERTAKER Wm C Black ADDRESS 927 N. Broadway

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 03030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 03030

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 Edmondson 16-5 ST., WARD)

2-FULL NAME Sohsah E Treadway

(a) RESIDENCE No. 2326 Edmondson ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carville Treadway

6 DATE OF BIRTH (month, day, and year) 2-14-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Hugh. Hamilton

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Arnold

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Levin F. Petty
(Address) 2326 Edmondson

15 Filed ..., 19 ..... Registrar

Rogers F. Harrison

OCT 21 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-21- 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1925, to Oct 21, 1925, that I last saw h[illegible] alive on Oct. 18, 1925 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) no other cause

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Chronic drain & [illegible]

(Signed) ..... M. D.

, 19 (Address) Dr. W Phillips

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet. Cem

DATE OF BURIAL 10/23 1925

20 UNDERTAKER S. [illegible] Mc Hy

ADDRESS 130 E. Fay

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

(Kincheloe)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03031

E 03031

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1400 Linden Ave ST. 44 WARD)

2-FULL NAME Bessie J. Kenchelor

(a) RESIDENCE NO. 1400 Linden Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 14 - 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	69	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher Public School

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher

(c) Name of employer Balto - City

9 BIRTHPLACE (city or town) Alexandria
(State or country) Virginia

PARENTS

10 NAME OF FATHER Elias W. Kenchelor

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Hannah Catts

13 BIRTHPLACE OF MOTHER (city or town) Alexandria
(State or country) Virginia

14 Informant Lydia W. Lucas
(Address) Woodlawn Sta. Balto Md.

15 Filed ....., 19 ..... Registrar

Robert F. Harrison

OCT 22 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1925

17

I HEREBY CERTIFY, That I attended deceased from April, 1925, to Oct 22, 1925,

that I last saw h alive on Oct 21, 1925,

and that death occurred, on the date stated above, at 3.10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinosis. Lung

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jun 3-'25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Jolene S. Bishop, M. D.

, 19 (Address) 930 N. Calvert st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Alexander Va	Oct 24 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 Fayette

68

38

MATTERS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03032

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03032

CERTIFICATE OF DEATH

160

1-PLACE OF DEATH Volunteer of America Hospital

CITY OF BALTIMORE: (No. 418 W Lexington ST., 14-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME D. Franklin Beck.

(a) RESIDENCE NO. 1529 Ellaw Place ST. WARD

(Usual place of abode) Eutaw

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/22/25

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant. (None)

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER Frank D. Beck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland Ellicott

12 MAIDEN NAME OF MOTHER Jessie Bloxham

13 BIRTHPLACE OF MOTHER, (city or town) (State or country): Virginia Ellicott

14 Informant (Address): Mother

15 Filed ..., 19 ... Registrar Robert P. Harrison

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/22 19 25.

17

I HEREBY CERTIFY, That I attended deceased from 10/22/25, 19 , to 10/22, 19 25.

that I last saw him alive on 10/22, 19 25.

and that death occurred, on the date stated above, at 4:30 P.m.

The CAUSE OF DEATH* was as follows:

Weakness

(duration) yrs. 4 mos. 1 da. (Infant)

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) John J. Coun M.D.

943 N. Calvert, 19 (Address) 418 W Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Oct 23 19 25

20 UNDERTAKER: Harry A. Witzke — ADDRESS: 1531 W Lexington St

---

mation should be carefully supplied. AGE
CAUSE OF DEATH in plain terms, so that it m
TION is very important. See instructions on ba

T 22 1925

Spec—12-23-21—E.B.R.S.—400 Blks.

E 03033

HEALTH DEPARTMENT—CITY OF BALTIMORE

112 E 03033

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2000 Christian St. 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chester Ware Lewis

(a) Residence No. 2000 Christian St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Carson Lewis

6-DATE OF BIRTH (month, day and year) Jan. 1892

7-AGE. 33 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, Alfred E Lewis

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Sarah A. Ware

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14 (Informant) Ruth A Lewis

(Address) 2000 Christian st.

15- Filed. OCT 21 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 20, 1925 to Oct 21, 1925 that I last saw ~~him~~ alive on Oct 20, 1925 and that death occurred, on the date stated above, at. 7 30 P. M. The CAUSE OF DEATH* was as follows:

Acute Gastritis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ruth Isaacs M. D.

, 19 (Address) 214 Wilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cemetery — DATE OF BURIAL. Oct 23 19 25

20-UNDERTAKER. Harry N. Witzke — ADDRESS 1531 W. Lombard St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 03034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03034

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2201 Hunter ST. 17-3 WARD)

2-FULL NAME Peter Kemp

(a) RESIDENCE NO. 2201 Hunter ST., 12 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Kemp

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE 42 Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 0+0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Gloster Co. Va

PARENTS

10 NAME OF FATHER Peter Kemp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gloster Co Va

12 MAIDEN NAME OF MOTHER Margrett Corbin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gloster Co. Va.

14 Informant Sarah Kemp
(Address) 2201 Hunter st

15 Filed ..., 192 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Thomas, M. D.
(Coroner.)
Oct 29 192 (Address) 1572 Pulaski st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Gloster Court Va	Oct 30 1925
20 UNDERTAKER Joseph A Farrell	ADDRESS 2318 Druid Hill Ave

CAUSE OF DEATH in plain terms. ... that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

SMITH

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03035

100-001

E 03035

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 E. 22½ St. ST.; 12-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Smith

(a) RESIDENCE. No. 322 E. 22½ St. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6, 1925

7 AGE: 1 Years 4 Months 15 16 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Gladys Brun

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Gladys Smith (Address) 322 E 22½ St

15 Filed OCT 23 1925 Registrar

ROBERT R. KRESS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 19 25, to Oct 22, 19 25, that I last saw h[illegible] alive on Oct 22, 19 25, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) R. A. Johnson M. D.

19 (Address) 2327 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Oct 23 1925

20 UNDERTAKER: Mrs R. A. Elliott — ADDRESS: 725 Eastland ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03036

CERTIFICATE OF DEATH.

100 E 03036

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 mosher ST. 16-6 WARD)

2-FULL NAME Susie Jones

(a) RESIDENCE NO. 1511 mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Jones

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Dennis Harriet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co

14 Informant Mrs Lucian Gross

(Address) 1511 Mosher St

15 Filed OCT 23 1925 19 HUBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 21, 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-12, 1925, to 10-21, 1925, that I last saw her alive on 10-19, 1925, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Bronchitis + low vitality

(duration) yrs. mos. 11 da.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Frank R. L. Saunders M. D.

, 19 (Address) 11 W N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Oct 23 1925
20 UNDERTAKER	**ADDRESS**
Virginia A. Brooks	1463 N. Carey St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03037

161-001 E 03037

CERTIFICATE OF DEATH.

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Sthen ST. 17-1 WARD)

2-FULL NAME Infant of Celia Mason & Mark Warren

(a) RESIDENCE No. 1206 Sthen ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 19 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) 1206 Sthen St Balto Md

PARENTS

10 NAME OF FATHER Mark Warren

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Celia Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Celia Mason 1206 Sthen

15 Filed ..... 19 ..... Registrar

OCT 23 1925 ROBERT F. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/20 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/19, 1925, to 10/20, 1925, that I last saw h[illegible] alive on 10/19, 1925, and that death occurred, on the date stated above, at 7 AM

The CAUSE OF DEATH* was as follows:

Premature birth *

6 a 7 mo —

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Ben R Lutter, M. D.

(Address) 2129 Ost

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Oct 23 25

20 UNDERTAKER: Samuel H Huntley — ADDRESS: 1 N Bridge

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 03038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03038

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 S. Bond ST. 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Apolonia . Kobus

(a) RESIDENCE NO. 838 S. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 23 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Alexander. Kobus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Aniela. Zadrozna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Alexander. Kobus

(Address) 838 S. Bond Street

15 Filed ..... , 19 ..... Registrar

OCT 23 1925 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/21/25

17

I HEREBY CERTIFY, That I attended deceased from Oct. 21st, 1925, to , 19 ,

that I last saw her alive on Oct 21st, 1925

and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 22 ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? On the water front

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) A. T. Rios, M. D.

Oct 23, 1925 (Address) 24 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Com.	Oct 23 1925
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Weszka

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03039 E 03039

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Helen Hospital St., 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Weszka

(a) RESIDENCE NO. 1232 S. Ellwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Weszka

6 DATE OF BIRTH (month, day, and year) Jan. 1 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

031

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Rocksmith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Geo. Weszka

(Address) 1232 S. Ellwood Avenue

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-21 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-19, 1925, to 10-21, 1925, that I last saw h/m alive on 10-21, 1925, and that death occurred, on the date stated above, at 1:30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertension (duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Anemia (duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Sym.

(Signed) H. Victor Selser, M. D.

, 19 (Address) Helen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Oct 24 1925

20 UNDERTAKER John A. Weber ADDRESS 1803 Bank St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Bks.

E 03040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03040

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 E. Fairmount ST., 6-1 WARD)

2-FULL NAME Elizabeth Ellen McHugh.

(a) RESIDENCE NO. 1800 E. Fairmount ST., 6 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Thos. J. McHugh.

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Lorretta B. Vogt

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Thos. J. McHugh.
(Address) 1800 E. Fairmount Ave

15 Filed ....., 19.. Registrar

OCT 23 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22nd 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1925, to Oct. 22, 1925, that I last saw her alive on Oct. 22, 1925, and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) ... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Seven months miscarriage

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Pearson M. D.

Oct. 23, 1925 (Address) 514 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Oct. 26 1925
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	400 S. Wolfe

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 03041 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03041

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 S. Dallas ST., 3-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Cornish

(a) RESIDENCE NO. 228 S. Dallas ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married, Widowed, or Divorced, (write~~ the word)
Female	Colored	Widowed

5a If married, widowed, or ~~divorced~~ HUSBAND of or) WIFE of Nathan Cornish deceased

6 DATE OF BIRTH (month, day, and year) Jan 1867.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58 yrs	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) House work

(c) Name of employer not known

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER John Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Maryland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Myrtle Taylor
(Address) 1821 Bounty Lane

15 Filed OCT 23 1925, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21/1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1925, to Oct 21, 1925; that I last saw h[illegible] alive on Oct 20/, 1925, and that death occurred, on the date stated above, at 330 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) Oct yrs. mos ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) R. H. Eschlifer, M. D.

, 19 (Address) 1514 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
as Bury cemetery	Oct 24 1925
20 UNDERTAKER Edward Bryson	ADDRESS 16[illegible] orleans st

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 03042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST. 15-8 WARD)

REGISTERED NO. E 03042

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Baylin

(a) RESIDENCE No. 2016 Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Baylin

6 DATE OF BIRTH (month, day, and year) Uncertain 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	30	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Moses Goldberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Baylin (Address) 2016 N Bentalou St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 16, 1925, to Oct. 22, 1925, that I last saw her alive on Oct. 22, 1925, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage &
Shock

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Mid. Forceps Delivery (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin.

(Signed) Samuel R. Siegel M. D.

10/27, 1925 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	10/30 1925

20 UNDERTAKER Jack Lewis 1709 E Balt St ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03043 (faint) E 03043

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. Union Memorial Hospital 12-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob B Rubinovich

(a) Residence No. Montreal Canada St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 5 ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Essie Rubinovich

6-DATE OF BIRTH (month, day and year) Oct 23rd 1870

7-AGE. 55 yrs. — mos. — ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) 045
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS:
10-NAME OF FATHER, Joseph Rubinovich
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland
12-MAIDEN NAME OF MOTHER, Bella Kuchefsky
13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Lithuania

14- (Informant) Essie Rubinovich
(Address) Montreal Can

15- Filed OCT 23 1925, 192. Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/23/25

17- I HEREBY CERTIFY, That I attended deceased from Oct 1st, 19 25 (to) Oct 23, 19 25 that I last saw him alive on Oct 23rd 19 1925 and that death occurred, on the date stated above, at 7.15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(Duration) yr mos. 1 ds.

18-Where was disease contracted if not at place of death? at his home

Did an operation precede death? Yes Date of 10/2/25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Charles O'Donovan jr. M. D.

Oct 23d, 1925 (Address) U M Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Montreal Canada — DATE OF BURIAL. 10/24 1925

20-UNDERTAKER. Jack Levin — ADDRESS 1439 E Balto St

Undertaker: Supplies ALL blanks. Enter DATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—I-12-23—M&T—500 Blks.

E 03044

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 ✓

E 03044

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 W. Lee ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick English

(a) RESIDENCE NO. 643 W. Lee ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col,	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 10, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Denis English

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed OCT 23 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1925, to Oct 21, 1925, that I last saw him alive on Oct 21, 1925, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Diffuse Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. H. Lamar, M. D.

Oct 24, 1925 (Address) 1300 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [redacted] Cemetery

DATE OF BURIAL Oct 23 1925

20 UNDERTAKER Mrs Sarah Hooper

ADDRESS 406 E. Conway St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

E 03045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 03045

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 10-2 WARD)

2-FULL NAME Nellie I. Fitzpatrick

(a) RESIDENCE NO. 1030 Wilcox St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jas. B. Fitzpatrick

6 DATE OF BIRTH (month, day, and year) Sept 9-1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	1	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employed)
(c) Name of employer

031

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robt. S. Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Mary E. Dunphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant (Address) Jos. B. Fitzpatrick 1030 Wilcox St.

15 Filed ..., 192... ROBERT R. KRAUTER, Registrar

OCT 23 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia

(Autopsy at Hebrew Hospital)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis (duration) yrs. mos. 2 ds.

(Signed) J. S. Watts, M. D. (Coroner)

10-22-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL Oct 24 1925

20 UNDERTAKER Henry Hoen & Son — ADDRESS 1301 E Eo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 03046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 03046

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Crawford ST., 9-1 WARD)

2-FULL NAME George W. Little

(a) RESIDENCE NO. 620 Crawford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21, 1856

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Wm Little

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. George Little

(Address) 620 Crawford Ave

15 Filed OCT 23 1925, 19 ROBERT R. KRAUSS, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to Oct 21, 1925, that I last saw him alive on Oct 21, 1925, and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Microscopic

(Signed) Dr. Spencer, M. D.

10/24/1925 (Address) 330 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Carmel, Balto County — DATE OF BURIAL Oct 23 1925

20 UNDERTAKER W. M. Cook — ADDRESS 522 E Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY SEE

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03047

CERTIFICATE OF DEATH.

24-001 E 03047

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5001 Jones St. 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M Creamer

(a) RESIDENCE NO. 5001 Jones ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer Can Co

9 BIRTHPLACE (city or town) Salts City
(State or country)

PARENTS

10 NAME OF FATHER Carpel Creamer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Pabst

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) German

14 Informant Augustus Creamer
(Address) 2430 East ave

15 Filed ..., 192... Registrar

OCT 23 1925 ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) ... yrs. ... mos. few hrs.

CONTRIBUTORY (Secondary) probably alcohol

(duration) ... yrs. ... mos. ... ds.

(Signed) James M Fenton, M. D.
Coroner

Oct 23, 1925 (Address) 910 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL Oct 24 1925

20 UNDERTAKER J. Sander Sons Inc. — ADDRESS 1710 West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03048

1-PLACE OF DEATH Univ Hospital

City of BALTIMORE: (No. Lombard & Greene Sts. St. 4-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Ashby

(a) Residence No. Alberton, Howard Co. St. Md. Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-If single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND ~~of (or)~~ WIFE of Rosella Ashby

6-DATE OF BIRTH (month, day and year) July 29, 1855

7-AGE. 50 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or. ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Mill work

(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Yard

(c) Name of employer: Alberton Md.

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jesse Ashby

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Virginia Hall

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14- (Informant) Rosella Ashby

(Address) Alberton Md

15- Filed ..... 192 ..... Registrar.

OCT 23 1925 ROBERT R. KRAMER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 23 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 1925 to Oct 23 1925

that I last saw h.. alive on Oct 23 1925

and that death occurred, on the date stated above, at 4:20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (left)

Pleural effusion (right)

(Duration) ..... yrs. ..... mos. ..... ds

CONTRIBUTORY (Secondary) Extended Abdomen.

(Duration) ..... yrs. ..... mos. ..... ds

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?.....

(Signed) John Woodward. M. D.

, 19 (Address) Univ Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Elkridge Md DATE OF BURIAL, Magnolia cemetery Oct 25 1925

20-UNDERTAKER Scott M Storr ADDRESS Ellicott City

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03049

HEALTH DEPARTMENT—CITY OF BALTIMORE

4 E 03049

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 201 E. Cross (ST.) 24th (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Belle Parker.

(a) RESIDENCE. NO. 201 E. Cross ST., 24th WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 18, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, professiun or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

069

9 BIRTHPLACE (city or town) (State or country) Tappahannock, Essex Co, Virginia

PARENTS

10 NAME OF FATHER Robert Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Isabella Gaitwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Lucy B. Parker

(Address) 201 E. Cross st.

15 Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22, 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1925, to October 22 1925, that I last saw her alive on October 22, 1925, and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

(duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnusis? Bloody Ascitic Fluid.

(Signed) Henry F. Buettner, M. D.

, 19 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Oct 24 1925
20 UNDERTAKER Wm Cook	ADDRESS 502 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OCT 27 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03050

CERTIFICATE OF DEATH.

129 E 03050

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Cathedral ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Neal Sloan

(a) RESIDENCE NO. 926 Cathedral ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word): Married

5a If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) Emma Guttings Sloan

6 DATE OF BIRTH (month, day, and year) January 9th 1866

7 AGE: Years 59; Months; Days; If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Banker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: James Sloan Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: C. Hufsman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: James S. Sloan (Address): 926 Cathedral St

15 Filed ....., 19 ..... Robert P. Harrison, Registrar

Burial Permit Issued

T 2 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 22nd 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct ....., 1925, to Oct 22nd, 1925, that I last saw him alive on Oct 22nd, 1925, and that death occurred, on the date stated above, at 7-10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms and lab tests

(Signed) Chas. M. Sloan, M. D.

Oct 22nd, 1925 (Address) Easton Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Oct 24 1925

20 UNDERTAKER: Henry H. Jenkins Sons Co ADDRESS: Orchard & Cathedral Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 2-10-21—M&T—1500 Bks.

E 03051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03051

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 9-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Huntley

(a) RESIDENCE NO. Winston-Salem N. C. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Josephine

6 DATE OF BIRTH (month, day, and year) Nov 7 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8 OCCUPATION OF DECEASED Manufactures,
(a) Trade, profession or particular kind of work Furniture
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) N. C.
(State or country)

PARENTS

10 NAME OF FATHER John W. Huntley

11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Emily Sears

13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 23 1925, 19 ..... Mary P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 16th, 1925, to Oct. 23rd, 1925, that I last saw him alive on Oct 23rd 1925 and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Hypernephroma

(Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pt. Pneumonia (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Winston Salem

Did an operation precede death? Yes Date of 10/23/25

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Benjamin H. Huntley, M. D.

, 19 ..... (Address) Winston-Salem N.C.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Winston Salem N C	Oct 23, 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 N Fayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 03052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03052

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 1514 Wilmer alley St., 14-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alvin Turner

(Residence in Baltimore: No. 1514 Wilmer alley St.; yrs. 4 mos. 1 ds. 24)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	Colored	single

6-DATE OF BIRTH. Aug. 25, 1925 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
4 yrs. 1 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Herbert Turner

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Edna Barber

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliz. Barber

(Address) 1514 Wilmer alley

15-

Filed..... 192.....

Robert P. Harrison, Registrar.

OCT 23 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 20, 192 5 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. C. T. Hennessy, M. D. (Coroner.)

Oct. 22, 192 5 (Address) 2502 Linwood Av.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Zion Cemtery	Oct 23, 1925
20-UNDERTAKER.	ADDRESS
Mrs James H. Dennis for T. E. Kelem	1303 Prestman St

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 03053 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03053

CERTIFICATE OF DEATH. 74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Bonner, Rd ST. 15-5 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jack L. Kalscher

(a) RESIDENCE No. 3906 Bonner Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Edna V Kalscher

6 DATE OF BIRTH (month, day, and year): Jan 18, 1885

7 AGE: Years 40 Months 9 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Masters Shop Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Salesman shop 06

(c) Name of employer: Victor W.S. Co,

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John F Kalscher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Amelia Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Edna V. Kalscher

(Address) 3906 Bonner Road

15 Filed OCT 23 1925, 19

Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. - 23 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. - 22 - 1925, to Oct - 23 - 1925, that I last saw him alive on Oct - 22 - 1925, and that death occurred, on the date stated above, at 2. a - m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

with left side paralysis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Respiratory paralysis

(duration) yrs. mos — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harley Cole, M. D.

10/23, 1925 (Address) 2202 Harrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 26 1925

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—[illegible]-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03054 (8/17) — E 03054

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ina Ruth Hicks

(a) RESIDENCE NO. 15 Dover St. Sparrows St. WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ruth Hicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... , 19 ..... Registrar

OCT 23 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22nd 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 27th, 1925, to Oct. 22nd, 1925, that I last saw h[illegible] alive on Oct 22nd, 1925 and that death occurred, on the date stated above, at 6-30 P m.

The CAUSE OF DEATH* was as follows:

Dysentery (Flexner)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Stool, culture.

(Signed) Alexander Brown, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Fairview M E Church — DATE OF BURIAL Oct 25 1925

UNDERTAKER W C Brooks — ADDRESS Sparks Md

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 03055

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Selina Bond

(a) Residence No. Westminster Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James Bond

6-DATE OF BIRTH (month, day and year) 1845

7-AGE. 80 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS:

10-NAME OF FATHER, Not Stated

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Mr Taylor

(Address) Ruxton Md

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 23rd 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 20th 1925, to October 23 1925

that I last saw h.r alive on Oct 23rd 1925,

and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:

Intracapsular Fracture of Right Hip

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Thrombosis of Lt Coronary Artery Myocardial Failure (Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray of Hip

(Signed) Charles Donovan M. D.

, 19 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md — DATE OF BURIAL, Oct 26 19 25

20-UNDERTAKER, Henry Hopkins Son Co — ADDRESS Cor Eutaw & Lexington Sts

OCT 29 1925 Robert P. Harrison, Burial Permit Clerk

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03056

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 E 03056

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mrs Sieling's Sanatorium

CITY OF BALTIMORE: (No. Norwood Heights ST. 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Shields

(a) RESIDENCE NO. Norwood Heights, ST., Irvington WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 11, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	63	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bacto, Md
(State or country)

PARENTS

10 NAME OF FATHER John F. Shields

11 BIRTHPLACE OF FATHER (city or town) Balto, Md
(State or country)

12 MAIDEN NAME OF MOTHER Bridget Cavon

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md
(State or country)

14 Informant Elizabeth Shields
(Address) Edgewood Road, Govans

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1925, to Oct 21, 1925,

that I last saw her alive on Oct. 21, 1925

and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Apoplexy)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? —

(Signed) A. M. Fleming, M. D.

Oct 21, 1925 (Address) Catonsville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Oct 24 1925

20 UNDERTAKER Harry H. Witzke — ADDRESS 1521 W. Lombard St

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 23 1925 Robert P. Harrison, Burial Permit Clerk

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03057

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03057

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1104 Mosher St., 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Brockenborough

(a) Residence No. 1104 Mosher St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Abbie Brockenborough

6-DATE OF BIRTH (month, day and year): Sept. 9. 1873

7-AGE: 52 yrs. 1 mos. 11 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cook, Oil

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: C.H. Fields

9-BIRTHPLACE (city or town) (State or Country): Northumberland Co. Va

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country):

12-MAIDEN NAME OF MOTHER: Minnie Brockenborough

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va

14-

(Informant): Hallie Brockenborough

(Address): 726 1/2 W. Franklin St

15-

Filed 25 1925, 192

Robert P. Harrison, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 20/925

17-I HEREBY CERTIFY, That I attended deceased from Oct 16 19 25 to Oct. 20 19 25

That I last saw him alive on Oct 20 19 25

and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows:

Oesophageal Ulcer (Carcinoma)? (Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Salisbury Md.

Did an operation precede death? Date of 1902

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm. N. Wright, M. D.

Oct 20, 1925 (Address) 1709 Eutaw

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Wild Wood Va — DATE OF BURIAL, 10/23/1925

20-UNDERTAKER: Daniel Edson — ADDRESS 916 Eutaw

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03058 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03058

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 15-1338

City of BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Rhodes

(a) Residence No. 1832 Gilmor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-~~Single, Married,~~ Widowed, ~~or Divorced~~ (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1883

7-AGE, 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Ot

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): N. Carolina

PARENTS.

10-NAME OF FATHER, Byrd Hunt

11-BIRTHPLACE OF FATHER (city or town) (State or Country): N Carolina

12-MAIDEN NAME OF MOTHER, Lucy Duke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): N Carolina

14- (Informant): Friends

(Address): University Hospital

15- Filed OCT 23 1925 192 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 22/1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 7, 19 25 to Oct 22, 19 25

that I last saw h.e alive on Oct 22, 19 25

and that death occurred, on the date stated above, at 7:05 A m

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation of Luetic origin

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Central embolism

4-7 hours (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm P Byers, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL, 10/23/1925

20-UNDERTAKER, Daniel Easton ADDRESS 916 Paine

See instructions on back of certificates. Exact statement of OCCUPATION is very important, as it may be of property valuable.

Spec.—1-12-23—M&T—500 Blks.

E 03059 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03059

X 90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N. Kenwood St., 7-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kittie R. Levie

(a) RESIDENCE NO. 708 N. Kenwood Ave ST. WARD Paterson N.J.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Levie

6 DATE OF BIRTH (month, day, and year) Feb 17-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

PARENTS

10 NAME OF FATHER J. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs. Gertrude Joyce 708 N. Kenwood Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 16 1925 to Oct 22 1925

that I last saw h... alive on Oct 22 1925

and that death occurred on the date stated above, at 2 10 P.m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

Hypertension

Arteriosclerosis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Fred Dennis M. D.

19 (Address) 1000 Mott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Paterson N. J. DATE OF BURIAL Oct 24 1925

20 UNDERTAKER Wm J Fuchs & Son ADDRESS N. Pa.

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Robert P. Harrison, Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03060

E 03060

58-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) #1009 Light St. ST. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Bestpitch Sr.

(a) RESIDENCE NO. #1009 Light St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Elizabeth Wilson

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

PARENTS

10 NAME OF FATHER James Bestpitch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Md.

12 MAIDEN NAME OF MOTHER Cathern Shorter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Md.

14 Informant Elizabeth Wilson

(Address) #1009 Light St.

15 Filed ..., 19.. Robert F. Harrison, Registrar

23 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1925, to Aug 22, 1925, that I last saw him alive on Aug 22, 1925, and that death occurred, on the date stated above, at 11-45 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Anaemia

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. B. Campbell M. D.

Aug 23, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge . Md.	10/24/25
20 UNDERTAKER	ADDRESS
John J. Fahey & Sons	1318 Light St

John J. Fahey & Sons

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 03061 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03061

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 S. Sharp ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Allie V. Parker

(a) RESIDENCE NO. 1037 S. Sharp ST. 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George Parker

6 DATE OF BIRTH (month, day, and year) Sept 4, 1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Josephine Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Geo Parker

(Address) 1034 Sharp St

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/21/ 1925

17

I HEREBY CERTIFY, That I attended deceased from 10/11/ 1925, to 10/21/ 1925;

that I last saw her alive on 10/21/ 1925;

and that death occurred, on the date stated above, at 6.55 P. m.

The CAUSE OF DEATH* was as follows:

Uremia, acidosis

due to

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pan Parenchymatous Nephritis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Physical

(Signed) Chas. B. Bilson, M. D.

, 19 (Address) 714 Linwood St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Oct 24 1925

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Hanover

TION is very important See instructions on back of certificates.

Spec. 1-10-21—M&T—1500 Blks.

E 03062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03062

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Madison Av ST. 11-W WARD)

2-FULL NAME Martha W. Bose

(a) RESIDENCE NO. 704 Madison Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 27-1862

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or min.
63	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Noah Lemmon

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Irwin

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Miss Sarah Lemmon
(Address) 704 Madison Ave.

15 Filed ....., 19 ..... Registrar

Robert P. Hartigan

24 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23-1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 28-, 1925, to Oct 23-, 1925.

that I last saw him alive on Oct 22-, 1925.

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Chronic glomerular nephritis

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chem. examination

(Signed) Chas J Keller M. D.

1925 (Address) 22 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Oct. 26 1925
20 UNDERTAKER	ADDRESS
Chas. E. Franck	702 Madison Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of MEDICAL CERTIFICATE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 03063

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03063

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Reservoir St ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Rafetz

(a) RESIDENCE NO. 716 Jefferson St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Statts Rafetz

6 DATE OF BIRTH (month, day, and year) Aug. 27 1866

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Sam Owens & Co.

9 BIRTHPLACE (city or town) (State or country) Point Frederick Calvert Co. Md.

PARENTS

10 NAME OF FATHER John Henry Rafetz

11 BIRTHPLACE OF FATHER (city or town) Point (State or country) Frederick Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Cyprian Burch

13 BIRTHPLACE OF MOTHER (city or town) Georgetown (State or country) D. C.

14 Informant Maude Statts Rafetz (Address) 716 Jefferson St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 22 1925

17 I HEREBY CERTIFY, That I attended deceased from October, 1924, to October 22, 1925.

that I last saw him alive on Oct. 22, 1925.

and that death occurred, on the date stated above, at 6:20 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration,
Cerebral Hemorrhage,

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? 716 Jefferson St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Case

(Signed) Zach. T. Morgan M. D.

10/26 1925 (Address) 6 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Oct 27 1925
20 UNDERTAKER	ADDRESS
Chas. E. Franck	802 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Robert F. Harrison,
Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Blks.

E 03064

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03064

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 N Carlton ST., 18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Parker Smith

(a) RESIDENCE NO. 130 N. Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Martha Smith

6 DATE OF BIRTH (month, day, and year) March 3, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Construction

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Martha E. Smith (Address) 130 N Carlton St

15 Filed ....., 19 ..... Registrar

(Robert P. Harrison) Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1925, to Oct. 22, 1925, that I last saw h.. alive on Oct. 21, 1925, and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:

Aneurysm Thoracic Aorta

Cardiac Fabrilation (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. J. Howell M. D.

(Address) 1149 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Oct 26 1925
20 UNDERTAKER	ADDRESS
Sam H. Chase & Son	1400 Mosher

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 03065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03065

CERTIFICATE OF DEATH.

92

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., Hall 10th WARD)

2-FULL NAME Mrs. Thomas Wm H McGraw

(a) RESIDENCE No. 1108 Brentwood Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Kavanaugh

6 DATE OF BIRTH (month, day, and year) April 20 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Lieutenant (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hammond N.Y.

PARENTS

10 NAME OF FATHER Wm McGraw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ~~Kathryn~~ Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Geo M. Graw
(Address) 811 Park ave

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Oct 22, 1925, that I last saw him alive on Oct 22, 1925, and that death occurred, on the date stated above, at 2.25 P m.

The CAUSE OF DEATH* was as follows:

Post-operative Embolism

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Oct 15/25

Was there an autopsy? No (over)

What test confirmed diagnosis? .....

(Signed) Clement R. Manor, M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Oct 26th 1925
20 UNDERTAKER	ADDRESS
Henry B. Jenkins Sons Co	McCulloh & Orchard Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OCT 24 1925

Cor.—1-12-23—M&T—100 Bks.

(Vollenweider)

E 03066

HEALTH DEPARTMENT—CITY OF BALTIMORE

18-003

18 E 03066

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital ST., 16-5 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Vollenweider

(a) RESIDENCE No. 413 N Lawsale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Vollenweider

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS

10 NAME OF FATHER Burkyerland

11 BIRTHPLACE OF FATHER (city or town) Switzerland (State or country)

12 MAIDEN NAME OF MOTHER Minie Bluwaler

13 BIRTHPLACE OF MOTHER (city or town) Switzerland (State or country)

14 Informant John Vollenweider
(Address) 2403 W Lanvale St

15 Filed ....., 192 .....
Registrar

Robert P. Harrison

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:*

Accident
Fracture of Femur
(duration) yrs. mos. 4 ds.
Cardiac failure from Anesthesia
(Secondary) (duration) yrs. mos. 1 ds.

(Signed) G C Wade, M. D.
Oct 3 192 5 (Coroner.)
(Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill — DATE OF BURIAL Oct 7 1925

20 UNDERTAKER James J Hayes — ADDRESS 1324 Eutaw Place

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 03067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03067

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST., 8-W WARD)

REGISTERED NO. 118

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James S. Keagle

(a) RESIDENCE NO. 1715 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Keagle

6 DATE OF BIRTH (month, day, and year) Feb 26-1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	7	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant John Keagle (son)
(Address) 1715 N. Caroline

15 Filed 10-24-1925, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure - Right femoral hernia, strangulated. Operation at hospital (duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. Ballen, M. D. (Coroner.)

10-23, 1925 (Address) 508 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetery	Oct 26 1925
20 UNDERTAKER	ADDRESS
Jos Gordon & Son	217 S Paca St

Burial Permit Given

(See instructions on back of certificate. ATION is very important.

Spec.—1-10-21—M&T—1500 Blks.

E 03068

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03068

CERTIFICATE OF DEATH.

20-S-129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1845 W. Fayette ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T. Wheeler

(a) RESIDENCE No. 1845 W. Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Katharine A. Wheeler

6 DATE OF BIRTH (month, day, and year) July 6-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pipe Fitter 13

(b) General nature of industry, business, or establishment in which employed (or employer): Fitting pipes

(c) Name of employer B & O. Railroad

9 BIRTHPLACE (city or town) (State or country): Balto City Md

PARENTS

10 NAME OF FATHER Tobias Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Bertha Weber 1845 W. Fayette St.

15 Filed ..... 19 ..... Registrar

Robert J. Garrison

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 18, 1925, to Oct 22, 1925, that I last saw him alive on Oct 22, 1925, and that death occurred, on the date stated above, at 8-30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pleurisy with Cardiac ditatation

(duration) ✓ yrs. ✓ mos. 5 ds.

CONTRIBUTORY (Secondary) Interstitial Nebritis

(duration) ✓ yrs. over 5 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex + Urinalysis

(Signed) ✓ Henry C. Ohle M. D.

Oct 22 1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem'y	Oct 26 1925

20 UNDERTAKER — ADDRESS

Jos Jenkins & Son 217 S Pora St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

24 1925

Spec. 1-10-21—M&T—1500 Bks.

E 03069 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03069

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Edmondson ST. 20 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah H. Halstead

(a) RESIDENCE No. 2307 Edmondson ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a ~~If married, widowed, or divorced~~ ~~HUSBAND~~ ~~WIFE~~ of Alfred T. Halstead

6 DATE OF BIRTH (month, day, and year) Feb 1st 1848

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Christopher Hergesheimer

11 BIRTHPLACE OF FATHER (city or town) Philadelphia
(State or country) Pa

12 MAIDEN NAME OF MOTHER Hannah Bugbee

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Vermont

14 Informant Mrs Frederick B. Herman
(Address) 2307 Edmondson ave

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 16, 1925, to Oct 22, 1925, that I last saw h e alive on Oct 21, 1925, and that death occurred, on the date stated above, at 1120 a. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

..... (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) O. R. Britton M. D.

19 (Address) 3316 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery Co	10/24/25
20 UNDERTAKER	**ADDRESS**
Geo. Weber's Son	2503 Edmondson ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OCT 24 1925 Robert F. Barnhart Registrar of Vital Statistics Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 03070

HEALTH DEPARTMENT—CITY OF BALTIMORE E 03070

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 West Lombard ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Grimm

(a) RESIDENCE NO. 1837 West Lombard ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Henry S. Grimm

6 DATE OF BIRTH (month, day, and year) 12-31-1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ax Homme

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Louis H Cavano

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant L. M. Smith

(Address) 1837 W. Lombard

15 Filed ..., 19 [Robert V.] Harrison, Registrar

21 1925 [illegible] Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct-21, 1925, to Oct-23, 1925.

that I last saw h alive on Oct 23, 1925

and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) [illegible] M. D.

10/23, 1925 (Address) 1774 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Oct 26 1925

20 UNDERTAKER W. M. Cook — ADDRESS 502 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03071

CERTIFICATE OF DEATH.

161-001

E 03071

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ..... ST., 16-7 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hall

(a) RESIDENCE NO. 1222 W. Lanvale ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): July 25-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER Edgar B. Hall

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER Victoria Brown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant ..... W. R. Simon
(Address) Johns Hopkins Hospital

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1925, to July 25, 1925, that I last saw him alive on July 25, 1925, and that death occurred, on the date stated above, at 10.00 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? —

(Signed) W. R. Simon, M. D.

....., 19 ..... (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER (Robert F.) Harrison,

ADDRESS .....

OCT 24 1925

OCT 24 1925

Burial Permit Clerk.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03072

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03072

CERTIFICATE OF DEATH.

X 60-001

1-PLACE OF DEATH Mercy Hospital, ST. 4-2 WARD)

CITY OF BALTIMORE: (No.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Katherine Feldman

(a) RESIDENCE NO. Frostburg Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. Life mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 ~~COLOR OR RACE~~ W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Thomas Feldman

6 DATE OF BIRTH (month, day, and year) 2/14 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	49.	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frostburg Md

PARENTS

10 NAME OF FATHER John Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frostburg Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frostburg Md

14 Informant (Address) Mercy Hospital Records

15 Filed 10/24/1925, 19 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-24. 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-12- 1925, to 10-24. 1925, that I last saw h alive on 10-24 1925, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Thyroid Intoxication

Exophthalmic

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pat Of. ant Intoxication

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Frostburg

Did an operation precede death? Date of 10-16-25

Was there an autopsy? no Clinical.

What test confirmed diagnosis?

(Signed) W. Bernard T., M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frostburg Md — DATE OF BURIAL 10/24 1925

20 UNDERTAKER George J. Ruth — ADDRESS 1737 Harford Av

CAUSE OF DEATH to plainterms, so that it may be properly classified. Exact statement of OCCUP
TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 03073 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03073

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Marshall ST. 23 2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Hubbard.

(a) RESIDENCE NO. 1504 Marshall ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 9 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Levin S. Hubbard.

6 DATE OF BIRTH (month, day, and year): Dec, 24, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69.	9.	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cambridge, Md.

PARENTS

10 NAME OF FATHER: Albert Lewis.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Levin Hubbard.

(Address): 1504 Marshall. St.

15 Filed ..... 19 ..... Registrar

Robert F. Harrison,

Chief Vital Statistics Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1925, to Oct 23, 1925, that I last saw her alive on Oct 2—, 1925 and that death occurred, on the date stated above, at 2 10 a m

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic int nephritis & Hypertension (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) M. C. Supplee M. D.

10/23 1925 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Oct 26 1925
20 UNDERTAKER	ADDRESS
A Howard Evans	38 E Fab Ave

TION is very important! See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03074 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03074

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1412 N. Patterson Park Ave. St., 3 Ward) 90

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Samuel Crippa

(a) Residence No. 1412 N. Patterson Park Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~the~~ WIFE Florence E. Crippa

6-DATE OF BIRTH (month, day and year) May 1-1857

7-AGE. 68 yrs. 5 mos. 22 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 5086

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture Moving

(c) Name of employer Self

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS

10-NAME OF FATHER. John A. Crippa

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Talbot Co. Md.

12-MAIDEN NAME OF MOTHER. Julia Phillips

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Talbot Co. Md.

11- (Informant) Florence E. Crippa

(Address) 1412 N. Patterson Park Ave

15-

Filed OCT 24 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) October 22nd 25

I HEREBY CERTIFY, That I attended deceased from Aug 1 1925 to Oct 22 1925

that I last saw her alive on Oct 22 1925

and that death occurred, on the date stated above, at 10:50 P. M.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

Cardiac Dilatation

Arterio Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Fred Romilly M. D.

(Address) 1412 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Oct 26 1925

20-UNDERTAKER. Hughes & Jones Inc.

ADDRESS 421 N. Broadway

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03075 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03075

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1176 Bargrant St., St., 2-1-21 Ward) Registered No. 113

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Lynn Knight

(a) Residence No. 1176 Bargrant St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 3/31/25

7-AGE, ...yrs. 6 mos. 23 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Albert Knight

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elsie Koontz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Wm. P. Knight

(Address) 1176 Bargrant St.

15- Filed ....., 19.. Registrar.

Robert P. Harrison

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 10/28/25

17- I HEREBY CERTIFY, That I attended deceased from 10/22, 1925, to 10/28, 1925, that I last saw h[illegible] alive on 10/23, 1925, and that death occurred, on the date stated above, at 1130a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Chronic

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Influenza

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur Dann M. D.

, 19 (Address) 707 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. | DATE OF BURIAL, Oct 31st, 1925

20-UNDERTAKER John J. Cowan & Son | ADDRESS 901 Valley St.

John J. Cowan

Colored Parents Cliff

Spec.—1-10-21—M&T—1500 Bks.

E 03076 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03076

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH 5- Hollins St

CITY OF BALTIMORE: (No. Masonsville ST. 25-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Bradway
5, Hollins St

(a) RESIDENCE NO. Masonsville ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ (HUSBAND) of (or) WIFE of Martin H Bradway

6 DATE OF BIRTH (month, day, and year) Aug 24 - 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER Chas. Dean

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Sarah Morgan

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Martin H Bradway

(Address) 5 Hollins St Towsonville Md

15 Filed ....., 19 Robert F. Harrison, Registrar

Burial Permit Clerk

24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22. 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1925, to Oct 22, 1925, that I last saw him alive on Oct 21, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ex Lues

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas W Brooke, M. D.

, 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lundale Cemetery Folleton Md. DATE OF BURIAL Oct. 25 1925

20 UNDERTAKER George L. Schwab ADDRESS 2101 Eutk. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

185259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03077

CERTIFICATE OF DEATH.

X 135 E 03077

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 7-1 WARD)

2-FULL NAME Howard Conard

(a) RESIDENCE NO. Harton W. Va. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., If of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~1855~~ 1846.

7 AGE	29 Years	Months	Days	If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railroad

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harton W. Va.

PARENTS

10 NAME OF FATHER Ashwood Conard

11 BIRTHPLACE OF FATHER (city or town) W. Va. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Riggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Virginia

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 25 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20, 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925 to Oct. 20, 1925

that I last saw him alive on Oct. 20, 1925

and that death occurred, on the date stated above, at 10 15 Am.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy c obstruction

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? W. Virginia

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cystoscopic

(Signed) Robert Abernethy, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hendricks W. Va. DATE OF BURIAL 10/29/25

20 UNDERTAKER J. A. Brems ADDRESS 221 Berg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03078

CERTIFICATE OF DEATH.

129 E 03078

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 N Central Ave ST. 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Adkins

(a) RESIDENCE NO. 538 N Central Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of David Adkins

6 DATE OF BIRTH (month, day, and year) Oct. 29, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53 54		11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER David Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Malachia Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant David Adkins Husband (Address) 538 N Central Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug ..., 1924, to Oct 22, 1925, that I last saw h alive on Oct 22, 1925, and that death occurred, on the date stated above, at 9 55 P. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis and Mitral Insufficiency

(duration) yrs. 14 mos ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Godwin, M. D.

10/23 1925 (Address) 1754 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cem.	Oct. 25, 1925
20 UNDERTAKER	**ADDRESS**
Mrs J. G. Locks Jr	1302 Jefferson

CAUSE OF DEATH in plain words, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OCT 25 1925 ROBERT P. PRATTER Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03079

CERTIFICATE OF DEATH.

31 E 03079

REGISTERED NO. 172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., (or) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Williams

(a) RESIDENCE No. 502 W. Preston st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child's nurse

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. H. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed OCT 25 1925 ROBERT R. KRAUTH Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 7 1925, to Oct. 24 1925, that I last saw h.. alive on Oct. 24 1925, and that death occurred, on the date stated above, at 5.05 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. W. Wood. M. D.

10-24, 1925 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cem.	10/27 1925
20 UNDERTAKER	ADDRESS
John H. Tondini	142 W. Hill St

TION is very important. See instructions on back of certificates.

Spec- 12-23-21—E.B.R.S.—400 Bks.

3080

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03080

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3631 Cottage Ave St., 27-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME SIMON GORDON

(a) Residence No. 3631 COTTAGE AVE St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. MALE

4-COLOR OR RACE, WHITE

~~Single~~, Married, ~~Widowed~~, or Divorced, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND ~~of (or) WIFE~~ of Yetta Gordon

6-DATE OF BIRTH (month, day and year) 7/10/1858

7-AGE. 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work TAILOR

(b) General nature of industry, business, or establishment in which employed (or employer) 80

(c) Name of employer

9-BIRTHPLACE (city or town) POSVIL (State or Country) RUSSIA

PARENTS:

10-NAME OF FATHER, ELLIS GORDON

11-BIRTHPLACE OF FATHER (city or town) RUSSIA. (State or Country),

12-MAIDEN NAME OF MOTHER, BESSIE ?

13-BIRTHPLACE OF MOTHER (city or town) RUSSIA. (State or Country),

14- (Informant) Yetta Gordon

(Address) 3631 Cottage Ave

15- Filed OCT 25 1925 19.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/23/25

17- I HEREBY CERTIFY, That I attended deceased from 10/21/25, 19.. to 10/23/25, 19 25.

that I last saw h.. alive on 10/20/25, 19 25.

and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

SINUS THROMBOSIS

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nasal Furunculosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of None

Was there an autopsy? None.

What test confirmed diagnosis?

(Signed) Dr Julius D. Wolfsohn M. D

, 19 (Address) 1210 N Eutaw Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Southern Av. DATE OF BURIAL. 10/25 19 25

20-UNDERTAKER. Jack Lewis ADDRESS 1495 E Baltimore St

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03081

CERTIFICATE OF DEATH.

90

E 03081

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 15-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Englander

(a) RESIDENCE No. 1643 Warwick ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Englander

6 DATE OF BIRTH (month, day, and year) Feb. 3, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER David Atlas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Brotsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Englander (Husband)

(Address) 1643 Warwick Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-23 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-23-25, 19..... to 10-23, 19 25

that I last saw her alive on 10-23, 19 25

and that death occurred, on the date stated above, at 2.50 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis [complicated by pregnancy]

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of (Normal delivery) 10-23-25

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Signs - Symptoms

(Signed) M. Victor Levy, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northern circle Cem

DATE OF BURIAL 10/26 1925

20 UNDERTAKER Jesh Lewis

ADDRESS 1409 E Balto St

TION is very important. See instructions on back of certificates.

OCT 25 1925 Vital Records Clerk

Spec.—1-10-21—M&T—1500 Bks.

E 03082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68 E 03082

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Beason st. ST 24-3 WARD)

2-FULL NAME Mary S. Ridgely

(a) RESIDENCE NO. 1515 Beason st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Ridgely. Yakwood

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
about 44		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford co. Md.

PARENTS

10 NAME OF FATHER Thomas Espey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah J. Myrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Jas. H. Ridgely 3437 Ash st.

15 Filed OCT 25 1925 Registrar

HUBERT R. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 21st, 1925, to Oct 24th, 1925, that I last saw h[illegible] alive on Oct 23rd, 1925, and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilation

(duration) 24 hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Worked Asthenia - Operation

Hardening + (duration) 18 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T. A. Lillich, M. D.

19 Oct 26 1925 (Address) 1515 Beason St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	10/26/1925
20 UNDERTAKER	ADDRESS
J. M. Davis	3307 Fairmount

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificate.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03083

CERTIFICATE OF DEATH.

159-002 E 03083

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 East ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonietta Lombardo

(a) RESIDENCE No. 418 East ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 22nd 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Lorenzo Lombardo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Consiglia Carbone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Lorenzo Lombardo

(Address) 418 East St

15 Filed OCT 23 1925 19 ROBERT A. RESLEY Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24/ 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 23 1925, to Oct. 24/ 1925.

that I last saw her alive on Oct. 24/ 1925.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Philibert Artigiani M. D.

19 (Address) 2942 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL 1st German Reformed Lutheran Cemetery

DATE OF BURIAL Oct 25th 1925

20 UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

INSTRUCTION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 03084

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 03084

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Albany Apartments.

CITY OF BALTIMORE: (No. 8 E. Centre St. ST., 11-3 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sally M. Marman.

(a) RESIDENCE No Albany Apartments 8 E. Centre St. ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. ---- mos. ---- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 6th. 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	--	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Saleslady.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Frederick, Md.

PARENTS

10 NAME OF FATHER Washington P. Marman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Elizabeth Schmidt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick, Md.

14 Informant Bradley T. Marman, (brother)
(Address) 209 E. 3rd. St. Frederick, Md.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 24, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Oct. 25. 1925. (Address) 1017 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frederick Md.	Oct 27 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E. N. Ave.

Oct 25 1925 ROBERT N. KRAUTER, REGISTRAR

...ness on back of certificate. ...ssary statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03085

CERTIFICATE OF DEATH.

31 E 03085

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 S Carey ST. 1-2 WARD)

2-FULL NAME Cecilia C Grandey.

(a) RESIDENCE NO. 502 S. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Howard Philip

6 DATE OF BIRTH (month, day, and year) Oct 13 1899

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
26		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto - Md

PARENTS

10 NAME OF FATHER Stanislaus Bilkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Pauline Szymanska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Howard Grandey

(Address) 502 E Baltimore

15 Filed OCT 25 1925, 19 ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 18 1925, to Oct 24 1925, that I last saw her alive on Oct 23rd 1925, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 8 mos — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Phys. exam & Sputum

(Signed) Storm Kleibel M. D.

10/24 1925 (Address) 1224 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bi. Burial	Oct. 27 1925
20 UNDERTAKER	ADDRESS
Hm Corkran	1300 Eastern

THAT it may be properly classified. PHYSICIANS should state TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

Dr Murgatroyd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03086

E 03086

CERTIFICATE OF DEATH.

Oct 25 1925

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 705 Chestnut Hill Ave ST., 9-1 WARD)

2-FULL NAME Margaret J Curran

(a) RESIDENCE NO. 705 Chestnut Hill Ave ST.; WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of William M Curran

6 DATE OF BIRTH (month, day, and year) Sept 9, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talk. Md.

12 MAIDEN NAME OF MOTHER Margaret McCain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant William M Curran

(Address) 705 Chestnut Hill Ave

15 Filed , 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 23rd, 1925, to Oct 25th, 1925, that I last saw h[illegible] alive on Oct 23rd, 1925, and that death occurred, on the date stated above, at 12.45 P.M. The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo. W. Murgatroyd M.D.

10/25/25 (Address) 404 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakleaves — DATE OF BURIAL Oct 25 1925

20 UNDERTAKER W. M. Cook — ADDRESS 502 E Fayette Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 lbs.

E 03087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 03087

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4022 Boarman Ave WARD) 15 Forest Park

2-FULL NAME Mary E Hain

(a) RESIDENCE NO. 4022 Boarman Ave ST. WARD ...

(Usual place of abode)

Length of residence in city or town where death occurred 4yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis M Hain

6 DATE OF BIRTH (month, day, and year): Aug 7-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo Schwarz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Reus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr Jos Hain

(Address): 3038 Keswick Av.

15 Filed OCT 25 1925 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5 1925 to Oct 22 1925

that I last saw her alive on Oct 22 1925

and that death occurred, on the date stated above, at 10.45 A.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chr. Valvular Endocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John G. Schwarz M. D.

, 19 (Address) 1337 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross AAC — DATE OF BURIAL: 10-26 1925

20 UNDERTAKER: E H B Harle — ADDRESS: 115 E West St

TION is very important. See instructions on back of certificate.

Spec.–1-10-21–M&T–1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03088

CERTIFICATE OF DEATH.

38 E 03088

21-3

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. BALTIMORE CITY HOSPITALS St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Kendig

(a) RESIDENCE No. 628 W. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~[illegible]~~ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer) 075

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Uriah Kendig

11 BIRTHPLACE OF FATHER (city or town) Pa. (State or country)

12 MAIDEN NAME OF MOTHER Isabelle Kendig

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed OCT 25 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1925, to Oct 22, 1925, that I last saw him alive on Oct. 22, 1925, and that death occurred, on the date stated above, at 10:30P m.

The CAUSE OF DEATH* was as follows:

Syphilitic Aortitis; aortic insufficiency; chronic myocarditis (History)

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (History)

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

10/25/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lynn, Mass

DATE OF BURIAL 10/27/1925

20 UNDERTAKER J. J. Dickson & Sons

ADDRESS Lynn Mass

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 03089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 03089

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 8-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh O'Rourke

(a) RESIDENCE NO. 1718 E Chase ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE W. | 5 Single, ~~Married, Widowed,~~ or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 3. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	16 4	20.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto - Md

PARENTS

10 NAME OF FATHER Hugh O Rourke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Catherine O Byrd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Catherine Byrd

(Address) 1418 E Chase St

15 Filed OCT 25 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1925, to Oct 23, 1925, that I last saw h— alive on Oct 23, 1925, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Perforate Ulcer.

(duration) yrs. 16 mos ds.

CONTRIBUTORY (Secondary) Acute Intestinal Intoxication (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Colored Hospital for Perforate ulcer

Did an operation precede death? Yes Date of Oct 10, 1925

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H F Bryand, M. D.

, 19 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Oct 26 1925

20 UNDERTAKER: Robt J Turner Jr — ADDRESS: 1742 E Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03090

CERTIFICATE OF DEATH.

105

E 03090

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew aged Home ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Feigenbaum

(a) RESIDENCE NO. 115 Aisquith X ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Feigenbaum

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Levis

(Address) 1429 Eutaw St

15 Filed , 19 ; Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/25 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1925, to Oct. 24th, 1925, that I last saw her alive on , 1925, and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows:

Coma (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchial Asthma (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Ulsinger, M. D.

10-25, 1925 (Address) 308 S. B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel — DATE OF BURIAL 10/25 1925

20 UNDERTAKER Jack Levis — ADDRESS 1429 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

185-49

E 03091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 03091

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 23 WARD)

2-FULL NAME Stella Bikola

(a) RESIDENCE NO. 813 S. Ann St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Aaron Bayunski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Katie Bayunski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 25 1925, 19 ROBERT R. PRESTON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21st 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2nd, 1925, to Oct 21st, 1925.

that I last saw her alive on Oct 21st, 1925.

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Fulminating Acute Endocarditis

& Cerebral Embolism

(duration) yrs. mos 26 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Delaware

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood Cultures

(Signed) Charles Andrus, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Oct 25 19 25

20 UNDERTAKER H. Ozazewski — ADDRESS 1938 Eastern Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03092

CERTIFICATE OF DEATH.

90

E 03092

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Grace ct. ST. 25-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis. Dmytrow

(a) RESIDENCE No. 1507 Grace ct. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5. yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
44				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work.

(b) General nature of industry, business, or establishment in which employed (or employer) at Home.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Thomas. Dmytrow

(Address) 1507 Grace ct

15 Filed OCT 25 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1925, to Oct. 24, 1925, that I last saw h alive on Oct. 23rd, 1925 and that death occurred, on the date stated above, at 12 30 Am

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? —

(Signed) William J. Scott M. D.

Oct 26 1925 (Address) 816 - Cumberland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross R.C. Cem.

DATE OF BURIAL Oct 27, 1925

20 UNDERTAKER J. W. Ozarowski

ADDRESS 1930 Eastern

Spec.—1-10-21—M&T—1500 Bks.

E 03093 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03093

CERTIFICATE OF DEATH. 22

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5925 Bellona Ave ST. 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris I Keener

(a) RESIDENCE NO. 5925 Bellona Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) aug 12 - 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER C Franklin Keener

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Marie Gibble

13 BIRTHPLACE OF MOTHER (city or town) Pa (State or country)

14 Informant C Franklin Keener

(Address) 5925 Bellona

15 Filed ..... 19 ..... Registrar

OCT 25 1925 ROBERT R. KRAUTER Vital Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-25 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1925, to Oct 25, 1925, that I last saw her alive on Oct 25, 1925 and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) "

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Illness of Poliomyelitis

(Signed) Walter C Bacon, M. D.

10/25 1925 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Oct 26, 1925

20 UNDERTAKER E Le Roy Stiffler — ADDRESS 1258 North ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03094 E 03094

CERTIFICATE OF DEATH. X 45

1-PLACE OF DEATH

CITY OF BALTIMORE: ~~No.~~ JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Rood

(a) RESIDENCE NO. Shickshinny Pa. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of S. B. Rood

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Sam Shay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Adline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed OCT 25 1925, 19 ..... ROBERT R. KRAMER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25th 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 12th, 1925, to Oct. 25th, 1925, that I last saw her alive on Oct. 25th, 1925, and that death occurred, on the date stated above, at 1.53 P. m.

The CAUSE OF DEATH* was as follows:

Immediate = General Peritonitis

..... (duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Colonum

..... (duration) +8 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Shickshinny, Pa.

Did an operation precede death? Yes Date of 10/14/25

Was there an autopsy? yes.

What test confirmed diagnosis? Operation

(Signed) J. L. Rinehart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mocanaqua Pa — DATE OF BURIAL 10/25/25

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Bway

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03095

161-002

CERTIFICATE OF DEATH.

E 03095

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3519 Roland Av ST., 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Harding

(a) RESIDENCE NO. 3519 Roland ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or 40 min.
			1	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Simeon A Harding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Elizabeth Kaiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mother (Address) 3519 Roland Av

15 Filed ....., 19 ..... Registrar

OCT 25 1925 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 23 1925 to Oct 24 1925

that I last saw her alive on Oct 24 1925

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Instrumental Birth

Fracture of Pondyous

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H A Harding M. D.

19 (Address) 3101 Orkney Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL Oct 27 25

20 UNDERTAKER Chenoweth & Son — ADDRESS Chestnut St

Cor.—1-12-23—M&T—100 Bks.

E 03096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 03096

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 255 Woodlawn ave ST. 27-3 WARD)

2-FULL NAME Jarrett S Shauck

(a) RESIDENCE No. 255 Woodlawn ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie J Shauck

6 DATE OF BIRTH (month, day, and year) March 2 1864

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	7	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

14 Informant Mollie J Shauck
(Address) 255 Woodlawn ave

15 Filed OCT 25 1923, 192 ROBERT R. KRAMER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 192 3

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H Mowell M. D.
(Coroner.)

Oct 24, 1923 (Address) 1532 Rolandon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Middletown Md	Oct 27 1923

20 UNDERTAKER Chenoweth Son & Chenoweth ADDRESS 1317

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-001
12 E 03097

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E 25 St ST. 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton Alvah Fair

(a) RESIDENCE. No. 12 E 25 St ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alverta Mae Fair

6 DATE OF BIRTH (month, day, and year) Jan 28 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 054

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Alverta Fair
(Address) ~~12 E 25 St~~

15 Filed . 19 Registrar

OCT 25 1923 ROBERT R. PRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 - 19 23

17

I HEREBY CERTIFY, That I attended deceased from Oct 17th, 19 23, to Oct 23, 19 23, that I last saw h[illegible] alive on Oct 23, 19 23, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

1st Interstitial Cirrhosis of Liver

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert L. Whitehill, M. D.

(Address) 1117 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fussel Pa	Oct 25 1923

20 UNDERTAKER Ehenowith & Son ADDRESS 5617 Chestnut

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03098

CERTIFICATE OF DEATH.

90 E 03098

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3826 Fernwood Ave ST., No 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Mc Andrew

(a) RESIDENCE NO. 3826 Fernwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Honora Mc Andrew

6 DATE OF BIRTH (month, day, and year) Sept 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

64 0

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Mc Andrew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ire.

12 MAIDEN NAME OF MOTHER Honora Mc Andrew

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant

(Address) 3826 Fernwood Ave

15 Filed OCT 25 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 18, 1925 to Oct 22, 1925,

that I last saw h in alive on Oct 22, 1925,

and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Senile Bronchitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. L. Burke, M. D.

19 (Address) 3042 Hudson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 10/26 1925

20 UNDERTAKER J. A. Moran

ADDRESS 3000 E Baltimore

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 03099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03099

CERTIFICATE OF DEATH.

188-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt City Hospital ST. 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward E Smith

(a) RESIDENCE NO. 2428 E Chase St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work night watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Garage
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salt Lk City

PARENTS

10 NAME OF FATHER Edward E Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Connecticut

14 Informant Mary T Gordon
(Address) 1104 Aiken St

15 Filed OCT 25 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture base of skull and cut at ear lobe, when he turned over in bed

(Duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) No Injury Noted

(Duration) yrs. mos. ds.

(Signed) James McGeehan, M. D.
(Coroner)

Oct 24, 1925 (Address) Fort Chester

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Philadelphia Pa

Former or usual residence 2428 E Chase St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL 10/26 1925

20 UNDERTAKER J H Moran

ADDRESS E. Pratt

Spec.—1-10-21—M&T—1500 Bks.

E 03100

HEALTH DEPARTMENT—CITY OF BALTIMORE

124

E 03100

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Aliceste ST. 15-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelius Joseph Ahern Jr.

(a) RESIDENCE NO. 4031 Boarman Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Magdalen

6 DATE OF BIRTH (month, day, and year) Jan 6, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real estate

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: W. Holloway

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Cornelius Joseph Ahern Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary Ellen Boarman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): St Joseph's Hosp Recds.

15 Filed OCT 25 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1925, to Oct 23, 1925, that I last saw him alive on Oct 23, 1925 and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Biliary Fistula (post operative) following obstruction of common bile duct.

(duration) yrs. 2½ mos ds.

CONTRIBUTORY (Secondary) General peritonitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Oct 15, 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Operation

(Signed) Chas L Grasser M.D.

10/23, 1925 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: 10/27/1925

20 UNDERTAKER: J. G. Moran

ADDRESS 300 E. Baltimore

IMPORTANT: See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03101 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03101

CERTIFICATE OF DEATH. 26-590

1-PLACE OF DEATH Registered No.

City of BALTIMORE: (No. 119 N.Clinton St. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine M.Unkelbach

(a) Residence No. 119 N.Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov.8,1908.

7-AGE.	If LESS than 1 day.
17 yrs. 11 mos. 15 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Md.

PARENTS

10-NAME OF FATHER, John J.Unkelbach.

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary J.Meehan.

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md.

14- (Informant) Mrs Mary J.Unkelbach.
(Address) 119 N.Clinton St.

15- Filed, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/22/25

17- I HEREBY CERTIFY, That I attended deceased from March 15 1925 to Oct. 22 1925
that I last saw her alive on Oct. 22 1925
and that death occurred, on the date stated above, at 3.50 P.m.
The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Philibert Artigiani M.D.
, 19 (Address) 2942 E. Fayette St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Holy Redeemer Cem.	10-26, 1925
20-UNDERTAKER,	ADDRESS
Henry W. Mears & Son	805 N.Calvert St.

OCT 26 1925

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03102 — 1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1539 S. Clinton (St.) 26-8 (Ward)

2-FULL NAME Robert Handy

(a) RESIDENCE. (Usual place of abode) No. 1539 S. Clinton St., Ward.

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

1-9 ✓ E 03102 — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colrd	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 30, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer — 040

(b) General nature of industry, business, or establishment in which employed (or employer) Fertilizer factory

(c) Name of employer Amer. Agric. Chem Co.

9 BIRTHPLACE (city or town) (State or country) Crisfield Maryland.

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) not known (State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) not known (State or country)

14 Informant Emma Boger (Address) 1539 S Clinton St

15 Filed ..... 19 ..... Registrar

OCT 26 1925 ROBERT R. KRAUER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1925, to Oct 24, 1925, that I last saw h. in alive on Oct 23, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation following hypertrophy — history obscure — Stated was ill (duration) 3 months ago. yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. W. Wright, M. D.

10/25 1925 (Address) 1014 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	Oct 26 1925
20 UNDERTAKER	**ADDRESS**
Milton Davis	716 Eden

Spec.—1-10-21—M&T—1500 Bks.

E 03103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 E 03103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 S. Linwood Ave ST.) 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris M. Hanes

(a) RESIDENCE No. 925 S. Linwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 23, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Philip Hanes

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Minnie Schoenfeldt

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Philip Hanes
(Address) 925 S. Linwood Ave

15 Filed OCT 26 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24. 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1925 to Oct. 24, 1925, that I last saw h... alive on Oct. 24 1925, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Yellow Atrophy of the Liver—

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiecy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronshas, M. D.

10-25-25 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Oct 26 1925
20 UNDERTAKER	ADDRESS
H. Sander Sons Inc.	1710 East N.

Spec.—1-10-21—M&T—1500 Bks.

E 03104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03104

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 N. Collington ST., 46-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mercie H. Childs

(a) RESIDENCE No. 727 N. Collington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 20 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND OF (or) WIFE of late James H. Childs

6 DATE OF BIRTH (month, day, and year) Jan 3/53

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Andrews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Chas. Childs (Address) 17 S. Linwood Av

15 Filed ....., 19 ..... Registrar

ROBERT R. KRAUTER, Burial Permit Clerk.

OCT 26 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 1 25 to Oct 23 25.

that I last saw h alive on Oct 23 25

and that death occurred, on the date stated above, at 2 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Diabetes

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Dreyer M. D.

10/23/25 (Address) 500 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 10/26 1925

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Aliceanna St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 03105

1-PLACE OF DEATH Franklin Sq. Hospital 12-6 129 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Lenardi

(a) RESIDENCE NO. 46 E. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 12 1876

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edward Legnardi

(Address) 309 E. Lafayette ave

15 Filed OCT 26 1925, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 25, 1925, to Oct 25, 1925.

that I last saw h alive on Oct 25, 1925.

and that death occurred, on the date stated above, at 1.10 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Staff.

(Signed) Louis Genlupi, M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Nelwood News Va	Oct 27 1925
20 UNDERTAKER Robert Brookeeson	ADDRESS Cor Calhoun Hollins

Back of certificate. SECTION IS very important. See instructions on back

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03106

CERTIFICATE OF DEATH.

37 E 03106

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 14-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Woods

(a) RESIDENCE NO. 1721 Division st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Sam Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Bertha Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital records (Address)

15 Filed JUL 26 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1925, to Oct. 24, 1925, that I last saw him alive on Oct. 24, 1925, and that death occurred, on the date stated above, at 2.50 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. M. Mock, M. D.

10-24 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL Oct 28, 25

20 UNDERTAKER Mrs James H. Dennis & T. E. Kelson — ADDRESS 1303 Pressman St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03107

CERTIFICATE OF DEATH.

90 E 03107

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Collins Av St., 20-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Meyer

(a) RESIDENCE NO. 309 Collins Av St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. 6 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of / WIFE of

6 DATE OF BIRTH (month, day, and year): May 18th 1852

7 AGE: Years 73 Months 5 Days 6 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Wm. Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Marie Bockenkamp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Barbara Meyer 309 Collins Av

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 1 1924 to Oct 24 1925, that I last saw h[illegible] alive on Oct 24 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos da.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Physical signs

What test confirmed diagnosis?

(Signed) Henry J. Bahn, M. D.

, 19 (Address) 225 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Oct 27 1925

20 UNDERTAKER: F. B. Wehrfeldt

ADDRESS: 1850 N. Patterson Pk

OCT 26 1925

HUBERT A. KRAUTER
Burial Permit Clerk.

FION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 03108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

E 03108

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Speckman

(a) RESIDENCE No. 2216 Frederick Ave ST. 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Oct 24-25

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	—	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baltimore Md
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Alfred Speckman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Eichen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Alfred Speckman
(Address) 2216 Frederick Ave

15 Filed ....., 192 ..... Registrar

ROBERT R. KRAUTER
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(Autopsy at Hopkins)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Bell, M. D.
(Coroner.)

10-25-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Oct 26th 1925

20 UNDERTAKER F. B. Westphal ADDRESS 1850 W. Balto. St.

Cor.—1-12-23—M&T—100 Bks.

E 03109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 03109

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S Spring ST. 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Reed

(a) RESIDENCE NO. 324 S Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer Baugh & Sons Fertilizer Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant S H Bayly
(Address) 3 324 S. Spring St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Alcoholism

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton, M. D.
(Coroner.)

Oct 25 1927 (Address) 600 E Lex

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Oct. 26 1927
20 UNDERTAKER Robt A Phillips	ADDRESS 515 61 E Eldorado St

ROBERT R. KRAUTER, Burial Permit Clerk

Spec—12-23-21—E.B.R.S.—400 Eks.

Jeffein

HEALTH DEPARTMENT—CITY OF BALTIMORE

03110 E 03110

CERTIFICATE OF DEATH.

6-2 90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1931 E. Fairmount ave St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Jeffein

(a) Residence No. 1931 E. Fairmount ave St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Jeffein

6-DATE OF BIRTH (month, day and year) Jan 6 1875

7-AGE. 50 yrs. 9 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Israel Barasch

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Blume Hertzky

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Austria

14-

(Informant) Adolph Jeffein

(Address) 3513 Pimlico Ave

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 24, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 23, 1925 to Oct 24 1925 that I last saw her alive on Oct 24, 1925 and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R H Isaacs M. D.

, 19 (Address) 1853 E Baltimore St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL, Hebrew Friendship Cemetery — DATE OF BURIAL, Oct 26, 1925

20-UNDERTAKER, J. Ahrens Co — ADDRESS 33 N Eutaw St

OCT 26 1925 ROBERT R. KRAUTER, Burial Permit Clerk

Spec.—1-12-23—M&T—500 Bks.

03111

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 03111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Home for Aged

CITY OF BALTIMORE: (No. 2100 E Balto St. ST. 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Shapiro

(a) RESIDENCE NO. 2100 E Balto St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caulin Shapiro

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Sinkow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sinkow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Balto St

15 Filed OCT 26 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24/1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1925, to Oct 24, 1925, that I last saw h— alive on Oct 24, 1925, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? W Date of

Was there an autopsy? W

What test confirmed diagnosis? clinical findings

(Signed) Lewis Libotsky, M. D.

10/24/1925 (Address) 1810 E Lan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew Cem

DATE OF BURIAL 10/26/25

20 UNDERTAKER Jack Lewis 1439 E Balto St

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03112

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 03112

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1029 W Lombard St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Calvin A. Smith

(a) Residence No. 1029 W Lombard St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 28 1924

7-AGE. 1 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. none.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS

10-NAME OF FATHER. Calvin A. Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Washington D.C.

12-MAIDEN NAME OF MOTHER Lelia Anderson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va

14-
(Informant) Mr Calvin A Smith.
(Address) 1029 W Lombard St

15-
Filed ..... 192..
Registrar.

OCT 26 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 24 1925.

17- I HEREBY CERTIFY, That I attended deceased from Oct. 20. 1925 to Oct. 24. 1925.
that I last saw h.. alive on Oct. 24. 1925
and that death occurred, on the date stated above, at 9 P m.
The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia
(Primary)
(Duration) 2 yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) none.
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Examination

10/26/25 Signed Thos. Gorter M. D.
(Address) 888 N Lonsdale St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	Oct 26th 1925
20-UNDERTAKER. Edw F Cowan & Son	ADDRESS 901 Hollins St

Cor.—1-12-25—M&T—100 Bks.

E 03113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-2 1885-003 E 03113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna D. Gail

(a) RESIDENCE NO. 1738 N. Duncan St ST., Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Gail

6 DATE OF BIRTH (month, day, and year) Feb 5/1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Conrad Dressel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm. E. Gail (son)
(Address) ~~113 W. Hamilton Ave~~

15 Filed OCT 26 1925, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Itraabdominal Hemorrhage

Struck by automobile-accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. S. H. Cocan, M. D.
(Coroner.)

10-26-25 192 (Address) 508 E. north Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emanuel Cem — DATE OF BURIAL: Oct 27th 1925

20 UNDERTAKER: Geo Schillinger Sons — ADDRESS: 1266 Monument

Spec—12-23-21—E.B.R.S.—400 Eks.

E 03114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

2-2 32 E 03114

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James R. Greenfield

(a) Residence No. 1155 Wark Street St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write word.) ~~Single~~ Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) November 7 1924

7-AGE. ~~Years~~ 11 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Nelson Greenfield

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Annie Brokter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md.

14- (Informant) (Address) Hospital Records

15- Filed 192 ROBERT R. KRAMER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 10-24-25

17- I HEREBY CERTIFY, That I attended deceased from October 18 1925 to Oct. 24 1925 19

that I last saw him alive on Oct 24 1925 19

and that death occurred, on the date stated above, at 5:10 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Terminal Bronchio Pneumonia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal Tap Smear

(Signed) John L. Winstead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Knw Cathedral	Oct. 26, 1925.
20-UNDERTAKER.	ADDRESS
George J Smith	1532 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

E 03115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53 E 03115

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1624 Jefferson ST., 6-1 WARD)

2-FULL NAME Ella Louise Walker

(a) RESIDENCE NO. 1629 Jefferson ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 27, 1925

7 AGE — Years | 4 Months | 28 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Emmett Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ella Alstead

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Emmett Walker father 1629 Jefferson st.

15 Filed OCT 26 1925, 19— Registrar ROBERT R. KRAUTER. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 19 25, to Oct 25, 19 25, that I last saw h alive on Oct 24, 19 25 and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Scurvy with Hemmorhage

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Dofemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Gooding M. D.

10/26 1925 (Address) 1429 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodbury cemetery — DATE OF BURIAL: Oct 26 1925

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 Orleans st

Spec.—1-10-21—M&T—1500 Bks.

E 03116 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 90 E 03116

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1702 Hemlock Ave ST. 12-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Helfer

(a) RESIDENCE NO. 1702 Hemlock Ave ST.

WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eve M. Helfer

6 DATE OF BIRTH (month, day, and year) March 14, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 yrs.	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O H D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Adam Helfer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Eve Helfer (Address) 1211 Hemlock Ave

15 Filed OCT 26 1925 ROBERT P. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct 1/25, 19 , to Oct. 24 , 19 25 that I last saw h[illegible] alive on Oct. 24 25 and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

Pulmonary disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. J. Simm, M. D.

(Address) 6 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery.

DATE OF BURIAL Oct 29. 25

20 UNDERTAKER C. W. Dill

ADDRESS 1502 Bredt Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03117

CERTIFICATE OF DEATH.

E 03117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3128 Stafford St. Ward) REGISTERED NO. C 90

2-FULL NAME Frederick William Rein

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 3128 Stafford St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Sept 1st, 1849 (Month) (Day) (Year)

7-AGE. 76 yrs. 1 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St Louis Mo.

PARENTS.

10-NAME OF FATHER, John Rein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Rein

(Address) 3125 Stafford

15-

Filed ....., 191... ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

OCT 26 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 24, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 9 1925, to Oct 24 1925, that I saw h... alive on Oct 13 1925, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 4 yrs. mos. ds.

(Signed) Thos A Schaub M. D.

Oct 24, 1925 (Address) 1103 Eutaw Pl. A.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, October 26 1925

20-UNDERTAKER C. W. Dill ADDRESS 3109 Frederick Ave.

Spec.—1-10-21—M&T—1500 Bks.

Max Honig

E 03118 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 03118

REGISTERED NO.

1-PLACE OF DEATH West Baltimore Gen'l Hospital

CITY OF BALTIMORE: (No. Raynor & Dukeland ST. 2-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Honig

(a) RESIDENCE No. 1718 Thomas Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Honig

6 DATE OF BIRTH (month, day, and year) Dec 3 1852

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Albert Honig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Spencer Honig
(Address) 1109 Cathedral St

15 Filed OCT 26 1925, 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24 19 25

17 I HEREBY CERTIFY, That I attended deceased from 10/10, 19 25 to 10/24, 19 25

that I last saw him alive on 10/24, 19 25.

and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical findings

What test confirmed diagnosis? Dr Arthur Wilkinson

(Signed) M. D.

19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Oct 26 1925

20 UNDERTAKER Chas E. Branch & Son

ADDRESS 2-Madison Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

Catherine Howard

E 03119

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03119

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 177

City of BALTIMORE: (No. 231 N. Pearl St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Howard

(a) Residence No. 231 N. Pearl St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 7-14-04

7-AGE: 21 yrs. 3 mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Chas. Goldberg

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Ruby Monroe

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto

14-

(Informant): Ruby Howard

(Address): 231 N. Pearl St

15-

Filed OCT 26 1925 19; HUBERT N. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 10/25/25

17- I HEREBY CERTIFY, That I attended deceased from 10/11/25, 19.., to 10/25/25, 19..

that I last saw h.. alive on 10/23 19 25

and that death occurred, on the date stated above, at 3:45 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

caused by Acute Mercurial

Poisoning taken by

Mistake (Duration) yrs. mos. 1/4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. L. Jackson M. D.

10/25 19 25 (Address) 8 Old Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	10/29/25, 19 25
20-UNDERTAKER,	ADDRESS
Mrs Katie R Williams	322 N. Schroeder St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 900 N Mountford St., 1-3 Ward) 90 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kotwall

(a) Residence No. 900 N Mountford St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kotwall

6-DATE OF BIRTH (month, day and year) Not known

7-AGE, 61 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier

(b) General nature of Industry, business, or establishment in which employed (or employer) 0 56

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Joseph Kotwall

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bohemia

14-Informant Mary Kotwall

(Address) 900 N Mountford

15-Filed OCT 26 1925 19 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 23/25

17-I HEREBY CERTIFY, That I attended deceased from Oct 1 19 25 to Oct 23 19 25

that I last saw h alive on Oct 23 19 25

and that death occurred, on the date stated above, at 12.20 A. M.

THE CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted If not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Phy Exam

Oct 26 19 (Signed) G C Kades, M. D.

(Address) 1436 12 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Old Hill — DATE OF BURIAL, Oct 26, 1925

20-UNDERTAKER, Geo Woodson — ADDRESS 1906 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

E 03121

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 03121

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 Rosemary Ave ST. 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Farlougher

(a) RESIDENCE NO. 107 Rosemary Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Sept 25-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ellicott City Md.
(State or country)

PARENTS

10 NAME OF FATHER Frank Farlougher

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rebecca Nelon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs Porter
(Address) 107 Rosemary Ave

15 Filed OCT 26 1925 ROBERT A. CARRUTHERS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1924, to Oct. 25, 1925, that I last saw her alive on Oct 24th, 1925, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Endocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -------

Did an operation precede death? No Date of ----

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy, M. D.

10-26-1925 (Address) 1218 Harford Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 27 1925
20 UNDERTAKER	ADDRESS
William Cook	502 E Hoff

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03122

CERTIFICATE OF DEATH.

E 03122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ehline

(a) RESIDENCE NO. 711 S. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~Widower~~ 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 062

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Geo. Ehline

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Catherine (?)

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Hospital Records
(Address)

15 Filed ....., 19 ..... Registrar

OCT 26 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1925, to Oct 25, 1925, that I last saw him alive on Oct 25, 1925, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous Enteritis

(duration) Unknown

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Findings

(Signed) W. D. McJane Jr. M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Oct 28 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

Dr Shannon
700 N. Fulton Ave

E 03123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/ E 03123

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—(No. 438 North Fremont ST. (or) WARD)

2-FULL NAME Lillian C. Pletzer

(a) RESIDENCE No. 438 N. Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Divorced

5a If married, widowed or divorced HUSBAND of (or) WIFE of Jones

6 DATE OF BIRTH (month, day, and year) Nov 12, 1900

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
24	11	12.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel C. Pletzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Reilly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary Pletzer (Address) 438 N. Fremont

15 Filed OCT 26 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 5, 1925, to Oct 24, 1925, that I last saw her alive on Oct 24, 1925 and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo E. Shannon, M. D.

, 19 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Oct 27 1925

20 UNDERTAKER William Cook — ADDRESS 502 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

Bachuba

E 03124

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

E 03124

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST., 2-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carolina Kochuba

(a) RESIDENCE NO. Balto. City Hospital ST., 122 E Eastern WARD.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Lewandowski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Frank Kochuba. 122 E Eastern

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 24 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-7-24. 19..... to 10-24- .1925.

that I last saw h.s alive on 10-24- .1925.

and that death occurred, on the date stated above, at 5 45 P m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis.

Chronic Interstitial Nephritis

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical Signs

(Signed) Jno. J. Crumpton M. D.

, 19 (Address) Balto. City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cm.	Oct 27, 25

20 UNDERTAKER P W Czaszewski ADDRESS 1930 Eastern Ave

E 03125

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03125

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 802 N. Gilmor St. St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Schreiber

(Residence in Baltimore: No. 802 N. Gilmor St. St.; yrs. 17 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	colored.	single

6-DATE OF BIRTH. about (Month) (Day) 1908 (Year)

7-AGE. 17 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Jas. Schreiber

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Sarah Thomas

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Schreiber

(Address) 802 N. Gilmor St.

15-

Filed OCT 26 1925 ROBERT B. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 24, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

Oct. 25, 1925 (Address) 280 Cathedral

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Auburn Cem	10/26/1925
20-UNDERTAKER. Dan'l Kahn	ADDRESS 916 Eager

03126 H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03126

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 919 N. Vincent St. 16-6 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Miller

(a) RESIDENCE. No. 919 N. Vincent St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Miller

6 DATE OF BIRTH (month, day, and year) Apr 15th 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer): 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Atlanta Georgia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mildred Miller 719 N. Vincent

15 Filed , 19 Registrar

OCT 26 1925 ROBERT M. CHESTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12th, 19 25, to Oct 25, 1925, that I last saw him alive on Oct 23, 1925, and that death occurred, on the date stated above, at 11.35 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) E. E. Disk, M. D.

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Oct 26 1925

20 UNDERTAKER: Virginia G. Brooks

ADDRESS 1463 N. Carey

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03127

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 03127

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital Registered No.

City of BALTIMORE: (No. Lombard & Greene St., W-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Banks

(a) Residence No. 702 Vine St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Oct. 21, 1925

7-AGE. ....yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Md.

PARENTS.

10-NAME OF FATHER. Abraham Banks

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country) Md.

12-MAIDEN NAME OF MOTHER. Bertha May Roberts

13-BIRTHPLACE OF MOTHER (city or town) Dorchester Co. (State or Country) Md.

14- (Informant) Bertha Banks

(Address) 702 Vine St.

15- Filed ... 192.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct. 21 1925 to Oct 23 1925 that I last saw her alive on Oct 23rd 1925 and that death occurred, on the date stated above, at 11:5 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Maternal nephritis

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick B. Snyder M. D.

Oct. 23 1925 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ..., 19....

20-UNDERTAKER. ADDRESS

OCT 26 1925 ROBERT R. KRAUTER Burial Permit JOHNS HOPKINS HOSPITAL Commissioner Health. OCT 24 1925

295

Cor.—1-12-23—M&T—100 Bks.

E 03128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90E 03128

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Gough ST., 9-2 WARD)

2-FULL NAME John J. Valentini

(a) RESIDENCE NO. 2116 Glenwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Valentini

6 DATE OF BIRTH (month, day, and year) March 14 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

10 NAME OF FATHER Andrew Valentini

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Austria

12 MAIDEN NAME OF MOTHER Catherine Gay

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

PARENTS

Informant Joseph L. Valentini
(Address) 2116 Glenwood Av

Filed OCT 26 1925 192

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.

thereon and from the evidence obtained by said Inquest, autopsy or inquiry. find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

(Signed) James H Fulton, M. D.
(Coroner.)

Oct 17, 1925 (Address) 100 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Oct 27th 1925

20 UNDERTAKER Frank V. Pistorius

ADDRESS 1800 E. 32 nd

Spec.—1-10-21—M&T—1500 Blks.

E 03129

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03129

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH St. James Apartments 11-3 REGISTERED NO.

CITY OF BALTIMORE: (No. Charles & Centre ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Louisa Worthington

(a) RESIDENCE NO. Charles & Centre ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Worthington

6 DATE OF BIRTH (month, day, and year) Aug 31, 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	88	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Winchester Va
(State or country)

PARENTS

10 NAME OF FATHER Lloyd Logan

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Ann Baker

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Chas Worthington
(Address) Chas & Centre St

15 Filed ..... 19 ..... Registrar

OCT 26 1925 ROBERT R. KRAUTER Registrar Public Health

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1925

17

I HEREBY CERTIFY, That I attended deceased from 10/18 1925 to 10/24 1925.

that I last saw h alive on 10/19 1925.

and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Myocordial insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

10/26 1925 (Address) 1703 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winchester Va

DATE OF BURIAL Oct 27 1925

20 UNDERTAKER Harry W. Ebert

ADDRESS 1974 W. North Ave

Spec.–1-10-21–M&T–1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03130

CERTIFICATE OF DEATH.

74-001 E 03130

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. BALTIMORE CITY HOSPITALS ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Jones

(a) RESIDENCE NO. 124 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~unknown~~ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1925, to Oct 24, 1925 that I last saw her alive on Oct. 24, 1925 and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

left hemiplegia (cerebral hemorrhage)

(duration) yrs. mos. 4 (Hours) ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller M. D.

10/25/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. DATE OF BURIAL Oct. 26. 1925

20 UNDERTAKER Chas. H. Delmar 4/B N. Carolina ADDRESS

OCT 26 1925 ROBERT A. KRAUTER

Burial Permit Clerk

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03131

CERTIFICATE OF DEATH.

90

E 03131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Cairo St. ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hester Wright

(a) RESIDENCE NO. 1421 Cairo St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of James Wright (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Snow Hill Md.

PARENTS

10 NAME OF FATHER ? Bowens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Snow Hill Md.

12 MAIDEN NAME OF MOTHER Juila Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Snow Hill Md.

14 Informant Charles Wright (Son)

(Address) 1421 Cairo St.

15 Filed OCT 26 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-23 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1925, to Oct. 23rd, 1925, that I last saw h.e alive on Oct. 23, 1925, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Acct. Parenchymatous Neph.
Mitral Ins.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) (duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinaylasis

(Signed) Walter J. Jackson, M. D.

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	10/26/1925
20 UNDERTAKER	ADDRESS 916
Dan'l Easton	64 me

Spec.—1 10-21—M&T—1500 Bks.

E 03132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71-E 03132

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 W. Mulberry ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Randle

(a) RESIDENCE NO. 520 W. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 28-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles H. Randlett

11 BIRTHPLACE OF FATHER (city or town) Canada.
(State or country)

12 MAIDEN NAME OF MOTHER Eva C Remsburg

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Edgar Bittle
(Address) Myersville Md.

15 Filed ..... 19 ..... ROBERT N. KRAUTER, Registrar

OCT 26 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1925, to Oct. 26, 1925, that I last saw him alive on Oct. 26, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Primary Pneumococcal Meningitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 12 hrs. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Fred B Smith, M. D.

19 (Address) 11 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Myersville Md. DATE OF BURIAL 10/28/25

20 UNDERTAKER Bittle Bros. ADDRESS Myersville Md.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3133

CERTIFICATE OF DEATH.

111-00 E 03133

1-PLACE OF DEATH Hebrew Hosp. REGISTERED NO.....
CITY OF BALTIMORE: (NO. 1400 W. N. ST. 25-11 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cook

(a) RESIDENCE NO. 916 Elm Curtis Bay WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia cook

6 DATE OF BIRTH (month, day, and year) May 23 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectionary 045

(b) General nature of industry, business, or establishment in which employed (or employer) Store Clerk

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Fox Lake Wis.

PARENTS

10 NAME OF FATHER Stephen Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Sophia Demczynska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Bro. Sophia Cook (Address) 16 Elm St

15 Filed OCT 26 1925, 19.. ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24 1925

17 I HEREBY CERTIFY, That I attended deceased from October 14, 1925 to Oct 24, 1925

that I last saw h.. alive on Oct 24, 1925

and that death occurred, on the date stated above, at 11 A.M. m.

The CAUSE OF DEATH* was as follows:

Sub phrenic abscess

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 10/23/25

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation.

(Signed) Philip Jacobson, M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Oct 28 1925

20 UNDERTAKER John M Weber — ADDRESS 1803 Bank

Spec.—1-10-21—M&T—1500 Bks.

E 03134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-238

E 03134

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Halley

(a) RESIDENCE NO. 1105 Berkeley St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 7-1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Dave Halley

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country)

12 MAIDEN NAME OF MOTHER Sarah Wing

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Geo. D. Holley (Address) 1105 Berkley St.

15 Filed OCT 26 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-24 1925

17

I HEREBY CERTIFY, That I attended deceased from 8-11-, 1925, to 10-24-, 1925.

that I last saw her alive on 10-24-, 1925,

and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Secondary Syphilis. Luetic Elephantiasis & Vulva. Toxic Psychosis (14 days)

(duration) yrs. 2 mos 20 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign & Serology.

(Signed) Dr. E. Champe - M. D.

, 19 (Address) Balto. City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bauer Co. DATE OF BURIAL 10-27 1925

20 UNDERTAKER Samuel H. Kinsley ADDRESS Madison

E 03135

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 03135

CERTIFICATE OF DEATH

1-PLACE OF DEATH Died on street car at Madison & Jones Falls. Registered No. C.....

City of BALTIMORE: (No. 414 St. Mary's St. 2. 7. N. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Gray

(Residence in Baltimore: No. 414 St. Mary's St. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	widower

6-DATE OF BIRTH. about 1862
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day.
63 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. E. S. Williams

(Address) 1106 Druid Hill Ave

15-

OCT 26 1925 ROBERT R. KRAUTER, Vital Records Registrar

Filed ..... 192.....

Registrar.

Morgue Released 10/24/25

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 19, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) ..... yrs. unknown mos. ..... ds.

CONTRIBUTORY (Secondary) Died on street car.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

Oct. 25 1925 (Address) 2807 Edmondson Ave.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal**.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL. Oct 26 1925

20-UNDERTAKER. Samuel T. Hensley ADDRESS 2328 Eden St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03136

CERTIFICATE OF DEATH.

+1-001 E 03136

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 12-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Rose Williams

(a) RESIDENCE NO. ~~2023~~ 2423 Oak St WARD Calvert Co Md

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 10, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: Isaac Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ida Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary L. Smith

(Address) 2423 Oak St

15 Filed ....., 19 .....

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1925, to Oct 23, 1925, that I last saw h[illegible] alive on Oct 23 1925 and that death occurred, on the date stated above, at 10 15 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. 1 mos 25 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. Tankey, M. D.

(Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: Oct 26 1925

20 UNDERTAKER: Samuel L Hawley

ADDRESS 578 W Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03137 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03137

CERTIFICATE OF DEATH.

17-2161-001

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 535 W. Biddle St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Williams

(a) Residence No. 535 W. Biddle St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 hr. · How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct. 24, 1925

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 1 hrs. 25 min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, James Daniels

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Mildred Margaret Williams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant) Mildred Williams

(Address) 535 W. Biddle St.

15- Filed OCT 26 1925 Registrar. ROBERT R. KRAUTER. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 25, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct. 24 1925 to Oct 25 1925

that I last saw him alive on Oct. 25 1925

and that death occurred, on the date stated above, at 12 30 A.M.

The CAUSE OF DEATH* was as follows:

Prematurity.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Frederick A. Snyder M. D.

Oct 25, 1925 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount — DATE OF BURIAL, Oct 26 1925

20-UNDERTAKER, Samuel Hursley — ADDRESS 1776 Biddle St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03138

CERTIFICATE OF DEATH.

133 E 03138

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 26-2 WARD)

2-FULL NAME Christopher Guckert

(a) RESIDENCE NO. 38 Quick Ave · Raspburg WARD

(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Guckert.

6 DATE OF BIRTH (month, day, and year) Sept. 2 - 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER John Guckert.

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) " Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) " France.

14 Informant Daughter- Agnes Guckert (Address) 38 Quick Ave

15 Filed OCT 26 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-23 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-17, 1925, to 10-23, 1925, that I last saw h alive on 10-22, 1925 and that death occurred, on the date stated above, at 3:10 a m.

The CAUSE OF DEATH* was as follows:

Gangrene of bladder (following Carcinoma of prostate)

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Tuberculosis of lungs

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 25, 25 suprapubic cystotomy

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Emil Novak, M. D.

, 19 (Address) 26 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Oct. 27 1925

20 UNDERTAKER Lilly & Zeiler ADDRESS 1038 Wolfe St

Spec—12-23-21—E.B.R.S.—400 Blks.

E 03139

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 003139

122-00

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 5103 Gelston Ave St., 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome P Humphrey

(a) Residence No. 5103 Gelston Ave St., Ward.....

(Usual place of abode) same

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Humphrey

6-DATE OF BIRTH (month, day and year) Aug 3 1856

7-AGE. 69 yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of industry, business, or establishment in which employed (or employer)..... Non Specified

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Green York City N.Y.

PARENTS.

10-NAME OF FATHER, Patrick Humphrey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Mrs Hubbard (sis)

(Address) 519 Hanford Ave

15-

Filed ..... 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 24/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 23, 1925 to Oct 24, 1925 that I last saw h. alive on Oct 24th 1925 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of liver

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Enteritis

(Duration) yrs. mos. 20 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings.

(Signed) Albert Schofield, M. D.

10/26, 1925 (Address) Mapleton. Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Oct 27, 1925
20-UNDERTAKER. Leonard D. Rueck	ADDRESS. Lafayette Ave

Spec. 1-10-21 M&T 1500 Bks.

E 03140 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03140

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Spence

(a) RESIDENCE NO. 717 W North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1845-?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
80yr?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Snow Hill, Md.

PARENTS

10 NAME OF FATHER Edward Spence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Spence

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 10/26 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1925, to Oct. 25, 1925, that I last saw her alive on Oct. 25, 1925, and that death occurred, on the date stated above, at 12:45 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; Chronic Myocarditis

(duration) 1 yrs. (history) mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 hour

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

10/25 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL Oct 27 1925

20 UNDERTAKER H. J. Eichner & Sons

ADDRESS North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03141

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 03141

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 717 N. Fremont St., 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena J. Eno

(a) Residence No. 717 N. Fremont St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

6a-If married, widowed, or divorced HUSBAND (or) WIFE of Chas. E. Eno

6-DATE OF BIRTH (month, day and year) Sept 14/49

7-AGE 76 yrs. 1 mos. 11 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer self

9-BIRTHPLACE (city or town) (State or Country), Petersburg Va

PARENTS.

10-NAME OF FATHER, Wm. E. Sargeant

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Ann Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

11- (Informant) Wm Eno

(Address) 3444 Ristertown Rd

12- Filed 26 1925 19 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 25/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1917 to Oct 25 1925

that I last saw her alive on Oct 24 1925

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

right side hemiplegia due to cerebral hemorrhage

(Duration) 6 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Smith M. D.

Oct 25, 1925 (Address) 1002 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Oct 27 '25

20-UNDERTAKER: W. J. Tickner Sons — ADDRESS: N & Pa

Spec.—1-10-21—M&T—1500 Blks.

E 03142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03142

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE; (No.) ST., (Ward) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emil Reinhardt

(a) RESIDENCE No. 600 W. Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, ~~Married, Widowed~~, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 22 - 1850

7 AGE	Yrs	Months	Days	If LESS than 1 day, hrs or min.
	74	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) In as much Minn

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Joshua Bates Jr

(Address) 600 W. Saratoga St

15 Filed . 19 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 26 - 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-15 . 1925 , to 10-26 - . 1925 , that I last saw him alive on 10 - 26 - . 1925 , and that death occurred, on the date stated above, at 9 02 A. m.

The CAUSE OF DEATH* was as follows:

Syphilis Fever (?)

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Cardiac Myocardial Failure. (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? In as much Minn (?)

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical & Autopsy.

(Signed) W A Bonfield M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Oct 28 1925

20 UNDERTAKER Wm H. Fichter Sons

ADDRESS Mott & Pa

Spec.—1-12-23—M&T—500 Bks.

E 03143 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03143

CERTIFICATE OF DEATH.

90 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Belle Ave. 15-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise M. Berger

(a) RESIDENCE NO. 3911 Belle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Phillip R. Berger

6 DATE OF BIRTH (month, day, and year) July 21 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Balthazar Weyforth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Steiger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Howard Dunphe (Address) 3911 Belle Ave.

15 Filed [illegible], 19 [illegible] Registrar

[illegible] Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Oct 25, 1925, that I last saw her alive on Oct 24, 1925 and that death occurred, on the date stated above, at 4.35a

The CAUSE OF DEATH* was as follows:

Cardiac dilitation

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) arteriosclerosis, senile dementia (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urine findings cardiac dilitation arteriosclerosis

(Signed) Harry Brilacy M. D.

(Address) 87 W Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Oct 27 25
20 UNDERTAKER Wm Pickues Sons	ADDRESS Norfolk Va

Spec.—1-10-21—M&T—1500 Bks.

Annuziata Simonescki ✓ 003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03144 145 E 03144

CERTIFICATE OF DEATH.

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Gough ST. 31 WARD)

2-FULL NAME Annuziata Simonescki

(a) RESIDENCE No. 1213 Gough ST., ... WARD .....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 20 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: Married Jos Simonescki

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Simonescke

6 DATE OF BIRTH (month, day, and year): 3/25. 1888

7 AGE: Years 37. Months 7 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Davide Florenzano

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Giustina Damiano

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Joseph Simonescki
(Address): 1213 Gough st.

15 Filed Oct 26 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 26 1925

I HEREBY CERTIFY, That I attended deceased from Octb 24. 1925, to Octb 24. 1925.

that I last saw h[e] alive on Octb 24. 1925.

and that death occurred, on the date stated above, at 1.4 m.

The CAUSE OF DEATH* was as follows:

Cereb Stroke due to Apoplexy

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Stroke

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jos L. Valentine M.D.

Oct 26 1925 (Address) 1 E So Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem | DATE OF BURIAL: 10/27 1925

20 UNDERTAKER: George J Ruth | ADDRESS: 1735 Harford Ave

Cor.—1-12-23—M&T—100 Bks.

E 03145

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03145

CERTIFICATE OF DEATH.

26-5188-003

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Petro Mancini

(a) RESIDENCE NO. 3409 Bank St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Mancini

6 DATE OF BIRTH (month, day, and year) June 28-1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	3	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Joseph Mancini

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Voctoria #anzerina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Josephine Mancini

(Address) 3409 Bank St

Filed ..... 192 .....

Registrar

Robert F. Barrison,

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage-Fractured Skull at base.

(While riding on rear of autotruck fell to street. Accidental (duration) ... mos. ... ds.

CONTRIBUTORY (Secondary) ..... (duration) ... yrs. ... mos. ... ds.

(Signed) T. S. Gallen, M. D. (Coroner.)

10-26-25. 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus

DATE OF BURIAL Oct 29 192 5

20 UNDERTAKER John Welsh

ADDRESS 2008 Orleans

Spec.–1-10-21–M&T–1500 Bks.

E 03146

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03146

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 N. Carrollton Ave ST., 167 WARD)

2-FULL NAME John A. O'Connor

(a) RESIDENCE No. 701 N. Carrollton Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary G. O'Connor

6 DATE OF BIRTH (month, day, and year) Sept. 28 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 09

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER John O'Connor

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Charlotte Carlton

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) England

14 Informant Mary G. O'Connor
(Address) 701 N. Carrollton ave

15 Filed ..... 19 Robert P. Harrison, Registrar

6 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1925, to Oct 25th, 1925, that I last saw h. alive on Oct 25th, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis
not known
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) George H. Cross, M. D.

, 19 (Address) 28 W. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL Oct. 27 1925

20 UNDERTAKER Wm. C. Blacke ADDRESS 927 N. Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03147

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03147

CERTIFICATE OF DEATH.

8-2 118-08

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1635 N.Milton Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Marie Geraghty

(a) Residence No. 1635 N.Milton Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~Single~~, ~~Married~~, Widowed, ~~Divorced~~. (Write the word.)
female	white	Widowed

5a-If ~~single~~, widowed, ~~divorced~~ ~~husband~~ WIFE of James A. Geraghty

6-DATE OF BIRTH (month, day and year) Sept. 13. 1841

7-AGE. 84 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Herman Schone

11-BIRTHPLACE OF FATHER (city or town)
(State or Country), Germany

12-MAIDEN NAME OF MOTHER, Adalaide Kemper

13-BIRTHPLACE OF MOTHER (city or town)
(State or Country), Germany

14- (Informant) Frances Geraghty
(Address) 1635 N.Milton Ave

15- Filed ..... 192.....
Robert F. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct. 26. 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 1925 to Oct 26 1925

that I last saw h[illegible] alive on Oct 26 1925

and that death occurred, on the date stated above, at 12:10 Am.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction
(Intussusception)

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Tonsilitis

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H F Herzog M D M. D.

Oct 26, 1925 (Address) 305 N Patterson Park Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Greenmount Cemetery	Oct. 28, 1925
20-UNDERTAKER.	**ADDRESS**
Fisher & Jones Inc	424 N. Broadway

Spec.—1-10-21 - M&T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03148 ✓ E 03148

CERTIFICATE OF DEATH.

REGISTERED NO. 232

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., WARD)

2-FULL NAME Edward Dorczak

(a) RESIDENCE No. 1406 E. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Sept. 24 - 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	3	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Bronislaw Dorczak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Josie Kasmarowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Bronislaw Dorczak
(Address) 1406 E Lombard St

15 Filed ....., 19.... Robert L. Harrison
Registrar

OCT 26 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1925, to Oct. 25, 1925, that I last saw him alive on Oct. 25, 1925, and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. ? mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home (?)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Walter Eagle M. D.

(Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cemetery	Oct 27 1925

20 UNDERTAKER H. E. Hughes Jr. and J. Broadway ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 03149

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03149

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N. Fulton Ave (Street) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Marie Wimmer

(a) RESIDENCE NO. 534 N. Fulton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Wimmer

6 DATE OF BIRTH (month, day, and year) Aug 22 1858

7 AGE: Years 67 | Months 2 | Days 3 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Peter Noack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Noack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Edward C. Wimmer

(Address) 534 N. Fulton Ave

15 Filed ..... 19 ..... Registrar

Robert F. Harrison,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23 1925, to Oct 25 1925,

that I last saw h alive on Oct 25 1925

and that death occurred, on the date stated above, at 10 A m

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. 8 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Bunn and Hood, M. D.

(Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Oct 27 1925
20 UNDERTAKER	ADDRESS
Jos Joerdens & Son	2073 E. Pra

Spec. F-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03150

CERTIFICATE OF DEATH.

E 03150

REGISTERED NO. E 03150

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 16-7 Ward)

2-FULL NAME Mary Simmons

(a) RESIDENCE No. 1418 Lanvale St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Viana Barley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL.

15 Filed OCT 27 1925, 19 ... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 11th, 1925, to Oct 25th, 1925, that I last saw her alive on Oct 25th, 1925 and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure following Removal of Breast and Glands of Axilla for Radical cure Carcinoma of Breast.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —?

Did an operation precede death? Yes Date of Oct 13 1925

Was there an autopsy? Yes

What test confirmed diagnosis? microscopic section

(Signed) Henry A. Peterson, M. D.

, 19 (Address) Johns Hopkins Hosp Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Oct 29, 1925

20 UNDERTAKER John H Loadenn

ADDRESS 1027 Druid Hill

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 V E 03151

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1907 Druid Hill Ave St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Jolley

(a) Residence No. 1907 Druid Hill Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unk — 1887

7-AGE. 38 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School

(b) General nature of industry, business, or establishment in which employed (or employer). Teacher

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto

PARENTS:

10-NAME OF FATHER. Wm S. Jolley

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Roxanne Wilson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ga.

14- (Informant) Bertie Weaver

(Address) 1907 Druid Hill Ave

15- Filed ..... 192 .....

ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/24/25

17- I HEREBY CERTIFY, That I attended deceased from Oct 17 1925 to Oct 24 1925

that I last saw h. er alive on Oct 24 1925

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) Furunculosis

(Duration) yrs. mos. 12 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

10/26, 1925 (Signed) H S McCann M. D

(Address) 2008 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	Oct 27, 1925
20-UNDERTAKER. John H. Fradin	ADDRESS 1[illegible] Druid Hill

Spec.—1-10-21—M&T—1500 Blks.

E 03152 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03152

CERTIFICATE OF DEATH.

REGISTERED NO. 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. (E.B.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Tribble

(a) RESIDENCE NO. 3710 Rayner ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarke Tribble

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl Weinert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Alrep

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Hospital Records

15 Filed OCT 27 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1925, to Oct. 25, 1925, that I last saw her alive on Oct. 25, 1925, and that death occurred, on the date stated above, at 8.15 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis and syphilis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLane Jr. M. D.

10-26-25 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Oct 27 1925

20 UNDERTAKER George J. Smith — ADDRESS 1532 Hollins

KODAK S.A.

Cor.—1-12-23—M&T—100 Blks.

E 03153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 ✓ E 03153

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1149 Granby ST. 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Sprague

(a) RESIDENCE NO. 1149 Granby ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Nadine V. Sprague

7 DATE OF BIRTH (month, day, and year) Sept 3 1878

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	1	21	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

BIRTHPLACE (city or town) (State or country) New Jersey

10 NAME OF FATHER Geo H Sprague

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jennie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

Informant Geo H Sprague
(Address) 1671 Valley Ave

Filed OCT 27 1925, 192 ... HUBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

CONTRIBUTORY (Secondary) (duration) Sudden yrs. mos. ds. Prob acute nephritis (duration) yrs. mos. ds.

(Signed) James M Fenton, M. D.
(Coroner)
Oct 26, 1927 (Address) 750 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Oct 27 1925
20 UNDERTAKER	ADDRESS
J. Henry Lantz	1203 W Broadway

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03154

CERTIFICATE OF DEATH.

188-09 E 03154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bal City Hospital ST. H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Casimer Kurlanski

(a) RESIDENCE NO. 722 W Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	60			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Lithuania

10 NAME OF FATHER Matthew Kurlanski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Agnes Lucis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

Informant Selma Salkovich

(Address) 914 Hawkins St

Filed OCT 27 1925, 192 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) Oct 25th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed by tug + Hemorrhage from R L Accident (Balto Co)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Surgical Shock

(duration) yrs. mos. 1/2 ds.

(Signed) James M Denton, M. D. (Coroner.)

Oct 26 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., 1 ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Balto Co

Former or usual residence 722 W Lexington

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Oct 28 1925

20 UNDERTAKER John Grebliauckas ADDRESS 425 S Paca St.

Spec.—1-10-21—M&T—1500 Blks.

Kelleau.

E 03155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16T-001

E 03155

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 E. Fairmount St., 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Kelleau

(a) RESIDENCE No. 1913 E Fairmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 25, 1925

7 AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 0 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Herbert Kelleau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Miriam Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant

(Address) Johns Hopkins Hospital.

15 Filed OCT 27 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1925, to 10-25, 1925

that I last saw h alive on 10-25, 1925

and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Pre maturity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C H Peckham, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents — DATE OF BURIAL: Oct 27th 1925

20 UNDERTAKER: Leo G. Cook — ADDRESS: 1731 Pall Pk Ave

Spec.—1-10-21—M&T—1500 Blks.

E 03156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 03156

1-PLACE OF DEATH Mercy Hospital.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 17-2 WARD)

2-FULL NAME James Sands.

(a) RESIDENCE NO. 725 N Franklin St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Colored

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29, 1926

7 AGE Years Months 2 Days 26

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Davis

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Ella Jones

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Ella Jones (Address) 721 Franklin Street

15 Filed . . . 19 . . . Registrar

OCT 27 1925 ROBERT R. KRAUTER,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-25- 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-25- 1925 to 10-25 1925, that I last saw him alive on 10-25 1925, and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal intoxication

(duration) 1 yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) W. B. Bryan M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL Oct 27 1925

20 UNDERTAKER Leonard Whalen

ADDRESS 30 Myrtle

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

03157 179E 03157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St., 4-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Hutchings.

(a) RESIDENCE NO 220 N. Frederick St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

If ~~married, widowed, or ~~ HUSBAND of ~~~~ Eva Hutchings

DATE OF BIRTH (month, day, and year) July 4, 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	3	21	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) North Carolina.

10 NAME OF FATHER William Hutchings.

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Mary Davis.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina.

Informant Robert Lee Hutchings. (brother)
(Address) 2410 W. Franklin St.

Filed OCT 27 1925 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 25° 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extensive burns about the face and body due to upsetting of oil stove. accidental Death.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos ..... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Oct. 26, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?
220 N. Frederick St. Oct 25, 1925.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Oct 27 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03158

E 03158

CERTIFICATE OF DEATH.

202

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warren E. Bortels

(a) RESIDENCE No. 434 Fresham Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 22/1915

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10	7	3	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country) Md

10 NAME OF FATHER Frank Bortels

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Emma Frome

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

Informant Mrs. Frances Bortels
(Address) 434 Fresham Ave

Filed ..... 192 .....
Registrar

OCT 27 1925 ROBERT R. KRAUTER
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Fracture of Skull (Over)
Accidental

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Mowen, M. D.
(Coroner.)
Oct 27, 1925 (Address) 5632 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Inatitutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Oct 28 1925

20 UNDERTAKER: Wm. Cook — ADDRESS: 502 Northern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03159

CERTIFICATE OF DEATH.

118 E 03159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospt ST., H-1 WARD)

2-FULL NAME Veronica Robinson.

(a) RESIDENCE NO. 644 W. Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 12 - 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs or ..min.
	17.	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Isaac Robinson.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Maggie Boyer

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Genl Balto Genl Hospt
(Address) 1211 Light St.

15 Filed ..... 19 ..... Registrar

OCT 1925 ROBERT R. KRAMER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1925.

17 I HEREBY CERTIFY, That I attended deceased from 10-19-, 1925, to 10-26, 1925, that I last saw h.. alive on 10-26, 1925 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows: Acute dilitation of Stomach followed by Myocardial Insufficiency.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Plastic Peritonitis with Obstruction (duration) yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes. Date of Oct 22-

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James E Nelson. M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Rest. Tounan — DATE OF BURIAL 10/28/25

20 UNDERTAKER Mrs. Geo H. Holland — ADDRESS 1601 Druid Hill

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03160

CERTIFICATE OF DEATH.

57 V E 03160

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 N. Hay ST. 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Steinberg

(a) RESIDENCE NO. 813 N. Hay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Steinberg

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 57; Months; Days; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Morris Prikazchis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Hobes —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Jack Levine

(Address): 1439 E. Balto. St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-27-1925

17 I HEREBY CERTIFY, That I attended deceased from 9/30, 1925, to 10/27, 1925, that I last saw her alive on 10/27, 1925, and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus + Chr Cardiac nephritis (duration) 7 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? no

What test confirmed diagnosis? Previous Hospital case

(Signed) Dan Krauskopf, M. D.

10/27/1925 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 10-28 1925

20 UNDERTAKER: Jack Levin, 1439 E. Balto — ADDRESS

10-27 1925 HUBERT R. KRAUTER, Burial Permit Clerk

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

03161 89 VE 03161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Gough ST. 2-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Wiggins

(a) RESIDENCE. NO. 1800 Gough ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadah Wiggins

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Park Police 061

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Patterson Park Police Sta

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Kearns Wiggins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Orland

12 MAIDEN NAME OF MOTHER Jane Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Orland

14 Informant Josh Lewis (Address) 1439 E Balto

15 Filed ..., 19 ... Registrar

OCT 27 1925 ROBERT R. KRAUTER Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 18, 19 25, to Oct. 24, 19 25, that I last saw h[illegible] alive on Oct. 24, 19 25, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Arterio-Sclerosis

?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary occlusion

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isaac J. Spiegler M. D.

10/27, 19 25 (Address) 2902 E. Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Odd Fellows	10/26 1925

20 UNDERTAKER A. Josh Lewis ADDRESS 1439 E Balto St

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03162 E 03162

CERTIFICATE OF DEATH.

26-2. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST., WARD) 2. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis F. Schafer

(a) RESIDENCE NO. 5010 Woodlawn Ave(Raspburg) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

7 DATE OF BIRTH (month, day, and year): March 1/25

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: Louis F. Schafer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co Md

12 MAIDEN NAME OF MOTHER: Rose Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Md

Informant: Louis Schafer
(Address): 5010 Woodlawn Ave

Filed ..... 192 ..... Registrar

OCT 27 1925 ROBERT F. BRAUTIGAM Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 26-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained hy said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd & 3rd degree burns over face neck & back.

(Sister about 6 yrs accidently overturned coffee pot) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. W. Pollitt, M. D. (Coroner.)

10-27-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Oct 28 192
20 UNDERTAKER	ADDRESS
Fredk Lossstorf Sons	Fullerton

Spec.—1-10-21—M&T—1500 Blks.

E 03163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 ✓ E 03163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 879 Fremont Ave. St.) 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary B. Fahey

(a) RESIDENCE NO. 879 Fremont Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widower

5a If married, widowed, or divorced (or) WIFE of John J. Fahey

6 DATE OF BIRTH (month, day, and year) April 2. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	72	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (none) housework

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Patrick Hunt

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Murray

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Miss Agnes Fahey
(Address) 879 Fremont Ave

15 Filed ..... 19 .....

OCT 27 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27. 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 3. 1925, to Oct. 27. 1925, that I last saw h— alive on Oct. 26 1925, and that death occurred, on the date stated above, at 3:00 A. m.

The CAUSE OF DEATH* was as follows:

Asteria - Sclerosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Apoplexy

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. Barr, M. D.

10-27. 1925 (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Oct 30 1925

20 UNDERTAKER H. C. Windfield

ADDRESS 914 Fremont Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03164

CERTIFICATE OF DEATH.

75-001 E 03164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 Forest ST. 102 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Dolan

(a) RESIDENCE NO. 1033 Forest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) April 30, 1853

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	5	26	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Nml
(b) General nature of industry, business, or establishment in which employed (or employer): Ind
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: Thos Dolan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Rainey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant (Address): Mary Dolan 1033 Forest

Filed OCT 27 1925, 192 ROBERT T. NORMENT Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Old Age (duration) yrs. mos. ds.

(Signed) W. T. Daly, M. D. (Coroner.)

Oct 26, 1925 (Address) 1639 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Oct. 28, 1925

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Greenmt. Ave

Spec.—1-10-21—M&T—1500 Bks.

E 03165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 E 03165

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 543 Mahon ST. H-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Harper

(a) RESIDENCE NO. 543 Mahon ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Merchant & Mining Co. Transfer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bertha Upshur (Address) 2422 Druid Hill Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1925, to Oct 24, 1925.

that I last saw h— alive on Oct 24, 1925,

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows: Bright's Disease -

Indefinite.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. Garland Upshur M. D.

Oct 25, 1925 (Address) 1504 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middle Sex Wks Va — DATE OF BURIAL 10/27/1925

20 UNDERTAKER Daniel Easton — ADDRESS 916 Eutaw

Spec.—1-10-21→M&T—1500 Blks.

03166

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03166

CERTIFICATE OF DEATH.

126

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. 1 Raynor's Subland St. 18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry E Grayson

(a) RESIDENCE NO. 311 N. Arlington Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE — Years: 24 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Baltimore md

10 NAME OF FATHER: W H Grayson

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Nellie Mowbray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Nellie Grayson

(Address) 311 N Arlington ave

15 Filed . 19 . Registrar

OCT 27 1925 ROBERT B. KRAUTER, CITY REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1925, to Oct 26, 1925, that I last saw him alive on Oct 26, 1925, and that death occurred, on the date stated above, at 12 05 P m.

The CAUSE OF DEATH* was as follows:

Perforation of Ulcer of Ileum

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jas Hubert Wilkinson, M. D.

, 19 (Address) West Balto Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cem — DATE OF BURIAL 10/29/1925

20 UNDERTAKER: Daniel Earnest — ADDRESS 916 Pac ave

Spec.—1-10-21—M&T—1500 Blks.

E 03167

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-E 001
03167

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3161 Stafford ST. 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F. Yaeger

(a) RESIDENCE NO. 3161 Stafford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Yaeger

6 DATE OF BIRTH (month, day, and year) July 17 1865

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
60	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Potter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Yaeger (Address) 3161 Stafford St.

15 Filed . 19 Registrar

OCT 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 . 1923 . to Oct 26 . 1925 . that I last saw h alive on Oct 26 . 1925 . and that death occurred, on the date stated above, at 1.32 a.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis hypertrophic liver
Bronchiectasis, Hydro-
thorax (Transudate)

(duration) 2 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary hemorrhage in Bronchiectasis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Finding

(Signed) D. Riley M. D.

. 19 (Address) 33 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer bur.	Oct 28 1925
20 UNDERTAKER C. W. Dill	ADDRESS 3109 Frederick Ave.

Spec. 1-10-21 M&T 1500 Bks.

E 03168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 03168

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N Montford Ave ST., 7-3 WARD)

2-FULL NAME Louise Ellis.

(a) RESIDENCE NO. 606 N Montford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 21 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER George Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Marie Schuler 1020 21

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant George Ellis

(Address) 606 N Montford Ave

15 Filed OCT 27 1925 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 22 1925 to Oct 26 1925

that I last saw her alive on Oct 25 1925

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows: Ulcerated Pleo Otis acute

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No findings

What test confirmed diagnosis? Clinical symptoms

(Signed) T. Neil Carroll M. D.

(Address) 1001 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL Oct 28 1925

20 UNDERTAKER Chas E Brockerhoff Son

ADDRESS 1900 Eutaw Pl

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03169

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03169

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 910 No Chester St St., 7-2 Ward) 17

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Lucy Misek

(a) Residence No. 978 No Chester St St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Frank Misek

6-DATE OF BIRTH (month, day and year) January 10-1897

7-AGE. 28 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John L. Gray.

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Rosa G. Wodlen

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Bohemia

14- (Informant) Rosa G. Wodlen

(Address) 412 E. Eager St.

15-

Filed....., 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). October 24-25

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to October 23, 1925, that I last saw h[illegible] alive on October 23, 1925, and that death occurred, on the date stated above, at 1.10 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Leukemia Causa

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Jos. L. Valentine M. D.

19 (Address) 1 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Oct 28 1925
20-UNDERTAKER	ADDRESS
Frank X Enoch Son	1906 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03170 — 129 E 03170

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Portland ST., 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice V. Rush

(a) RESIDENCE NO. 702 Portland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced (HUSBAND of / (or) WIFE of) Geo W. Rush

6 DATE OF BIRTH (month, day, and year) Jan 13-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78.	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminster

PARENTS

10 NAME OF FATHER Abraham Busby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Westminster

12 MAIDEN NAME OF MOTHER Catherine Gamble

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Westminster

14 Informant Geo W Rush

(Address) 702 Portland St

15 Filed OCT 27 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/15/25 19 to 10/25/25 19,

that I last saw h[illegible] alive on 10/25/25 19

and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Chronic

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard F. Tyson M. D.

19 25 (Address) 914 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Oct 29 1925

20 UNDERTAKER Robt J Lennon Inc — ADDRESS 1442 2 Bleeker

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03171

CERTIFICATE OF DEATH.

10 E 03171

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 6-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion Wells

(a) RESIDENCE NO. 240 N. Rose St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) May 28/25

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Walter W. Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Elizabeth Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga.

Informant Walter W. Wells

(Address) 240 N. Rose St

Filed ..... 192 HUBERT R. KRAUTER

1925 Burial Permit Clerk.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition-diarrhea

premature birth (duration) yrs. mos. ds.

(Signed) J. H. Mallin M. D.

(Coroner.)

10-27-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Finity	Oct 27 1925
20 UNDERTAKER Bob Stevens	ADDRESS 1242 N Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 03172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2340 Eager ST., 8-4 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Goetzke

(a) RESIDENCE NO. 2340 Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: The late Frederick Goetzke

6 DATE OF BIRTH (month, day, and year): Nov 22-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rot Kunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Henry Goetzke (Address) 2340 Eager St

15 Filed OCT 27 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-25-1925

17 I HEREBY CERTIFY, That I attended deceased from 10-15, 1925, to 10-25, 1925, that I last saw her alive on 10-21, 1925, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

Acute Nephritis

Duration

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fred Rehn M. D.

(Address) 90 W Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 28 1925
20 UNDERTAKER	ADDRESS
Wm C. Miller Sr	2334 Eager St

Spec.—1-10-21—M&T—1500 Blks.

Clusman

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03173

CERTIFICATE OF DEATH.

118 E 03173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Dispensary ST., 3-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Clusman

(a) RESIDENCE NO. 2408 Jefferson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Root

6 DATE OF BIRTH (month, day, and year) Nov, 24, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	71	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Oyster shucker

(c) Name of employer Frank Neubert

9 BIRTHPLACE (city or town) Balto, Md (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs Katie Engelhardt (Address) 2408 Jefferson St (Daughter)

15 Filed ....., 19 ..... Registrar

OCT 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1925, to Oct 24, 1925, that I last saw him alive on Oct 24, 1925, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Peritonitis, general

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Recurrent inguinal hernia, right strangulated (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at Work

Did an operation precede death? yes Date of Oct 20, 1925

Was there an autopsy? no

What test confirmed diagnosis? physical Examination

(Signed) Walter Eagle M. D.

Oct 24 1925 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hermon United Brethren taken

DATE OF BURIAL Oct 28 1925

20 UNDERTAKER Geo C Miller & Son ADDRESS 2334 Jefferson St

Spec.—1-10-21—M&T—1500 Bks.

03174

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03174

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marian Louise Rice

(a) RESIDENCE NO. Sparrows Point, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 13, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Owen R. Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Myra Bruch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Owen R. Rice

(Address) Sparrows Point, Md.

15 Filed ..., 19 ... Registrar

OCT 27 1925

ROBERT H. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-12, 1925, to 10-27, 1925,

that I last saw her alive on 10-27, 1925,

and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Influenzal Meningitis

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Sparrows Point, Md.

Did an operation precede death? yes Date of 10-15-25 10-14-25 per

Was there an autopsy? no.

What test confirmed diagnosis? Clinical & Bacteriological

(Signed) Jno O'Hampton, M. D.

, 19 (Address) Bon Sec Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bethelem Pa.	Oct 27 1925
20 UNDERTAKER	ADDRESS
Harry H Witzke	1531 W London St

Spec.—6-9-19—H. P. Co.— 1000 Blks.

E 03175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 03175

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Gelty Ave ST. 15-5 WARD)

2-FULL NAME Cedelia Anna Bond

(a) RESIDENCE. No. 3309 Gelty Ave ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm T. Bond

6 DATE OF BIRTH (month, day, and year) April 3 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm J. Julien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Genevieve Hilb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Portia M Julien

(Address) 2003 N Fulton Ave

15 Filed ..... , 19 .....

1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1925, to Oct 25, 1925, that I last saw h-h- alive on Oct 25, 1925, and that death occurred, on the date stated above, at 11 0 m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis & Endocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George P. Wissig, M. D.

, 19 (Address) 1000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional spnce.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Oct 28-1925

20 UNDERTAKER Chas F. Kraus & Son ADDRESS 118 N. Mt. Royal Ave

Cor.—1-12-23—M&T—100 Bks.

E 03176 · 90 E 03176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 E Fallo ST. 15-12 WARD)

2-FULL NAME Ethel Brown

(a) RESIDENCE No. 1813 Appleton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Brown

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 03
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis
(Address) 1439 E Baltimore

Filed OCT 27 1925, 192 ... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Heart (duration) Unknown yrs. ds.

(Signed) James H Taylor, M. D. (Coroner.)

Oct 27, 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrn Rem — DATE OF BURIAL 10/30/25

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto

E 03177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 03177

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1640 N. Gilmor St. 15-13 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgianna Chew

(Residence in Baltimore: No. 1640 N. Gilmor St. Life St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	colored	widow

6-DATE OF BIRTH. about 1879
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
46 yrs. ..... mos. ..... ds.	....hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) (x)

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country), Unknown

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morton Chew

(Address) 1400 Monroe St.

15-

Filed OCT 27 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 24, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) no history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Oct. 26 1925 (Address) 2802 Edmondson Ave.

*State the **Disease Causing Death**, or, In deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Zion	Oct 27 1925

20-UNDERTAKER	ADDRESS
Jos. H. Chase & Son	1400 Monroe

Spec.—1-10-21—M&T—1500 Bks.

1854 E 03178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-901 E 03178

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Thompson

(a) RESIDENCE No. 203 East E. St. Spassous Pl. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10-8-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Ind.
(State or country)

PARENTS

10 NAME OF FATHER Robert Thompson

11 BIRTHPLACE OF FATHER (city or town) Ind.
(State or country)

12 MAIDEN NAME OF MOTHER Jane Manning

13 BIRTHPLACE OF MOTHER (city or town) Ind.
(State or country)

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 9th, 1925, to Oct. 22nd 1925, that I last saw her alive on Oct. 22nd, 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Premature

1

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) A. McJacobus —, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

OCT 26 1925

7 1925

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03179

E 03179

CERTIFICATE OF DEATH.

REGISTERED NO. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 - N. Castle ST., 6-2 WARD)

2-FULL NAME Mary Snowden.

(a) RESIDENCE NO. 10 - N. Castle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): S.

6a If married, widowed, or divorced HUSBAND of or (b) WIFE of

6 DATE OF BIRTH (month, day, and year) 10 - 26 - 25

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Elijah Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ethel Snowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ethel Snowden (Address) 10 N. Castle St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 26 - 1925

17 I HEREBY CERTIFY, That I attended deceased from 10 - 26 - , 1925 , to 10 - 26 - , 1925 , that I last saw her alive on 10 - 26 - , 1925 , and that death occurred, on the date stated above, at 9 25 A. m.

The CAUSE OF DEATH* was as follows:

Deformity of Childs head (not developed)

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W H Garges, M. D.

10-26 1925 (Address) 611 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health. — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

03180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03180

CERTIFICATE OF DEATH.

16-6162

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1011 Carlton St St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Girl Chase #1 (Twin)

(a) Residence No. 1011 Carlton St St., ... Ward .....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 10/23/25

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant dtr

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Baltimore, Md
(State or Country).

PARENTS.

10-NAME OF FATHER, Frank Coates

11-BIRTHPLACE OF FATHER (city or town) Charles Co.
(State or Country), Md

12-MAIDEN NAME OF MOTHER, Francis Chase

13-BIRTHPLACE OF MOTHER (city or town) Charles Co.
(State or Country), Md

14-

(Informant) Francis Chase

(Address) 1011 Carlton St.

15-

Filed ..... 192.....

Robert F. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 24, 1925

17- I HEREBY CERTIFY, That I attended deceased from 10/23, 1925, to 10/24, 1925, that I last saw h. liv. alive on 10/24, 1925, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis.

.....

.....

.....(Duration).....yrs.....mos.....1.....da.

CONTRIBUTORY .....
(Secondary)

.....(Duration).....yrs.....mos.....da.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.

Oct 24, 1925. (Address) University Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ...

DATE OF BURIAL, ..., 19....

20-UNDERTAKER. Us.

ADDRESS Board of Health,

OCT 26 1925

1925806

Spec.—1-10-21 M&T 1500 Blks.

E 03181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03181

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 N. 36th St. ST., 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Joseph Milio

(a) RESIDENCE NO. 1514 N. 36th St. ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 ~~COLOR OR~~ RACE: White Italian

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 28 1925

7 AGE: Years — Months 4 Days 28 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Milio

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Lena Giambietro

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Joseph Milio 1514 N. 36th St.

15 Filed ... 19 Robert F. Harrison Registrar

1925

Burial Permit Clerk's

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to Oct 26, 1925, that I last saw h[illegible] alive on Oct 25 1925 and that death occurred, on the date stated above, at 345 A. m.

The CAUSE OF DEATH* was as follows:

Mal-Nutrition

(duration) 4 yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Rickets

(duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 1340 S. Clinton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents — DATE OF BURIAL: Oct. 28 1925

UNDERTAKER: Horace F. Burgee — ADDRESS: 363 Falls Rd.

Spec.—1-10-21—M&T—1500 Blks.

E 03182

HEALTH DEPARTMENT—CITY OF BALTIMORE

(Whalen)

E 03182

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1631 Covington ST., 24-2 WARD)

REGISTERED NO. 10120

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Whalen

(a) RESIDENCE NO. 1631 Covington ST., 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Peter J. Whalen

6 DATE OF BIRTH (month, day, and year) Unknown 1859

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Bartley H. Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah Heaphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Ella Wagner

(Address) 1631 Covington St

15 Filed ....., 19.....

Robert P. Harrison, Registrar

7 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24, 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1925 to Oct 24, 1925

that I last saw h~~e~~live on Oct 24, 1925

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. P. Campbell M. D.

Oct 26, 1925 (Address) 1604 Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL 10-27-25

20 UNDERTAKER Jos. J. Fahey & Sons

ADDRESS 1318 Light St

Cor.—1-12-23—M&T—100 Bks.

E 03183

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03183

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 Boyle St. ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George R. Jarman.

(a) RESIDENCE No. 1439 Boyle St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ---- mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

If married, widowed, or divorced, HUSBAND of XXXXXXXXXXXX Elizabeth Jarman.

DATE OF BIRTH (month, day, and year) March 20, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	7	6	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Snow Hill Md.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Elizabeth Jarman. (wife)
(Address) 1439 Boyle St.

Filed ..... 192 Robert F. Harrison, Registrar
1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 26, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Oct 26, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cem.	Oct 29 1925
20 UNDERTAKER	ADDRESS
Margaret E. Flynn	1411 Light St.

E 03184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03184

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3640 Cash st. ST. 13-4 WARD)

74-001
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Jackson
(Residence in Baltimore: No. 3640 Cash st.

St.; yrs. 37 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1844 (Year)

7-AGE, 81 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. Richard Davis sr.

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER. Johanna Hudson

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Loquilla Jackson
(Address) 3329 Brehaut

15-
Filed ....., 191.....
1925 Robert F. Harrison, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 25 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: 7 Days
Apoplexy.
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Mowbray M. D.
(Coroner.)
Oct 26, 1925 (Address) 3632 Roland ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden — DATE OF BURIAL, 10/28, 1925

20-UNDERTAKER J. Walter Davis — ADDRESS 3307 Paine St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03185

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 31

E 03185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1121 W. Franklin St. 18-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Gleyer.

(a) Residence No. 1121 W Franklin St., Ward Penna.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female. 4-COLOR OR RACE, White. 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James Gleyer

6-DATE OF BIRTH (month, day and year) Apr 15th 1864

7-AGE, 61 yrs. 6 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Pa.

PARENTS.
10-NAME OF FATHER, John Sweiger
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa.
12-MAIDEN NAME OF MOTHER, Margaret Shaldie
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pa.

14-
(Informant) Mr. James Gleyer
(Address) 1121 W. Franklin St

15-
Filed OCT 28 1925 Registrar.
ROBERT R. KRAUSE
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 27 1925.

17- I HEREBY CERTIFY, That I attended deceased from 10/15/25 19.... to 10/27/25 19....
that I last saw h.. alive on 10/27/25 19....
and that death occurred, on the date stated above, at 4:30 P m.
The CAUSE OF DEATH* was as follows:
Probably Cal. Phthisis (Clinically) 10 yrs Tuberculosis
(Duration) history since April 1925 yrs. mos. ds.
CONTRIBUTORY (Secondary) Lobar Pneumonia
(Duration) 1 day yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Benjamin Levy M. D.
10-27-25 (Address) 910 E Lexington

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Lancaster Co Pa Portland Mausoleum Harrisburg — DATE OF BURIAL, Oct 30th 1925

20-UNDERTAKER, John F. Logue & Son — ADDRESS 1st & Forster Sts Hollidaysburg Pa

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 03186

E 03186

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Jasper ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank L. Baxton

(a) RESIDENCE NO. 624 Jasper ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Julia Baxton

6 DATE OF BIRTH (month, day, and year) Dec, 18-1870

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 023

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Alexander Baxton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Julia Baxton

(Address) 624 Jasper St

15 Filed , 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 14, 1925, to Oct 25, 1925.

that I last saw him alive on Oct. 25, 1925

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Exam.

(Signed) Frank E Wagner, M. D.

10/26, 1925 (Address) 1076 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 10-28 1925

20 UNDERTAKER Samuel Wensley ADDRESS 518 N Eddy St

EUBERT R. KRAUTER

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

E 03187

HEALTH DEPARTMENT—CITY OF BALTIMORE

153 E 03187

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1874 Bolton ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Young

(a) RESIDENCE NO. 1874 Bolton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Brooks

6 DATE OF BIRTH (month, day, and year): Unknown 1884

7 AGE: Years 41 Months 4 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse in Hosp

(b) General nature of industry, business, or establishment in which employed (or employer): Private family

(c) Name of employer: Don't know

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Charles Crosby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Louisa Hunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Julia Coles 1874 Bolton St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from June 15th, 1925, to Oct 25th, 1925, that I last saw her alive on Oct 25th, 1925, and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis following Influenza pneumonia Jan 1st 1925

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Hypostasis of the Pharynx

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Opinion

(Signed) A. J. Fee Clin, M. D.

(Address) 524 Wood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. DATE OF BURIAL: Oct 28 1925

20 UNDERTAKER: Samuel Beasley ADDRESS: Biddle

ROBERT N. KRAUTER
Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03188

CERTIFICATE OF DEATH.

129 E 03188

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 Rabon St. ST. 17-K WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Louis Tydings

(a) RESIDENCE NO. 555 Moore St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) [redacted]~~ Sadie Platt

6 DATE OF BIRTH (month, day, and year) Mar 9, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Window Cleaner.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Maryland. Balto

PARENTS

10 NAME OF FATHER William Tydings

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophia [illegible] Balto.

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant William E. Tydings (Address) 285 E Remington Ave

15 Filed ....., 19..... ROBERT R. KRAUTER, Registrar

OCT 28 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1925

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1925, to Oct. 25, 1925, that I last saw him alive on Oct. 25, 1925, and that death occurred, on the date stated above, at 9 00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 0 yrs. 0 mos 21 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ? yrs. 8 mos. 21 ds.

18 Where was disease contracted if not at place of death? at 555 Moore St.

Did an operation precede death? no Date of ——

Was there an autopsy? no

What test confirmed diagnosis? no.

(Signed) John LeStamburg M. D.

10/26 1925 (Address) 1037 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	Oct 28 '25
20 UNDERTAKER Samuel P. Hawley	ADDRESS 515 N Eden St

Spec.—1-10-21—M&T—1500 Bks.

E 03189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 101-001 E 03189

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Edward ST. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Sparks Jr.

(a) RESIDENCE NO. 1214 Edward ST., WARD S. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S.C.

PARENTS

10 NAME OF FATHER: Samuel Sparks Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Marion Mims

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant: Samuel Sparks Sr.
(Address): 1214 Edward St

15 Filed ..., 19 ...
ROBERT A. KRAUTER,
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/27 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 19 25, to Oct 27, 19 25, that I last saw h. im alive on Oct 26, 19 25, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) R. L. Sparks, M. D.

10/27 1925 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Darlington S.C. DATE OF BURIAL: Oct 28, 1925

20 UNDERTAKER: Edward Bryan ADDRESS 1691 Orleans St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03190

CERTIFICATE OF DEATH.

44

E 03190

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospt 14 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Rutlig.

(a) RESIDENCE NO. 2231 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Rutlig

6 DATE OF BIRTH (month, day, and year) Sept 13 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer. 030

(b) General nature of industry, business, or establishment in which employed (or employer) School No 14

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) germany

14 Informant Mrs Mary Rutlig
(Address) 2231 East Madison Street

15 Filed ....., 19.... ROBERT A. KRAUTER, Registrar

OCT 28 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1925, to Oct 27, 1925, that I last saw h live on Oct 27, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.
Generalized Carcinomatosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma L Oesophagus 5 mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? to his knowledge.

Did an operation precede death? yes Date of Oct 13-25

Was there an autopsy? no

What test confirmed diagnosis? Operation.

(Signed) James Nelson, M. D.

, 19 (Address) 1213 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakhill — DATE OF BURIAL Oct 29 1925

20 UNDERTAKER August Pasek 2406 ADDRESS ashland ave.

Spec.—1-12-23—M&T—500 Bks.

E 03191 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-00 E 03191

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 147 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Sigelman

(a) RESIDENCE NO. 1812 Linden Ave. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Nil

(b) General nature of industry, business, or establishment in which employed (or employer) Book keeper

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Harry Sigelman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Kaplan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Baltimore City Hospitals
(Address) Baltimore, Md.

Filed ..... 19 .....
OCT 28 1925 ROBERT R. KRAUTER, Registrar
Assist. Record Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-27- 19 25

17

I HEREBY CERTIFY, That I attended deceased from 9-10- , 1925, to 10-27- , 1925, that I last saw h. alive on 10-27- , 1925, and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency
Dementia Praecox.
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings.

(Signed) Harry Goldsmith M.D.

10/28/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Union Rem

DATE OF BURIAL 10/28 19 25

20 UNDERTAKER Jack Levis 1439 E. Balt St

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 03192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03192

CERTIFICATE OF DEATH.

91-002

1130 a m

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 N. Broadway ST., 8-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev Gustavus W. Hobbs

(a) RESIDENCE NO. 1701 N. Broadway ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette D Hobbs

6 DATE OF BIRTH (month, day, and year) April 23. 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ministes 018

(b) General nature of industry, business, or establishment in which employed (or employer) — —

(c) Name of employer — —

9 BIRTHPLACE (city or town) Howard Co (State or country) Maryland

PARENTS

10 NAME OF FATHER Caleb Hobbs

11 BIRTHPLACE OF FATHER (city or town) Frederick Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth Hobbs

13 BIRTHPLACE OF MOTHER (city or town) Frederick Co (State or country) Maryland

14 Informant Charles Evans (Address) 1701 N. Broadway

15 Filed ..... 19 ..... Registrar

OCT 28 1925 ROBERT M. KRAUSER, Health Department, City.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 1925 to Oct 26. 25, 19 ..., that I last saw h alive on Oct 23-25, 19 ..., and that death occurred, on the date stated above, at 12 05 m.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis

Some (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ep Lenthar (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hypertension Dr.

(Signed) W J Riley M. D.

Oct 26 1925 (Address) 1054 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 29 1925
20 UNDERTAKER	ADDRESS
John B Spence	1325 N Caroline St

Cor.—1-12-23—M&T—100 Bks.

E 03193 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03193

188-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. St. Joseph Hospital ST 24-2 WARD)

2-FULL NAME John Scally

(a) RESIDENCE NO. 1535 Covington St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Scally

DATE OF BIRTH (month, day, and year) Dec 22/1880

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	10	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work R.R. Engineer 073
(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R.R.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Wm. Scally

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret McDermott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mary Scally (wife)
(Address) 1535 Covington St.

Filed ..., 192 HUBERT R. KRAUTER, Registrar

OCT 28 1925 Vital Records Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquory (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia-(Fractured ribs rt. side-punctured lung. Accident While boarding his engine in round house, (fell into pit, Oct 20.)

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. Kallin M. D.
(Coroner.)

10-28/25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Oct 29 1925
20 UNDERTAKER Margaret J. Flynn	ADDRESS 1027 Light St

Spec.—1-10-21—M&T—1500 Blks.

03194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-601 ✓ 24 E 03194

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 N. Vincent ST., 16-7 WARD)

2-FULL NAME Mary Johnson

(a) RESIDENCE NO. 700 N. Vincent ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Johnson

6 DATE OF BIRTH (month, day, and year) March 30 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): no

(c) Name of employer: no

9 BIRTHPLACE (city or town) (State or country): Brooks County co Maryland

PARENTS

10 NAME OF FATHER: William Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Brooks Count co mayland

12 MAIDEN NAME OF MOTHER: not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant: William Ferguson
(Address): 700 N Vincent st

15 Filed OCT 28 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-25 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7- 1925, to Oct. 25- 1925, that I last saw h[illegible] alive on Oct. 25- 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) - yrs. - mos 2 ds.

CONTRIBUTORY (Secondary) sciatic neuritis 3 weeks

(duration) - yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas. L. McCarthy, M. D.

, 19 (Address) 2410 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Aburn — DATE OF BURIAL: Oct 28 1925

20 UNDERTAKER: Joseph A Lively — ADDRESS: 1512 Hunter ave.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03195

CERTIFICATE OF DEATH.

113 E 03195

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N. Curley St ST., 7-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland H. Harrison Jr.

(a) RESIDENCE NO. 618 N. Curley St ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5y. yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) March 26-25

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Roland H. Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbott Co. Md

12 MAIDEN NAME OF MOTHER Mildred E. Mowbray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge

Informant Roland H. Harrison Sr.

(Address) 618 N. Curley St

Filed ....., 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct26-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entero-colitis (Artificially fed)

(Malnutrition)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Cullen, M. D.

(Coroner.)

10-27-25 (Address) 508 E. Nkorth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? Md

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westlawn Cemetery	Oct 28 1925
20 UNDERTAKER Richard F. Curley	ADDRESS 621 N. Wash St.

Spec.—1-12-23—M&T—500 Blks.

E 03196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 E 03196

1-PLACE OF DEATH Colonial Hospital 16-6

REGISTERED NO.

CITY OF BALTIMORE: (No. 1122 N. Mount ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Janie Carter

(a) RESIDENCE NO. 1206 Whatcoat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~Oct 25 1875~~ Guesswork

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

10 NAME OF FATHER Richard Rideout

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md.

12 MAIDEN NAME OF MOTHER Sarah Kent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md.

14 Informant William Mitchell

(Address) 1206 Whatcoat st

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1925, to Oct. 25, 1925, that I last saw her alive on Oct. 25, 1925 and that death occurred, on the date stated above, at 9 13 P. m.

The CAUSE OF DEATH* was as follows:

Cellulitis of rt foot & leg

Gangrene rt foot

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Oct 13, 1925

Was there an autopsy? No

What test confirmed diagnosis? Clin data.

(Signed) W. J. Lytton, M. D.

, 19 (Address) 3301 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Oct 28th 1925
20 UNDERTAKER A. Jones	ADDRESS 1112 Edmondson

Spec.—1-10-21—M&T—1500 Bks.

03197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03197

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Dona Terrace ST., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Marie Stamm

(a) RESIDENCE NO. 2911 Dona Terrace ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of John Stamm

6 DATE OF BIRTH (month, day, and year) Dec 9th 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Urban Strauss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Martin Stamm (Address) 704 E Eastern Point

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 19 25

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1923, to Oct 27, 1925, that I last saw h[illegible] alive on Dec 22, 1924, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic valvular disease of heart (duration) 1 yrs. 10 mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John W. Davidson M. D.

19 (Address) 1714 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	10-29-25
20 UNDERTAKER	ADDRESS
Geo C Willing & Sons	1126 E Monument

J. Davidson

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03198

CERTIFICATE OF DEATH.

57 E 03198

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4504 Laurella Ave ST. 27-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Phillip Ebert

(a) RESIDENCE NO. 4504 Laurella Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Alberta J. Ebert

6 DATE OF BIRTH (month, day, and year) April 15 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...brs. or ....min.
~~68~~	68	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Christian Ebert

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Shrell

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Germany

14 Informant Mrs. Alberta J. Eberts (Address) 4504 Laurella Ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 ,1925, to Oct. 26 ,1925, that I last saw h~~im~~ alive on Oct. 26 ,1925, and that death occurred, on the date stated above, at 11.35 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory findings

(Signed) Chas Aubrey Stewart, M. D.

10/27 1925 (Address) 1738 E. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem. DATE OF BURIAL Oct 29 1925

20 UNDERTAKER Wm. J. Tickner & Son ADDRESS N. & Pa

Spec.—1-12-23—M&T—500 Blks.

E 03199

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03199

CERTIFICATE OF DEATH.

X 148

1-PLACE OF DEATH St. Agnes Hospital. 25-V REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....ST.,.....WARD)

2-FULL NAME Achsah Stella Chaney

(a) RESIDENCE NO. 111 Rosewood Ave. ST., Catonsville WARD Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Cross Chaney

6 DATE OF BIRTH (month, day, and year): Sept. 20-1887

7 AGE: Years 38; Months 1; Days 6; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Severn Md.

PARENTS

10 NAME OF FATHER: Asbury Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Severn Md.

12 MAIDEN NAME OF MOTHER: Anna Elovia Ray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Severn Md.

14 Informant (Address): Mr. Chas C. Chaney Rosewood Ave Catonsville

15 Filed ....., 19..... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/26 - 1925

17 I HEREBY CERTIFY, That I attended deceased from ~~Apl~~ Oct-1- , 1925, to Oct. 26 , 1925 that I last saw her alive on Oct 26 , 1925 and that death occurred, on the date stated above, at 3 30 p m.

The CAUSE OF DEATH* was as follows:

Pregnancy

Nephritic Toxemia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Ischochs of Labor

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis?

(Signed) Chas C. Montemuro, M. D.

, 19 (Address) 1200 N Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friendship Cem. Co	Oct 29 1925
20 UNDERTAKER	ADDRESS
Wm Pickerelle Sons	Norfolk Va

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03200

CERTIFICATE OF DEATH.

164 E 03200

1-PLACE OF DEATH

City of BALTIMORE: (No. 2022 Robb St., 9-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Gunning

(a) Residence No. 2022 Robb St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? 80 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Thomas Gunning

6-DATE OF BIRTH (month, day and year) Dec 25 1834

7-AGE. 90 yrs. 10 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None.

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER Michael Coleman

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland.

12-MAIDEN NAME OF MOTHER Esther Naughton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland.

14- (Informant) James A Gunning

(Address) 2022 Robb St.

15-

Filed ..... 192.....

ROBERT A. KRAUTER

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/27/25

17- I HEREBY CERTIFY, That I attended deceased from 10/27/24, 19.... to 10/27/25 19.....

that I last saw h.. alive on 10/27/25 19.....

and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Old age

.....(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

.....(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) H W Addes M. D

10/27/25 19 (Address) 321-E 25th

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL, Oct 29, 19 25

20-UNDERTAKER: E A Wiedefeld — ADDRESS 501 E 22

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03201

CERTIFICATE OF DEATH.

65-001 E 03201

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen Hospital St.. 7-3 WARD)

2-FULL NAME Richard E. Freeman

(a) RESIDENCE No. 2714 Jefferson St. ST. Belvue WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Freeman

6 DATE OF BIRTH (month, day, and year) June 23-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Detective 061

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Chas Freeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk Va.

12 MAIDEN NAME OF MOTHER Marie Pitt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Patient.
(Address)

15 Filed OCT 28 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 17 1925 to Oct 27 1925, that I last saw him alive on Oct 27 1925, and that death occurred, on the date stated above, at 7:25 p.m.

The CAUSE OF DEATH* was as follows:

Splenic myelogenous Leukemia,

(duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Respiratory Failure, Sec. to Leukemia (duration) yrs. mos. 6 days.

18 Where was disease contracted if not at place of death? Apt home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) A. Wilson M. D.

19 (Address) Maryland Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Oct 30 25

20 UNDERTAKER John Leerich — ADDRESS 2008 Orleans

Spec.—1-12-23—M&T—500 Bks.

E 03202

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 03202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 N: Durham St ST. 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Franklin Myers

(a) RESIDENCE No. 1610 N: Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Lafferty

DATE OF BIRTH (month, day, and year) 3/17/1867.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gen Laborer

(h) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Augustus G: Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marg A: Mc Cadden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Celia Myers.

(Address) 1610 N: Durham St

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/27/1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 25, 1925, to Oct 27, 1925, that I last saw him alive on Oct 26, 1925, and that death occurred, on the date stated above, at 8.20 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

10/28/1925 (Address) 1823 N. Mad. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Oct 30, 1925

20 UNDERTAKER John Ellers

ADDRESS 2008 Ellsworth

Cor.—1-12-23—M&T—100 Bks.

03203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03203

182

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Found floating in the water at

CITY OF BALTIMORE: (No. Pier No.4 Pratt St. ST. 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(a) RESIDENCE NO Unknown. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Do not know.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	About 45	----------		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Do not know.
(State or country)

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

Informant Police Report.
(Address) Central District.

Filed ....., 192 Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Body found floating Oct. 16, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
probably accidental.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Oct. 26, 1925. (Address) 107 S. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	192
20 UNDERTAKER Commissioner Health.	ADDRESS

OCT 28 1925

Cor.—1-12-23—M&T—100 Blks.

E 03204

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 03204

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Penna Ave ST., 17-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Kenny

(a) RESIDENCE NO. Same ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45	—			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

BIRTHPLACE (city or town) .....
(State or country) .....

10 NAME OF FATHER .....

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) .....

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) .....

Informant .....
(Address) .....

Filed ..... 1925 , 192 ..... Robert F. Harrison, Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) Ephaus hrs. mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) G C Hodes, M. D.
(Coroner.)

Oct 28 1925 (Address) 4376 Berea

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY. DATE OF BURIAL: OCT 28 1925

20 UNDERTAKER Commissioner of Health. ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

03205

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03205

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Bentalou ST., 16-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Valentine Heimert.

(a) RESIDENCE NO. 927 Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? 55 yrs. — mos. — ds.

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of or) ~~WIFE of~~ Christine Heimert

6 DATE OF BIRTH (month, day, and year) May 12 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or.....min.
	74	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe-maker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Melchor Heimert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Christina Heimert

(Address) 927 Bentalou St

15 Filed ..... , 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 2 , 1925 , to Oct 27 , 1925 ,

that I last saw h[illegible] alive on Oct 22 , 1925 ,

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Chron. Interstitial Nephritis

Unknown

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urinary tests

(Signed) Chas. C. Conser M. D.

10/27, 1925 (Address) 1131 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Loudon Park

DATE OF BURIAL OCT 30 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 2708 EDMONDSON AVE.

Spec.—1-10-21—M.&T.—1500 Blks.

E 03206

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03206

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3806 Old Frederick St., 20th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Smith

(a) RESIDENCE NO. 3806 Old Frederick St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Smith

6 DATE OF BIRTH (month, day, and year) April 23 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Barbara Agnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Lillian Baumann (Address) 2631 W. Franklin St.

15 Filed 8 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1923, to Oct 28, 1925, that I last saw h[illegible] alive on Oct 27, 1925, and that death occurred, on the date stated above, at 3 00 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert C Yahle M. D.

10/27, 1925 (Address) 2151 Walbrook ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Oct. 30 1925

20 UNDERTAKER E. W. Dill — ADDRESS 3109 Frederick

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03207 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03207

CERTIFICATE OF DEATH.

X 84

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Union Memorial Hosp St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Talbott

(a) Residence No. 1125 Buchanan St St., Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 24 1881

7-AGE. 44 yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or...min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work physician
(b) General nature of industry, business, or establishment in which employed (or employer) or Dr
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph W. Talbott.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Sarah E. Williams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14-
(Informant) Pt.
(Address)

15-
Filed OCT 28 1925 192 H. Lane
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year), 10-28-25

17- I HEREBY CERTIFY, That I attended deceased from Oct 13 1925 to Oct 28 1925, that I last saw him alive on Oct 28 1925, and that death occurred, on the date stated above, at 7 A.M. The CAUSE OF DEATH* was as follows:

Medullary tumor -
Cerebellum.

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Accidental Burns

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Washington D.C.

Did an operation precede death? Yes Date of Oct 25-25

Was there an autopsy? Yes.

What test confirmed diagnosis? Surgical & Post

(Signed) Irvine M. Flanigan M. D.

Oct 28, 1925 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Washington DC	10-28 1925
20-UNDERTAKER,	ADDRESS
Robert Brooks & Son	[illegible] St

Spec.—1-10-21—M&T—1500 Bks.

E 03208 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03208

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST., 17-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Kane.

(a) RESIDENCE NO. Guilford Ave. & 21st. St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland,

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Pessagno.

(Address) 1523 Eutaw Place,

15 Filed 28 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27th. 1925.

17 I HEREBY CERTIFY, That I attended deceased from July 1920, to Oct 27, 1925

that I last saw her alive on Oct 27, 1925

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Interstitial Nephritis

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Uremia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory tests

(Signed) W. W. Mayo, M. D.

Oct 27 1925 (Address) Lafayette apts Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery.

DATE OF BURIAL 10/30, 1925

20 UNDERTAKER Chas. O. Praul & Son

ADDRESS 118 W. Mt. Royal ave.

spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03209 03209

CERTIFICATE OF DEATH.

X 58-5

1-PLACE OF DEATH Bon Secours Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel H. Snyder

(a) RESIDENCE NO. 522 W. Burke ST., WARD
(Usual place of abode) Martinsburg W. Va. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) 042
(c) Name of employer

BIRTHPLACE (city or town) (State or country) West Virginia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Bon Secours Hosp. Record
(Address)

Filed , 19 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1925, to Oct. 28, 1925, that I last saw him alive on Oct. 28, 1925, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:
Pernicious Anemia

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. D. Lisfranc, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martinsburg W. Va — DATE OF BURIAL Oct 29, 25

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

80348

E 03210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 49

E 03210

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James R Wallace

(a) RESIDENCE No. Wallace W. Va. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

0816

9 BIRTHPLACE (city or town) (State or country): West Virginia

PARENTS

10 NAME OF FATHER: Ezra Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Rebecca Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va.

14 Informant: Records

(Address) ~~JOHNS HOPKINS HOSPITAL~~.

15 Filed ..... 19 ..... Robert F. Harrison, Registrar

28 1925 Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 ..., 1925, to Oct 28 ..., 1925.

that I last saw her alive on Oct 28 ..., 1925

and that death occurred, on the date stated above, at 3:10 P. m.

The CAUSE OF DEATH* was as follows:

Hypernephroma Kidney

(duration) 6 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Shock from Nephrectomy

(duration) ..... yrs. ..... mos. (ds.

18 Where was disease contracted if not at place of death? Wallace W Va

Did an operation precede death? Yes Date of Oct 28-25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Robert W MacKay, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wallace W Va — DATE OF BURIAL 10/29/19 25

20 UNDERTAKER: Joseph Ahrens — ADDRESS 221 Brady

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03211

CERTIFICATE OF DEATH.

46 E 03211

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Thames ST. 15-9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rozalia Bilik

(Residence in Baltimore: No. 1624 Thames St. 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. ....., 1895
(Month) (Day) (Year)

7-AGE 30 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

9-BIRTHPLACE, (State or Country), Poland.

PARENTS.

10-NAME OF FATHER, X. Tyszko.

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Agata Tyszko

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaw Tyszko

(Address) 2021 E Pratt St

15- OCT 29 1925 ROBERT R. KRAUTER, Registrar.
Filed....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 26, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 22 1925, to Oct 26 1925, that I saw h[illegible] alive on Oct. 25 1925, and that death occurred, on the date stated above, at 6.25 a.m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma of ovary (bilateral)

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General carcinomatosis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Emil Novak M. D.

Oct 7, 191... (Address) 26 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 25 yrs. ..... mos. ..... ds. In the State 56 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Oct 30, 1925.

20-UNDERTAKER F.W. Ozarowski ADDRESS 1938 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

03212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED No. E 03212

CITY OF BALTIMORE: (No. ..... ST. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William McKenna

(a) RESIDENCE No. 10 North Highland ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Leagth of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of mr mann

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) not known 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Owen McKenna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen McGowan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant City Hospitals Records (Address)

15 Filed ..... 19 ..... Registrar

OCT 29 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1925

17 I HEREBY CERTIFY, That I attended deceased from September 1, 1924, to October 27, 1925, that I last saw him alive on October 27, 1925, and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Emphysema

(duration) yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) Confluent lobular pneumonia & myocardial failure (duration) yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & Laboratory

(Signed) R Harper Smith, M. D.

Oct 28, 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	10/29 1925
20 UNDERTAKER	**ADDRESS**
J. J. Fahey Son	1218 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

03213 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03213

100-001

CERTIFICATE OF DEATH.

23-V

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1626 Light St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Walter E. White

(a) Residence No. 1626 Light St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov. 12-1924

7-AGE.	If LESS than 1 day,
....yrs. 11 mos. 15 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9-BIRTHPLACE (city or town) Balto
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas C. White

11-BIRTHPLACE OF FATHER (city or town) Balto
(State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna E. Steward

13-BIRTHPLACE OF MOTHER (city or town) Balto
(State or Country), Md.

14- (Informant) Chas C. White
(Address) 1626 Light St.

15- Filed OCT 29 1925 192... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10-27-25

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 19 25 to Oct 27 19 25
that I last saw h— alive on Oct 27 19 25
and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) ... yrs. ... mos. 1 ds.

18-Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.
(Address) 1644 Hanover

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Cedar Hill Cem	10-29, 19 25
20-UNDERTAKER.	ADDRESS
J. Frew McCarthy	130 E. Fort

E 03214

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03214

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C 187-001

City of BALTIMORE: (No. Md. Gen. Hospital 1-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert E. Warner

(Residence in Baltimore: No. Liberty Rd, Rockdale Md. St.; yrs. 71 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): widowed

6-DATE OF BIRTH: Feb. (Month) 9 (Day) 1854 (Year)

7-AGE: 71 yrs. 8 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Md. Prod. Co.

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Jos. Warner

11-BIRTHPLACE OF FATHER, (State or Country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Abbie Scarborough

13-BIRTHPLACE OF MOTHER, (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. N. Lehmann

(Address) Liberty Road.

15-

Filed ..... 192...

ROBERT R. KRAUTER, Registrar.

OCT 29 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 27, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Tibia and of Pelvis (accidental) Fell down elevator shaft.

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) J. T. Hennessy, M. D. (Coroner)

Oct. 29 1925 (Address) 2502 Eutaw Place

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Oct 29 1925

20-UNDERTAKER: John Mellor ADDRESS: John Mellor

Spec.—1-10-21—M&T—1500 Bks.

E 03215

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 03215

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Wm. K. Kefauver

(a) RESIDENCE NO. 828½ Franklin St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kathryn Jane Kefauver

6 DATE OF BIRTH (month, day, and year): Feb 3. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motorman —

(b) General nature of industry, business, or establishment in which employed (or employer): U. R. R.

(c) Name of employer: U. R. R.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Lond C Kefauver.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Arline Russel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Russel C. Kefauver

(Address): 2713 Lanvale Ave

15 Filed . 19 . Registrar

ROBERT R. KRAUTER, Burial Permit Clerk

OCT 29 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-28- 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-24- , 1921 , to 10-28- , 1925 ,

that I last saw him alive on 10-28- , 1925 ,

and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

4

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency -

(duration) yrs. mos. 5- ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) W F Brevard, M. D.

, 19 (Address) Mercy Hospital-

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: Oct 31 1925

20 UNDERTAKER: Wm. Cook — ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

185023 E 03216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 03216

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 9-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lane Bryant

(a) RESIDENCE No. 601 Walcolm Lane ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5	4.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Leon Bryant

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Carrie Arnold

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....

OCT 29 1925 HERBERT R. KRAUTER Registrar

BURIAL PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Oct 28, 1925, that I last saw her alive on Oct 28, 1925 and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Acute gastro intestinal intoxication

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Alexander McSherry, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Oct 29 1925
20 UNDERTAKER	ADDRESS
Wm Cook	302 E Northern

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03217 E 03217

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 2440 Oak St ST. 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Brown

(a) RESIDENCE No 2440 oak St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 COLOR OR RACE: negro.

5 Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Brown

DATE OF BIRTH (month, day, and year): unknown.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): O'Hio
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Gloucester Co Va

10 NAME OF FATHER: Humphery Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Gloucester Co Va

12 MAIDEN NAME OF MOTHER: Mary J. Lobney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Gloucester Co Va

Informant: Josephine Brown (Address) 2440 oak St

Filed OCT 29 1925, 192 ROBERT B. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): OCT 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Johnson M. D. (Coroner)

Oct 27 1925 (Address) 1632 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gloucester Point, Va. DATE OF BURIAL: Oct. 29th 1925

20 UNDERTAKER: Joseph A Farrell ADDRESS: 2319 Division

Spec.—1-10-21—M&T—1500 Bks.

E 03218 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03218

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgemont Street ST. Collington 6 reet) REGISTERED NO.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Rose

(a) RESIDENCE NO. Dundalk P.O. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE)~~ Annie M. Rose.

6 DATE OF BIRTH (month, day, and year) Nov 12th 1861.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Harness maker

(b) General nature of industry, business, or establishment in which employed (or employer) (Retired) 1888

(c) Name of employer In business for self.

9 BIRTHPLACE (city or town) Balto. City.
(State or country)

PARENTS

10 NAME OF FATHER Max Rose

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country).

12 MAIDEN NAME OF MOTHER Rebecca Rose

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Geo. Baldwin
(Address) Dundalk. Md.

15 Filed , 19 Registrar

OCT 29 1925 ROBERT R. KRAUTER, Clerk Circuit Court

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27th 1925

17 I HEREBY CERTIFY, That I attended deceased from , 1924, to Oct 27, 1925;
that I last saw him alive on Oct 27, 1925;
and that death occurred, on the date stated above, at 5 15 m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart disease.

About 1 + yrs. mos ds.
(duration)

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto City.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) W. M. Barnum, M. D.

, 19 (Address) Dundalk. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 10/30/25

20 UNDERTAKER Geo. Lambach & Sons

ADDRESS 647 W. Pratt St

Spec.—1-10-21—M&T—1500 Bks.

03219

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 03219

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 N Fayette ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Luleman

(a) RESIDENCE NO. 1426 N Fayett ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 27, 1925

7 AGE: Years | Months | Days: F | If LESS than 1 day, 16 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt.

PARENTS

10 NAME OF FATHER Jas Luleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Georgia Dean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va.

14 Informant James Luleman (Address) 1426 N Fayette St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1925, to Oct 28, 1925, that I last saw h alive on Oct 28, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Inanition

6 mo Pregnancy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A Cain M. D.

, 19 (Address) 101 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: MT Olivet Cem — DATE OF BURIAL: Oct 29 1925

20 UNDERTAKER: John A Mitchell — ADDRESS: 1201 N Fayette

ROBERT R. KRAUTER, Deputy Registrar

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03220

90 E 03220

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2403 Elsinore Ave (ST.) 15-5 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward W. McComm

(a) RESIDENCE NO. 2403 Elsinore Ave ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 27 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm McComm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Maria Pope

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Miss Nina J. Comm

(Address) 2403 Elsinore Ave

15 Filed ... ..., 19 ... Registrar

ROBERT N. KRAUSER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to Oct 27, 1925.

That I last saw him alive on Oct 27, 1925,

and that death occurred, on the date stated above, at 9:45 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 0 yrs. 0 mos 10 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis.

(duration) 10 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No - Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical Examination

(Signed) S A Wedds, M. D.

Oct 29 1925 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Oct 30 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	120 W Lafayette St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03221

CERTIFICATE OF DEATH.

75-1002

E 03221 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4955 Dunmore ave. WARD 37)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Dew Swaim

(a) RESIDENCE NO. 4955 Dunmore ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H Swaim

6 DATE OF BIRTH (month, day, and year) Oct 20 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	47.		8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Jessie Dew

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Nannie Farmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant James H Swaim (Address) 4955 Dunmore ave

15 Filed OCT 29 1925 19 ROBERT R. KRAETER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1925, to Oct 28, 1925, that I last saw her alive on Oct 28, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Tumor of Spinal Cord

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1923

Was there an autopsy? No

What test confirmed diagnosis? Operation & Nerve Exts

(Signed) C. B. Turner, M. D.

10-29-1925 (Address) 5706 Park Heights Ave City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Oct 30 1925

20 UNDERTAKER John C. Mitchell ADDRESS 1201 N Fayette

Spec.—1-10-21—M&T—1500 Blks.

03222

HEALTH DEPARTMENT—CITY OF BALTIMORE

03222

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-2 ST.) (WARD)

2-FULL NAME Mrs. Sarah Ruppert.

(a) RESIDENCE NO. 511 N. Howard St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word) Married

5a If married, widowed, or divorced ~~(Husband of)~~ (or) WIFE of Edward Ruppert.

6 DATE OF BIRTH (month, day, and year) July 14 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housf.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York—

PARENTS

10 NAME OF FATHER Charles Colton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Boyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Hospital Record

(Address)

15 Filed OCT 29 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-28- 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-22 1925, to 10-28- 1925, that I last saw h/e alive on 10-28- 1925, and that death occurred, on the date stated above, at 7.40 a. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic (Bronchial) Pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) H. E. Brainard, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New York N Y	10 29 1925
20 UNDERTAKER Gempeler Farley Shattuck	ADDRESS Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03223

CERTIFICATE OF DEATH.

129 E 03223

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 Mt Royal Ave, 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lee B. Bolton

(a) RESIDENCE NO. 2120 Mt Royal Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Kerr

6 DATE OF BIRTH (month, day, and year) March 16 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
57	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paint Mfg.

(b) General nature of Industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER Daniel F. Bolton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza B. Blackler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Donald A. Bolton (Address) 2125 Mt. Royal Ter.

15 Filed ....., 19..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/29/ 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. ....., 1925, to Oct 29th, 1925, that I last saw him alive on Oct 28th, 1925, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis

Uraemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jefferis Buck M. D.

10/29/25 (Address) 2044 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemy.	Oct 31, 1925
20 UNDERTAKER	ADDRESS
John A. Mitchell	1201 W. Fayette St

Spec.—1-10-21—M&T—1500 Blks.

03224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 420 N. Bond Street 6-1

CITY OF BALTIMORE: (NO. ST., WARD)

REGISTERED NO. 100 E 03224

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joel Dean

(a) RESIDENCE NO. 420 N. Bond St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/23/24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	1		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Walter Dean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ethel Keene

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Ethel Dean
(Address) 420 N. Bond St

15 Filed . 19 ROBERT R. KRAUTER, Registrar

OCT 29 1925 Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-27-25 19

17

I HEREBY CERTIFY, That I attended deceased from 10-27-25, 19, to 10-27-25, 19, that I last saw h— alive on 10-27-25, 19, and that death occurred, on the date stated above, at 11 A.M. P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Butler, M. D.

, 19 (Address) 425 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md.

DATE OF BURIAL Oct. 29 1925

20 UNDERTAKER Mrs J. G. Locke

ADDRESS 1302 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

E 03225 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 129 E 03225

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1349 Jackson ST. 2W 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Malhenny

(a) RESIDENCE NO. 1349 Jackson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernestina Malhenny

6 DATE OF BIRTH (month, day, and year) Nov 4 1866

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	11	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Christopher Malhenny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Straub

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ernestina Malhenny

(Address) 1349 Jackson St

15 Filed ....., 19 .....

OCT 20 1925 ROBERT A. KRAMLER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-27 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 17, 1925, to Oct 27, 1925, that I last saw h in alive on Oct 27, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension with decompensation (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Inst

(Signed) Wm Stupfel M. D.

10/28 1925 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A. A. Co	10-30 1925
20 UNDERTAKER	ADDRESS
E. T. & C. Hook	115 E. Wash St

Spec.—1-12-23—M&T—500 Bks.

E 03226

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03226

CERTIFICATE OF DEATH.

X 101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1437 E. Fayett ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Bernice Mullin

(a) RESIDENCE NO. 1437 E. Fayett ST., WARD N. C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C.	Child.

a If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 21st 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		11	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — — —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N. C.

10 NAME OF FATHER Frank Mullin

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Fannie Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

Informant Fannie Mullin

(Address)

Filed ..... 19 .....

Robert P. Harrison,

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 24 1925

17

I HEREBY CERTIFY, That I attended deceased from October 22d 1925 to October 24 1925;

that I last saw he alive on October 20 1925;

and that death occurred, on the date stated above, at 6 00 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) J. E. Silby, M. D.

1925 (Address) 1W E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemty	Oct 30 1925
20 UNDERTAKER	ADDRESS
Mrs P. G. Elliott	1726 Eastlake mo

Spec.—1-10-21—M&T—1500 Blks.

E 03227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03227

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 4-3 WARD)

2-FULL NAME Louis Verdan

(a) RESIDENCE NO. 19 N. Frederick ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Swiss

PARENTS

10 NAME OF FATHER Francis Verdan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Annie Miners

13 BIRTHPLACE OF MOTHER (city or town) Bremen (State or country) Germany

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to Oct. 27, 1925.

that I last saw h~~im~~ alive on Oct. 27, 1925,

and that death occurred, on the date stated above, at 12:15 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; Hypertension; Chronic myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller. M. D.

10/28/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Robert P. Hartech, Commissioner of Health

Burial Permit Issued OCT 29 1925

Filed 1925 # 812

Dr. Dill - 1509 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

E 03228

HEALTH DEPARTMENT—CITY OF BALTIMORE E 03228

CERTIFICATE OF DEATH.

99-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 E - 30-St, ST., 9-3 WARD)

2-FULL NAME Christina M. Sanders

(a) RESIDENCE NO. 621 E - 30-St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gross

6 DATE OF BIRTH (month, day, and year) June 3 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	78	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Sears

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs F. H. Sanders (Address) Parkton

15 Filed ..... , 19.....

Registrar

Robert F. Harrison, 26 1925 Portal Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1925

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1924, to Oct 27, 1925, that I last saw her alive on Oct 27, 1925 and that death occurred, on the date stated above, at 9.45 P.m.

The CAUSE OF DEATH* was as follows:

Chron. Bronchitis

(duration) 1 yrs. 18 mos ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(duration) yrs. mos. 1, ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Rynestar Dill M. D.

10/28 1925 (Address) 1509 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Balto	30 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

(Laiswitch)

HEALTH DEPARTMENT—CITY OF BALTIMORE

03229

CERTIFICATE OF DEATH.

31 E 03229

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5341 Paca ST. 22-1 WARD)

2-FULL NAME Ernest Laiswitch

(a) RESIDENCE No. 5341 Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

6 DATE OF BIRTH (month, day, and year) [illegible] 1877.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Sonneborn

(c) Name of employer Sonneborn

9 BIRTHPLACE (city or town) (State or country) Lithuanian

PARENTS

10 NAME OF FATHER Mike Laiswitch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuanian

12 MAIDEN NAME OF MOTHER Victory Belckiate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Tony Laiswitch

(Address) 5341 Paca St.

15 Filed [illegible], 19

Robert P. Harrison,

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 24, 1925, to Oct 27, 1925.

that I last saw him alive on Oct 27, 1925.

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. unknown mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum Examination

(Signed) [illegible] M. D.

10/28, 1925 (Address) 521 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redemery Cemetery	Oct. 30th 25
20 UNDERTAKER	ADDRESS
Chas. B. Kuchanskas	637 S Paca St.

Spec.—1-10-21—M&T—1500 Bks.

E 03230

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-08

E 03230

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 Asquith ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jamia E. Dolman

(a) RESIDENCE NO. 1436 Asquith ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 31st 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Jas. M. Carthy

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Dolman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ellen Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Dolman

(Address) 1436 Asquith St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1925, to Oct 27, 1925, that I last saw him alive on Oct 27, 1925 and that death occurred, on the date stated above, at 9.15 pm

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. C. Fruhinger M.D. M. D.

10/29/25 (Address) 667 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 10/31 1925

20 UNDERTAKER E. D. Fanning

ADDRESS 6 Lafayette

OCT 30 1925

Robert F. Garrison, Burial Permit Clerk

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03231 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03231

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1540 Boyle ST. 24-2 WARD) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Moeller.

(a) RESIDENCE. NO. 1540 Boyle ST., WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Elsie Moeller.

6 DATE OF BIRTH (month, day, and year) May 6. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Boxen mining
(State or country) Germany

PARENTS

10 NAME OF FATHER Philip Moeller

11 BIRTHPLACE OF FATHER (city or town) Unable to give
(State or country) any information

12 MAIDEN NAME OF MOTHER Christina Jennings

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Oscar Moeller.
(Address) 1520 Boyle

15 Filed ..... 19 Robert P. Harrison Registrar

9 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19 1925 to Oct 28 1925 that I last saw him alive on Oct. 26 1925 and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Wm. T. Seabury, M. D.

(Address) 636 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	10/30
20 UNDERTAKER	ADDRESS
E. J. Fanning & Son	1103 Battery

Cor.—1-12-23—M&T—100 Bks.

E 03232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-093 E 03232

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred L Greene

(a) RESIDENCE NO 862 W. 37th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 13 1908

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	7	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Student

(c) Name of employer

BIRTHPLACE (city or town) Md (State or country)

10 NAME OF FATHER George H Greene

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Carletta Conolley

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

Informant George H Greene (Address) 862 W 37 St

Filed ..... 192 ..... Registrar

D 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Fracture of Skull Due to Accident

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H Mc Master, M. D. (Coroner.)

Oct 28, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Oct 30 1925

20 UNDERTAKER: Chenoweth & Son ADDRESS: 317 Chestnut

Spec.—1-19-25 M&T—1500 Blks.

18-226

E 03233

HEALTH DEPARTMENT—CITY OF BALTIMORE E 03233

CERTIFICATE OF DEATH. * 135

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Budd -

(a) RESIDENCE NO. Williamstown Pa ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Pa.

PARENTS

10 NAME OF FATHER Richard Budd

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Ireland

12 MAIDEN NAME OF MOTHER Robinson

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Scotland

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... , 19 ..... Registrar
OCT 29 1925 Robert P. Harrison,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 2nd, 1925, to Oct. 29th, 1925, that I last saw h[illegible] alive on Oct. 29th, 1925, and that death occurred, on the date stated above, at 12 20 P. m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy.

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Hemorhagic cystitis; Septicaemia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? Williamstown, Pa.

Did an operation precede death? Yes. Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Report not completed

(Signed) Hamilton James. M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Williamstown Pa	Oct. 29 1925
20 UNDERTAKER	**ADDRESS**
William G. Schaffner	1761 Fremont

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03234

CERTIFICATE OF DEATH.

E 03234

REGISTERED NO. 90

1-PLACE OF DEATH Earl Court Apts

CITY OF BALTIMORE: (No. 1814 Paul's Preston ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Beverley Whiting

(a) RESIDENCE NO. 1814 Paul's Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 21st 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER George W. C. Whiting

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Dulany

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Miss Maud L. V. Whiting
(Address) East Court Apts

15 Filed ____, 19____ Robert P. Harrison, Registrar

1925 Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 17th, 1925, to Oct 28th, 1925, that I last saw h[er] alive on Oct 25th, 1925, and that death occurred, on the date stated above, at 10.20 P m.

The CAUSE OF DEATH* was as follows:

Cerebro Sclerosis (Cerebral Hemorrhage)
Hypertension Known

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Campbell Gamble, M. D.

, 19 (Address) 20 W Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 30 1925
20 UNDERTAKER A. J. Jenkins & Son Co.	ADDRESS 10 E. Oliver St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03235

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 03235

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 18-V Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... George Ralls

(a) Residence No..... 522 West Fayette St., ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 10 1925

7-AGE. ..... yrs. 5 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... None

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country). Md

PARENTS.

10-NAME OF FATHER, George Ralls

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth Nelson

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Maryland

14-

(Informant)..... Hospital Records

(Address).....

15-Filed 1925 Robert P. Harrison, 192.....

Burial Permit Clerk (Registrar.)

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year) Oct 29 25

17- I HEREBY CERTIFY, That I attended deceased from July 4, 1925, to Oct 29, 1925, that I last saw h[illegible] alive on Oct 29 1925, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Rickets. Malnutrition

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. S. Winstead, M. D.

, 19 (Address) University Hospital Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cem — DATE OF BURIAL, Oct 30..., 1925

20-UNDERTAKER. H M Routson — ADDRESS 230 W Lexington

Spec.—1-10-21—M&T—1500 Blks.

E 03236

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 03236

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2636 Kate ave, ST., 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alvonie Guy Alex Shaw

(a) RESIDENCE No. 2636 Kate ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen W. Shaw

6 DATE OF BIRTH (month, day, and year) June 17th 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Bakery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Louis Mo.

PARENTS

10 NAME OF FATHER Dr Alex Shaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Paola Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jersey City N. J.

14 Informant Wife.
(Address)

15 Filed ..... , 19 ..... Registrar

Robert T. Morrison,
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10th, 1925, to Oct 28th 1925

that I last saw him alive on Oct 28th 1925

and that death occurred, on the date stated above, at 11.35 P m.

The CAUSE OF DEATH* was as follows:

Cardio Valvular Insufficiency with decompensation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) A H Culver M. D.

, 19 (Address) 4710 Liberty Heights

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Oct 30 1925

20 UNDERTAKER Harry H. Witzke ADDRESS 1534 W. Lombard St

OCT 29 1925

Spec.—1-10-21—M&T—1500 Blks.

E 03237

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03237

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4136 Norfolk Ave ST. 15-4 WARD)

2-FULL NAME Audrey Virginia Schumann,

(a) RESIDENCE No. 4136 Norfolk Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 3-1925.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Charles F. Schumann

11 BIRTHPLACE OF FATHER (city or town) Balto, (State or country) Md.

12 MAIDEN NAME OF MOTHER Alma A. M. Vielmeyer

13 BIRTHPLACE OF MOTHER (city or town) Balto, (State or country) Md.

14 Informant Charles F. Schumann

(Address) 4136 Norfolk Ave

15 Filed ..., 19 ... Registrar

Robert F. Carrison,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 27-1925

17

I HEREBY CERTIFY, That I attended deceased from October 11-, 1925, to October 27-, 1925, that I last saw her alive on October 27-, 1925, and that death occurred, on the date stated above, at 10.30 P.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) — yrs. — mos 17 ds.

CONTRIBUTORY (Secondary) Pneumococcic meningitis

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Chester Richards, M. D.

10-28 1925 (Address) 2532 Edmondson Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Oct 30 1925
20 UNDERTAKER	ADDRESS
Harry H. Witzke	1531 W. Lombard

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03238

CERTIFICATE OF DEATH.

74-21 03238

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Russell St. ST. 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles S. Warner.(C)

(a) RESIDENCE NO 1114 Russell St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 4 mos. 25 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married.

If married, HUSBAND of Clementine Warner(C)

DATE OF BIRTH (month, day, and year) June 2, 1882.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	4	25	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER James Warner.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Amanda Johns (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Ernest Warner.(C) brother.
(Address) 1114 Russell St.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 27 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Oct. 28, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Oct 30 1925
20 UNDERTAKER John H. Loadenthal	ADDRESS 1027 Druid Hill Ave

pec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03239

CERTIFICATE OF DEATH.

129 E 03239

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Linden Ave ST. 14th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Meta N. Crawford

(a) RESIDENCE No. 1416 Linden Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of Nathan N. Crawford

6 DATE OF BIRTH (month, day, and year) April 28 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harpers Ferry W. Va
(State or country)

PARENTS

10 NAME OF FATHER Capt Levi W. Chambers

11 BIRTHPLACE OF FATHER (city or town) Boonsboro Md.
(State or country)

12 MAIDEN NAME OF MOTHER Frances Culclasure

13 BIRTHPLACE OF MOTHER (city or town) W. Va
(State or country)

14 Informant Reeva M. Lane
(Address) 1416 Linden Ave.

15 Filed ..... 19 ..... Registrar

OCT 30 1925 ROBERT H. KRANTZ STATE REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-23, 1925, to 10-28, 1925, that I last saw her alive on 10-19, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3-6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dont know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & history

(Signed) Henry Tuckett, M. D.

10/29, 19 (Address) 3902 Groveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harpers Ferry W. Va	Oct 30, 1925
20 UNDERTAKER Wm Nicholson & Sons	ADDRESS Hagerstown Md

Spec.—1-10-21—M&T—1500 Bks.

E 03240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 03240

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 N. Mount St. ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lana Johnson

(a) RESIDENCE NO. 826 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bolla Johnson

6 DATE OF BIRTH (month, day, and year) 4-29-'73

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	52	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Caroline Co., Md.

PARENTS

10 NAME OF FATHER Frank Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Emma Taylor

(Address) 826 N. Mount St.

15 Filed OCT 30 1925, 19.... ROBERT P. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-28-1925

17 I HEREBY CERTIFY, That I attended deceased from 8-15-, 1925, to 10-28-, 1925,

that I last saw her alive on 10-28-, 1925,

and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Cardio-renal Vascular Disease

From history about

Personal (duration) yrs. 6 mos. ds.

Knowledge 3

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) George C. Page, M. D.

, 19 (Address) 816 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	10/31/1925
20 UNDERTAKER	ADDRESS 916
Daniel Easton	Gamp Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03241

CERTIFICATE OF DEATH.

31 E 03241

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (T.B.) 13 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel Walker

(a) RESIDENCE NO. 738 pierce st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Walker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Josephine ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed ....., 19 .....

NOV 30 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1925, to Oct. 28, 1925, that I last saw h. alive on Oct. 28, 1925, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Miliary T.B of Abdominal Viscera

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (terminal) (duration) yrs Unknown mos ds

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W O McClane Jr M. D.

10-28-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	10/31/1925
20 UNDERTAKER	ADDRESS 916
David Easton	Come

Spec.—1-10-21—M&T—1500 Bks.

M. Clarissa Stoiber

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03242

CERTIFICATE OF DEATH.

118-002

118 E 03242

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. ..... ST., 10-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister M Clarissa Stoiber
w Attilia

(a) RESIDENCE NO. Notre Dame Convent · August ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec-10-1892

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher 068

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) New York N.Y.
(State or country)

PARENTS

10 NAME OF FATHER Frederick Stoiber

11 BIRTHPLACE OF FATHER (city or town) New York
(State or country) N.Y.

12 MAIDEN NAME OF MOTHER Attilia Rosenhausen

13 BIRTHPLACE OF MOTHER (city or town) New York
(State or country) N.Y.

14 Informant Sister M. Dominica Notre Dame
(Address) Aisquith St. City

15 Filed ....., 19.. Registrar

OCT 30 1925 ROBERT H. KRAUTH Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/28 19 25

17

I HEREBY CERTIFY, That I attended deceased from 10/20, 19 25, to 10/28, 19 25,

that I last saw h alive on 10/28, 19 25

and that death occurred, on the date stated above, at 8 35 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage abdomen

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 10/20/25

Was there an autopsy? no

What test confirmed diagnosis? Operation & Pathology

(Signed) Chas. L. Mayer, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Natchez Cemetery Md.	Oct 31 1925
20 UNDERTAKER	**ADDRESS**
Frank A. Tink	915 N. Eutaw

Spec—12-23-21—E.B.P.S.—400 Bks.

E 03243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 03243.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1124 W. Lafayette Ave. St., 14-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Kate Darby

(a) Residence No. 1612 Bolton St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Darby

6-DATE OF BIRTH (month, day and year) Sept. 5, 1840

7-AGE.	If LESS than 1 day,
85 yrs. 1 mos. 23 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9-BIRTHPLACE (city or town) (State or Country), Eufaula, Ala

PARENTS.

10-NAME OF FATHER, Dougald McLean

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Eufaula Ala

12-MAIDEN NAME OF MOTHER, Elizabeth Wynne

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Eufaula Ala

14- (Informant) Mrs. Kate Darby Watson

(Address) 1612 Bolton St

15- Filed OCT 30 1925 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct. 28th, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 25, 19.25, to Oct 28, 19.25, that I last saw her alive on Oct. 25, 19.25, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Several days.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Trouble bronchitis etc
(Duration) Several mos. cause.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry W. Bayley M. D.

Oct 30, 1925 (Address) 2305 N. Calvert St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Atlanta Ga.,	10/31, 19.25
20-UNDERTAKER, Henry W. Means & Son	ADDRESS 805 N Calvert St

Cor.—1-12-23—M&T—100 Bks.

E 03244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03244

REGISTERED NO. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 2 Locust Point. ST., 24-3 WARD)

2-FULL NAME Anthony Wengierski.

(a) RESIDENCE NO. 1434 Richardson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ---------- mos. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 17, 1913.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	12	9	11	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Wilmington, Del.

10 NAME OF FATHER Hipolit Wengierski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Olrzacka.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant Hipolit Wengierski.(father)
(Address) 1434 Richardson St.

Filed ..... 192 ..... ROBERT P. KRAUSE Registrar

OCT 30 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 28, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest, autopsy~~ (Inquest or inquiry.) thereon and from the evidence obtained by said ~~Inquest, au-~~ (Inquest or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
Fall from a wharf.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt (Coroner.), M. D.

Oct 29, 1925 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Oct 31 1925
20 UNDERTAKER	ADDRESS
John M Weber 1803	Bonth St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03245

CERTIFICATE OF DEATH.

17°E 03245

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hamon Alley between Heath & Barney Sts. ST. 25-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon Theodore Potee.

(a) RESIDENCE NO 538 Potomac St. Brooklyn. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

If married, widowed, or divorced, HUSBAND of [redacted] Laura E. Potee.

DATE OF BIRTH (month, day, and year) July 27, 1902.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	3	0	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER George A. Potee.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary E. Hartman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Amelia R. Pattinson. (sister)
(Address) 14 S. First St. Brooklyn.

Filed ....., 192 ..... Registrar

OCT 30 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 27, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Laceration of the brain. Pistol shot wound in the head. Suicide, after having shot his wife Laura E. Potee.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Oct. 28, 1925 (Address) 1049 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	Oct 31 1925
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03246

CERTIFICATE OF DEATH.

19E 03246

1-PLACE OF DEATH

REGISTERED NO. 23-2

CITY OF BALTIMORE: (No. South Baltimore General Hospital, WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura E. Potee.

(a) RESIDENCE No. 1733 Clarkson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

If married, widowed, or divorced (or) WIFE of Leon T. Potee.

DATE OF BIRTH (month, day, and year) February 9, 1904.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	8	18	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Foster Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Preis.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimote, Md.

Informant: Foster Smith. (father)
(Address) 1738 Clarkson St.

Filed OCT 30 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 27, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Laceration of the brain. Pistol shot wound in the head. Homicide, shot by her husband Leon T. Potee who afterwards shot himself.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Oct. 28, 1925. (Address) 1007 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? In front of 11 E. Barney St. Oct. 27. 1925.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Oct 30 1925

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Spec—12-23-21—E.B.R.S.—400 Blks.

E 03247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03247

CERTIFICATE OF DEATH

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 16 Hampden Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Alice Downey

(a) Residence No. 16 Hampden Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm Downey

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER Von Kenz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Annette Coleman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Wm Downey

(Address) 16 Hampden Ave

15-

Filed OCT 30 1925 19 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/28/25

17- I HEREBY CERTIFY, That I attended deceased from 10/27 19..., to 10/28/25, that I last saw h... alive on 10/28/25, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

(Duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard Downs M. D.

, 19 (Address) 1 W Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Oct 31 1925
20-UNDERTAKER,	**ADDRESS**
H. L. Brown & Son	1058 W. Montgomery

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03248

E 03248

CERTIFICATE OF DEATH.

Registered No. C 170

1-PLACE OF DEATH

City of BALTIMORE: (No. Loyola Heights ave 46-7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Hahn

(Residence in Baltimore: No. 936 Harlem ave St.; yrs., 53 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. April 5th 1864
(Month) (Day) (Year)

7-AGE. 61 yrs. 6 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Loyola Construction Company

9-BIRTHPLACE. (State or Country). Switzerland

PARENTS.

10-NAME OF FATHER. Jacob Hahn

11-BIRTHPLACE OF FATHER, (State or Country). Switzerland

12-MAIDEN NAME OF MOTHER. Annie Smith

13-BIRTHPLACE OF MOTHER, (State or Country). Switzerland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Annie L. Hahn
(Address) 936 Harlem Avenue

15-
Filed OCT 31 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 28 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) and from other sources, I find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Gun shot wound through body

Suicide

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

Oct 29 1925 (Address) 1632 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Oct 31 1925

20-UNDERTAKER.	ADDRESS
Jas B Cook	1003 W Balto St

Spec.—1-10-21—M&T—1500 Bks.

Helam
2757 W. North
46.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03249

CERTIFICATE OF DEATH.

E 03249

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2241 Mt. Fulton ST., 45 WARD)

2-FULL NAME Minnie Reese

(a) RESIDENCE NO. 2241 Mt. Fulton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Charles H. Reese

6 DATE OF BIRTH (month, day, and year): Aug. 25 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Christopher Hammonstaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Emma Hammonstaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Charles H Reese

(Address) 2241 Mt Fulton Apt

15 Filed OCT 30 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1925 to Oct 28, 1925

that I last saw her alive on Oct 28, 1925

and that death occurred, on the date stated above, at 1155 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 16 mos ds.

CONTRIBUTORY (Secondary) Metastatic Abdomen

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Date of

What test confirmed diagnosis?

Was there an autopsy?

(Signed) F. H. Reese M. D.

(Address) 2757 W. North.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 31 1925
20 UNDERTAKER: Wm Cook	ADDRESS: 502 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03250

CERTIFICATE OF DEATH.

90 E 03250

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 428 N Regester St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexandria Armstrong

(a) Residence No. 428 N Regester St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Armstrong

6-DATE OF BIRTH (month, day and year) 1871

7-AGE. 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Emma Armstrong

(Address) 428 N. Regester St.

15-

Filed ..... 192.....

Registrar.

OCT 30 1925 ROBERT P. LAMER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 29/25

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1925 to Oct 29 1925.

that I last saw h.. alive on Oct 26 1925.

and that death occurred, on the date stated above, at 9 PM.

The CAUSE OF DEATH* was as follows:

Apoplexy

12 Days (Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

Indefinite (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J Edward Fisher M. D.

10-29-1925 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemetery	Nov 1. 1925
20-UNDERTAKER. Edward Bryan	ADDRESS 1631 Orleans St

E 03251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hospital Ward) 11-2

Registered No. C. E 03251

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L. Bowman

(Residence in Baltimore: No. Balto. Co. Md., St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): married

6-DATE OF BIRTH: Aug. 20, 1882 (Month) (Day) (Year)

7-AGE: 43 yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: John W. Bowman

11-BIRTHPLACE OF FATHER, (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Margaret J. Hawkins

13-BIRTHPLACE OF MOTHER, (State or Country): Balto. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy W. Miles

(Address) Govdin, Balto Co, Md

15-

Filed OCT 30 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct. 28, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull (and concussion) accidentally receiving (Duration) 2 hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. T. Hennessey M. D. (Coroner.)

Oct. 29, 1925 (Address) 712 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Oct 30, 1925
20-UNDERTAKER,	ADDRESS
J. T. Cline & Sons	Rusles Town Md

Spec.—1-10-21—M&T—1500 Bks.

E 03252

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-01 E 03252

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Emma Landon

(a) RESIDENCE No. 207 W. Lanvale St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 ~~Life~~ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 14, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress 069

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore County

PARENTS

10 NAME OF FATHER: Joseph Landon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Emiline Kenemon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Miss Emma Landon

(Address): 207 W. Lanvale St

15 Filed OCT 30 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-25-, 1925 to 10-29-, 1925,

that I last saw her alive on 10-29-, 1925,

and that death occurred, on the date stated above, at 1 8 m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

Mitral regurgitation

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Bacteriologic

(Signed) Jno A Thompson M. D.

, 19 (Address) Md Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury M E Cemetery	Nov 1 1925
20 UNDERTAKER Reutlinger	ADDRESS
J. F. Ellis & Sons	Reutlinger

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03253

CERTIFICATE OF DEATH.

57 E 03253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 N. Broadway 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie B. Fishach 8

(a) RESIDENCE No. 1422 N. Broadway WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm D. Fishach

6 DATE OF BIRTH (month, day, and year) July 3-1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House

(b) General nature of industry, business, or establishment in which employed (or employer) Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Samuel Curtain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Julia Stout

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Grace Fishach

(Address) 1422 N. Broadway

15 Filed ..... 19 ..... Registrar

OCT 30 1925 ROBERT P. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1924, to Oct. 27, 1925, that I last saw her alive on Oct 28, 1925, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis: Heart failure

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms and autopsy examination

(Signed) H. C. Silver, M. D.

19 (Address) 3706 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL Oct 31 1925

20 UNDERTAKER H. C. Wiedefeld

ADDRESS 914 Greenm

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03254 E 03254

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 Forest ST. 5-1 WARD)

2-FULL NAME Mary J. Milligan

(a) RESIDENCE NO. 306 Forest ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Milligan

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Moses Milligan (Address) 306 Forest St

15 Filed OCT 30 1925 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1925, to Oct 29, 1925, that I last saw h[e]r alive on Oct 28, 1925, and that death occurred, on the date stated above, at 7.8, m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension Eclipse (duration) yrs. 1 mos 26 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. E. Young, M. D.

10/30 1925 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	11-2 1925

20 UNDERTAKER J. Edward Hall ADDRESS 1300 Eutaw Place

Spec.—1-12-23—3M&T—500 Bks.

E 03255 HEALTH DEPARTMENT—CITY OF BALTIMORE 21 E 03255

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 663 N Fayette ST. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Berta Josie Dawson

(a) RESIDENCE NO. 663 N. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. \ mos. \ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced (or) WIFE of J. A. Dawson

6 DATE OF BIRTH (month, day, and year) Jul 11-1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wilbert Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frederick A. Dawson

(Address) 663 N Fayette St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1925, to Oct 30, 1925, that I last saw h er alive on Oct 29, 1925, and that death occurred, on the date stated above, at 8.45 a m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Hartman, M. D.

Oct 30 1925 (Address) 26 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lynchburg, Va	Oct 31 1925
20 UNDERTAKER	ADDRESS
H J Dickson & Sons	Home

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

X E 03256

CERTIFICATE OF DEATH.

E 03256 — 74-001

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1145 W. Franklin ST. 18-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Grossman

(a) RESIDENCE NO. 1145 W. Franklin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. - mos. - ds. How long in U. S., if of foreign birth? 36 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) ~~HUSBAND~~ of (or) WIFE of Louis Grossman

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE.	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): Keeping house

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country): Russia.

PARENTS

10 NAME OF FATHER Karel Waitzman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Barney Grossman (son)

(Address) 1143 W. Franklin

15 Filed OCT 30 1925, 19 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1925, to Oct 30, 1925,

that I last saw her alive on Oct 30, 1925,

and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage causing Left Hemiplegia. (recurring)

(duration) ✓ yrs. 2 mos. ✓ ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) ~~ASVR~~ 1 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry C. Ohle, M. D.

Oct 30 1925 (Address) 120 S. W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mehrem Road

DATE OF BURIAL: 10/20/25

20 UNDERTAKER: Jack Levin

ADDRESS: 1439 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03257

CERTIFICATE OF DEATH.

90E 03257

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 13-6 WARD)

2-FULL NAME Mr. Joseph Cohen

(a) RESIDENCE NO. 2129 Callow Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE 73 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Jack Lewis 1429 E. Balto. St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-29- 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-16- , 1925 , to 10-29- , 1925 , that I last saw him alive on 10-29- , 1925 , and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W H Long and , M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship — DATE OF BURIAL 10-20- 1925

20 UNDERTAKER Jack Lewis — ADDRESS 1429 E. Balto

Spec. 1-10-21—M&T—1500 Bks.

E 03258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. 111-001 E 03258

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Waitman Barbe

(a) RESIDENCE NO. Morgantown, W. Va. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Barbe.

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) 054

(c) Name of employer

9 BIRTHPLACE (city or town) W. Va (State or country)

PARENTS

10 NAME OF FATHER John Barbe

11 BIRTHPLACE OF FATHER (city or town) W. Va. (State or country)

12 MAIDEN NAME OF MOTHER Margaret Robinson

13 BIRTHPLACE OF MOTHER (city or town) W. Va. (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 8th, 1926, to Oct 30th, 1925. that I last saw him alive on Oct 30th, 1925 and that death occurred, on the date stated above, at 4.07 a. m.

The CAUSE OF DEATH* was as follows:

Ulcer of Stomach

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Oct 27

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Dr. R. Leachert M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkersburg W Va	10/30/19 25
20 UNDERTAKER	ADDRESS
Joseph Ahrens	221 Bway

ROBERT N. KRAUTER
Medical Records Clerk

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03259

CERTIFICATE OF DEATH.

3 | E 03259

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 Westridge Ave ST. 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William McWhirter

(a) RESIDENCE NO. 301 Westridge Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane McWhirter

6 DATE OF BIRTH (month, day, and year) 6/26/1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Health Dept Balt. Md.

(c) Name of employer

009

9 BIRTHPLACE (city or town) (State or country) Balt Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Jane Mc Whirter

(Address) 301 Witridge Ave

15 Filed OCT 30 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 | 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1925, to Oct 25, 1925, that I last saw him alive on Oct 25, 1925, and that death occurred, on the date stated above, at 6.15 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Mary F. Coughlin, M. D.

10-29-1925 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 10/31/25

UNDERTAKER George J Ruth — ADDRESS 1735 Harford ave

Spec.—1-10-21—M&T—1500 Bks.

03260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

03260

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5212 Garrison Ave ST. 27-24 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Alfred Marion

(a) RESIDENCE No. 5212 Garrison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed, or Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Evanna Marion

6 DATE OF BIRTH (month, day, and year) Feb 10th, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	55	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Auto

(c) Name of employer American Ice Co.

9 BIRTHPLACE (city or town) (State or country) Joliet Michigan

PARENTS

10 NAME OF FATHER Menacie Marion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Leocadie Farley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Mrs Evanna Marion

(Address) 5212 Garrison Ave

15 Filed ..... 19 ROBERT R. KRAUTER, Registrar

OCT 30 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28th, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 19th, 19 25, to Oct 28th, 19 25, that I last saw h[illegible] alive on Oct 26th, 19 25, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Virginia Pneumonia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. P. McClure, M. D.

10-29-25 (Address) 4004 Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Oct 31st, 25

20 UNDERTAKER Partridge Store

ADDRESS 1125 W. Fay Balto

Spec. 4-10-21—M&T—1500 Bks.

E 03261 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03261

1859 23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. 24-1 ST WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Marie Hill

(a) RESIDENCE NO. 343 Warren Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 25. 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Dull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 30 1925 Registrar ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st 1925, to Oct 29th 1925, that I last saw her alive on Oct 29th 1925, and that death occurred, on the date stated above, at 6 00 a.m.

The CAUSE OF DEATH* was as follows:

Epidemic Encephalitis (?)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia,

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Alexander Lafferty, M. D.

Oct 29, 1925 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Oct 31st 1925

20 UNDERTAKER: Margaret G. Flynn

ADDRESS: 14 n. Eutaw St.

spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 03262 — Hamilton — 100-001 — E 03262

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 35 E. Glenmore Ave ST., 27-11 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Chamberg

(a) RESIDENCE NO. 35 E. Glenmore Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Robert M. Chamberg

DATE OF BIRTH (month, day, and year): about July 26, 1839

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	86	3	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: John Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Mrs Blanche Sauer

(Address) 35 E. Glenmore Ave

Filed , 19 Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 26, 1925, to Oct 29, 1925

that I last saw her alive on Oct 29, 1925

and that death occurred, on the date stated above, at 11 A m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary): Debility Senile

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical and

(Signed) Stanley Cross M. D.

Oct 29 1925 (Address) 27 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Nov 2 1925

20 UNDERTAKER: for Sorrenson Son — ADDRESS: 2078 Pa

OCT 30 1925

Spec.—1-10-21—M&T—1500 Blks.

E 03263

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 03263

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Volunteers of America Hospital

CITY OF BALTIMORE: (No. 418 W. Lexington ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L. Hasson

(a) RESIDENCE NO. 624 W. Redwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brickmason

(b) General nature of industry, business, or establishment in which employed (or employer) 0/2

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Malcom Hasson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Monel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Alice V. Bradley
(Address) Pelair Md

15 Filed 0 1925, 19 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1925 to Oct 29, 1925 that I last saw him alive on Oct 24, 1925 and that death occurred, on the date stated above, at 12 20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 0 yrs. 0 mos 10 ds.

CONTRIBUTORY (Secondary) Cardio-renal disease

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 629 W. Redwood St.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Karl G. Klemmuller, M. D.

, 19 (Address) 327 N. Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bells Cemetery	Oct 31, 1925

20 UNDERTAKER	ADDRESS
Robt J. Turner Sons	422 N. Broadway

Spec. D10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03264

CERTIFICATE OF DEATH.

E 03264

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Smith

(a) RESIDENCE NO. ..... Baltimore, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	child.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	0	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Alfred Smith
11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)
12 MAIDEN NAME OF MOTHER Sarah Lancaster
13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Robert P. Harrison
Registrar

O 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 27th, 1925, to Oct. 28th, 1925, that I last saw him alive on Oct. 28th, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Meningitis - type not determined

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Sudden - all Anemia

(duration) ..... yrs. life mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Spinal fluid exam.

(Signed) ..... M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hunkirk, Md — DATE OF BURIAL Nov-1-1925

20 UNDERTAKER Geo E Enoch — ADDRESS Towson

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03265

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03265

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 3621 Sycamore St. 13-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Catherine Quarles

(a) Residence No. 3621 Sycamore St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced. (Write the word) Widowed

5a-If married, widowed, or divorced INSERT the (or) WIFE of Francis E Quarles

6-DATE OF BIRTH (month, day and year) Feb 1-1854

7-AGE. 71 yrs. 6 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Jama Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. C. Moran

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14-Informant. Mrs Francis Quarles

(Address) 3621 Sycamore St

15-Filed ..... 192 Robert F. Harrison, Registrar.

D 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 30-1925

17-I HEREBY CERTIFY, That I attended deceased from Sept 1 1925 to Oct 30 1925

that I last saw h.. alive on Oct. 29 1925

and that death occurred, on the date stated above, at 7.9 m.

The CAUSE OF DEATH* was as follows:

Cardiac Dropsy 1

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No What test confirmed diagnosis? Physical signs

(Signed) C Hungerford M. D.

10-30, 1925 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge

DATE OF BURIAL, Nov 2 1925

UNDERTAKER. A S Marshall

ADDRESS 3539 Eutaw Road

spec.—1-12-23—M&T—500 Blks.

E 03266

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 03266

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Agnes Hosp. ST. 28-5 WARD)

2-FULL NAME Mary Elmer

(a) RESIDENCE NO. Old Frederick Rd & Edmondson ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Charles L. Elmer

DATE OF BIRTH (month, day, and year) July 26 1850

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	75	3	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Morristown N.J.

10 NAME OF FATHER William Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) Morristown N.J.

12 MAIDEN NAME OF MOTHER Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Morristown N.J.

14 Interment Mt. Lizzie Rinehart
Address Old Frederick Rd & Edmondson Ave

15 Filed Oct 29 1925, 19 Robert P. Harrison, Registrar

Deputy Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1925, to Oct. 30, 1925, that I last saw her alive on Oct. 30, 1925 and that death occurred, on the date stated above, at 11:45 pm.

The CAUSE OF DEATH* was as follows:

Arteris Sclerosis
Paralysis Agitans

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Sheldon Eastland, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Oct 31 1925
20 UNDERTAKER	ADDRESS
A S Marshall	3539 Fall Rd

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03267

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03267

CERTIFICATE OF DEATH.

+87

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. University Hospital St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Beulah Bailey

(a) Residence No... 1103 Argyle Ave St.,..... Ward. Salisbury Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 14-1903

7-AGE. 22 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)... 070

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Bailey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Mutter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) University Hospital Records

(Address) Balto Md

15- Filed ..... 192.....

Robert P. Harrison, Registrar.

1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 30-1925.

17- I HEREBY CERTIFY, That I attended deceased from Oct 17, 19 25, to Oct 30, 19 25, that I last saw h.. alive on Oct 30, 19 25, and that death occurred, on the date stated above, at 10:55 A.m.

The CAUSE OF DEATH* was as follows:

Cellulitis of left forearm & arm

Complicated by- Staphylococcus

Septicaemia - Septic Infarct of Lung & probable pericarditis

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Staph - Septicaemia Septic infarct of Lung probable pericarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 1103 - Argyle Ave

Did an operation precede death? Yes Date of Oct 21-1925

Was there an autopsy?

What test confirmed diagnosis? Blood Cultures

(Signed) R. B. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Salisbury Md

DATE OF BURIAL, Oct 31 19 25

20-UNDERTAKER. Samuel D. Knowles

ADDRESS 1118 Druid Hill Ave

03268

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 175 E 03268

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 946 Dond Hillard ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Kelly

(Residence in Baltimore: No. 946 Dond Hillard St.; yrs. (5 mos.) ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE Colored | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH July (Month) 20 (Day), 1908 (Year)

7-AGE 17 yrs. 3 mos. 8 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Westmoreland Co Va

PARENTS

10-NAME OF FATHER Lorenzo Kelly

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Irene Holmes

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Irene Kelly

(Address) 946 Dond Hillard St

15-

Filed ..... 191 .....

Robert P. Harrison, Burial Permit Clerk.

1925

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 10 (Month) 28 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1925 to Oct 28 1925.

that I saw her alive on Oct 28 1925.

and that death occurred, on the date stated above, at 7:00 a.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Stomatitis (Oral)

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) I. Whitehurst M. D.

Oct 30, 1925 (Address) 520 Dond Hillard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Westmoreland Co. Va

19-PLACE OF BURIAL OR REMOVAL Kensale Wood Va | DATE OF BURIAL Oct 31, 1925

20-UNDERTAKER Samuel Hensley | ADDRESS McElderry St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03269 E 03269

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N. Edon ST. 5-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Pitts

(a) RESIDENCE. No. 302 N. Edon ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Henry Pitts

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolin

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant (Address) Julia Christmas 625 N. Arsonn St.

15 Filed ..... 19 .....

F 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 27 . 1925 . to Oct. 27 . 1925 .

that I last saw him alive on Oct 27 . 19 25 .

and that death occurred, on the date stated above, at 12 50 A. m.

The CAUSE OF DEATH* was as follows:

Tobar pneumania

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contrarted if not at plare of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edwin J. Green M. D.

10-28. 1925 (Address) 120 Asquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury	Oct 31 1925
20 UNDERTAKER John W Henderson	ADDRESS 1502 E monument

Spec.—1-10-21—M&T—1500 Blks.

E 03270 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03270

CERTIFICATE OF DEATH. 90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 E. 28th ST. 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Galinski

(a) RESIDENCE NO. 1702 E. 28th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Galinski

6 DATE OF BIRTH (month, day, and year) Oct 2, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	—	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Presser

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sonneborn Co.

9 BIRTHPLACE (city or town) (State or country) Russia Poland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Walter B. R. Wright

(Address) 1702 E. 28th St

15 Filed 1925 . 19 Robert F. Harrison, Deputy Health Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1925, to Oct 29, 1925, that I last saw h— alive on Oct 29, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Rheumatic Arthritis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Cotter J. Murray M. D.

10-30 1925 (Address) 510 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Nov. 2 1925
20 UNDERTAKER	**ADDRESS**
H. Sander Sons Inc.	1710 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 03271

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 03271

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1516 Mill Race Road (St.) 13-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Clayton Riley

(a) RESIDENCE No. 1516 Mill Race Road St., 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 25-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Odingston
(State or country) Maryland

PARENTS

10 NAME OF FATHER John A. Riley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret May Ruby

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Maryland

14 Informant John A. Riley
(Address) 1516 Mill Race Road

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 24th, 1925, to Oct 28th, 1925, that I last saw h— alive on Oct 28th, 1925, and that death occurred, on the date stated above, at 11.05 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Measles & Whooping Cough

(duration) — yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) Albert Buckler, M. D.

, 19 (Address) 1340 S. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Marys Hampden	Oct. 31 1925
20 UNDERTAKER	ADDRESS
Horace G. Burgee	3631 Falls Rd.

Spec.—1-10-21—M&T—1500 Bks.

E 03272

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03272

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1357 N Stockton ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Verry

(a) RESIDENCE NO. 1357 N Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Otis Verry

6 DATE OF BIRTH (month, day, and year): May 1891

7 AGE — Years: 34 — Months: 5 — Days: — If LESS than 1 day, ...hrs. or.... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Thomas Stamy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Otis Verry

(Address): 1357 N Stockton st

15 Filed 31 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1925, to Oct 30, 1925, that I last saw her alive on Oct 30, 1925, and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Frey M. D.

(Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from: Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion — DATE OF BURIAL: Oct 31 1925

UNDERTAKER: Hanna & Wright — ADDRESS: 1364 Pa Ave

Robert Bigelow Burial Permit Clerk

Spec.—1-10-21 M&T 1500 Bks.

E 03273

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 03273

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Bond

BALTIMORE CITY HOSPITALS

(a) RESIDENCE No. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
66? dec'd			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Robert Bond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Leah ? Bond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Henry N. Bond

(Address) 534 E Wath St

15 Filed , 19 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-30 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-20-25 1925 to 10-28, 1925, that I last saw h[illegible] alive on 10-28, 1925, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Rectum with Metastases

(duration) 1 yrs. 2 mos 20 ds.

CONTRIBUTORY (Secondary) Right apoplexy —

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Signs

(Signed) Ira C. Champe —, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: 11/2 1925

20 UNDERTAKER: William Cook

ADDRESS: 502 E Wath St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 03274

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pimlico Road ST. Krebbs Ave WARD 41)

2-FULL NAME Sophie Rasmussen

(a) RESIDENCE. No. Pimlico Road ST. Krebbs Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter C. Rasmussen

6 DATE OF BIRTH (month, day, and year): July 27-1848

7 AGE: Years 77 | Months 3 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Edward Rasmussen

(Address): Pimlico Rd Mt Washington

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1921, (to Oct 30, 1925; that I last saw her alive on Oct 30, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) W. H. Pearce, M. D.

. 19 (Address) 205 N Chuck st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel	Oct 1 19 25
20 UNDERTAKER: Wm Cook	ADDRESS: 512 E Monument

Burial Permit Clerk.

...r.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03275 E 03275

CERTIFICATE OF DEATH.

197

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) In front of 16 E. Madison St. ST., 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard A. Manning.

(a) RESIDENCE NO 821 St. Paul St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 14 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, and year) November 15, 1856.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	13	

CUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

THPLACE (city or town) (State or country): Baltimore, Md.

NAME OF FATHER James Manning.

BIRTHPLACE OF FATHER (city or town) (State or country): Baltimorr, Md.

MAIDEN NAME OF MOTHER Mary Golden.

BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

Informant James B?Manning. (brother)
Address) 625 Euclid Ave.

Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 28, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy and inquest) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage, Pistol shot wound in the abdomen, perforation of stomach, Intestines and branch of Illiac Artery

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Homicide by unknown person

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner), M. D.

Oct 31, 1925 192 (Address) 104 E. Charles St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Nov. 2 192
20 UNDERTAKER	ADDRESS
William Bork	E. Madison

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03276

CERTIFICATE OF DEATH.

101 E 03276

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 N. Wolfe St ST., 8-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Evans

(a) RESIDENCE NO. 1202 N. Wolfe St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colcred	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia Evans

7 DATE OF BIRTH (month, day, and year) Oct 6-1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	0	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) (Common)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Robt. Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rosa Brazen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Lelia Evans
(Address) 1202 N. Wolfe St

Filed ... 192 ... Registrar

Burial Permit Clark

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Possible Myocarditis (duration) yrs. mos. ds.

(Signed) J. S. Collins, M. D.
(Coroner.)

10-31-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laythrop Va	Oct 31 1926
20 UNDERTAKER	ADDRESS
Mrs R. A. Elliott	1145 Ashland Ave

Spec. 1-10-21 M&T 1800 Bks.

03277

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03277

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 S. Duncan ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M. Dunn

(a) RESIDENCE NO. 230 S. Duncan ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 23rd 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John R. Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Marie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: John R. Dunn

(Address) 230 S. Duncan St

15 Filed ..., 1925, 19... Registrar

Robert F. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1925, to Oct. 29, 1925, that I last saw her alive on Oct 29, 1925, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Israel Feinglass, M. D.

1925 (Address) 702 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Patricks Cem

DATE OF BURIAL: Oct. 31st 1925

20 UNDERTAKER: Lilly & Zeiler

ADDRESS: 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 03278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 03278

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Presbury ST. 15-13 WARD)

2-FULL NAME Dorothy Montgomery

(a) RESIDENCE NO. 1726 Presbury St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Jas. Montgomery

6 DATE OF BIRTH (month, day, and year) 6-3-1904

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
21	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Robert Queen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prince George Co. Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Jas Montgomery

(Address) 1726 Presbury St

15 Filed , 19 Registrar

1025

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-27- 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-30- , 1925, to 10-27- , 1925, that I last saw h e alive on 10-27- , 1925, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

From history (duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) George C- Page, M. D.

10-29, 1925 (Address) 816 N. Broadway St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion — DATE OF BURIAL: Nov 1 1925

20 UNDERTAKER: Samuel W. Crouse Sons — ADDRESS: 1400 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

E 03279

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03279

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2637 Mace ST.; 12-2 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Withers

(Residence in Baltimore: No. 2637 Mace St. St.; 2 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, May 19th, 1901. (Month) (Day) (Year)

7-AGE, 24 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 0

9-BIRTHPLACE, (State or Country) Texas Maryland

PARENTS.

10-NAME OF FATHER, Charles W. Firman

11-BIRTHPLACE OF FATHER (State or Country) Christiana Norway

12-MAIDEN NAME OF MOTHER Mary M. Buckley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Firman

(Address) 2637 Mace St.

15-

Filed....., 191.....

Registrar.

31 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 30th, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 25 1925; to Oct. 30th 1925;
that I saw her alive on Oct. 29th 1925;
and that death occurred, on the date stated above, at 1120 A.M.
The CAUSE OF DEATH* was as follows:

1. Endocarditis
ac. Cardiac Dilatation

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

(Signed) Frank B. Hundley M. D.

Oct. 30 1925 (Address) 251 W. Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Nov. 2, 1925

20-UNDERTAKER Chas. P. Maus & Son — ADDRESS 1118 W. Mt. Royal ave

Spec– 12-23-21–E.B.R.S.–400 Bks.

E 03280

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03280

CERTIFICATE OF DEATH.

74-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1420 E. Oliver St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. J. Frank Couzens

(a) Residence No. 1420 E. Oliver St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Delia T. Couzens

6-DATE OF BIRTH (month, day and year) Aug 2 – 1862

7-AGE. 63 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Guard 062

(b) General nature of industry, business, or establishment in which employed (or employer)..... Baltimore Art Gallery

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER. Stephen Couzens

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER. Mary Murphy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Delia T. Couzens

(Address) 1420 E. Oliver St.

15-

Filed..... 192..... Registrar.

1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 30–1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 1925 to Oct 30 1925

that I last saw him alive on Oct 29 1925

and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. W. Gaddes M. D

10/30/25 19 (Address) 321 E 25th

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal**, or **Homicidal**. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Bloomingdale Cemetery DATE OF BURIAL. Nov. 2 1925

20-UNDERTAKER. Chas. P. Maus & Son ADDRESS 118 W. Mt. Royal Ave

pec.—1-12-23—M&T—500 Bks.

E 03281 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03281

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #24 N. Fulton Ave. ST., 20-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen F. Coolahan

(a) RESIDENCE NO. #24 N. Fulton Ave. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Malachy F. Coolahan

DATE OF BIRTH (month, day, and year) April 10, 1854

AGE	71 Years	Months 6	Days 18	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Thomas Farrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs O. M. Peters

(Address) #24 N. Fulton Ave.

Filed ... ..., 19 ..... Registrar

1925 Robert P. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28th 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 24th, 1925, to Oct. 28th, 1925, that I last saw her alive on Oct. 28th, 1925 and that death occurred, on the date stated above, at 8:45 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward V. Cookelman M. D.

10/29/25 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	11/2 1925
20 UNDERTAKER Geo A Foley	ADDRESS Fulton Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03282

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03282

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 908 Hanover St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Dewalt

(a) Residence No. 908 Hanover St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Georgeanna Dewalt

6-DATE OF BIRTH (month, day and year) In January 1851

7-AGE, 74 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER Christopher Dewalt

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14- (Informant) Chas. Dewalt (Son)

(Address) 908 Hanover St.

15- Filed 192 Registrar.

Robert P. Harrison,

NOV 1925 Baltimore County Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 28-1925

17- I HEREBY CERTIFY, That I attended deceased from July 8 1925 to Oct. 28 1925

that I last saw h~~e~~ alive on Oct. 28 1925

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. F. Eisenbrandt M. D.

, 19 (Address) 1412 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Western Cemetery	Nov. 2, 1925
20-UNDERTAKER,	ADDRESS
Margaret J. Flynn	1452 Light St.

Spec.—1-10-21—M&T—1500 Bks.

E 03283

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03283

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Parrish St ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Williams.

(a) RESIDENCE No. 1114 Parrish St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Williams

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook. 071

(b) General nature of industry, business, or establishment in which employed (or employer) Cook.

(c) Name of employer St. Gabriel's Home

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Arthur Williams (Address) 1114 Parrish St.

15 Filed Oct.30 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct.30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 24 1925, 19, to Oct.29 1925, 19, that I last saw her alive on Oct 28 1925, 19, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of heart due to Mitral regurgitation

(duration) yrs. 6 mos. 19 ds.

CONTRIBUTORY (Secondary) Anasarca

(duration) + yrs. + mos. 10 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles L. Clark, M. D.

Oct.30 1925 (Address) 3214 Piedmont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn	Nov 2 1925
20 UNDERTAKER Joseph A Sisky	ADDRESS 1518 Eutaw ave

Cor.—1-12-23—M&T—100 Bks.

E 03284

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03284

161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ines Berglund

(a) RESIDENCE NO. 518 S. Glover St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

7 DATE OF BIRTH (month, day, and year): Oct 26-25

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: Adolph Berglund

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Ines -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address): Hopkins Hospital

Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity- 6 1/2 mons gestation

(Autopsy at Hopkind Hospital).

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Walton, M. D. (Coroner.)

10-29-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: OCT 1925 192

20 UNDERTAKER: Commissioner Health.

ADDRESS

Robert F. Harrison, Burial Permit Clerk.

Bar. Stm. E. Wo...

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03285

CERTIFICATE OF DEATH.

3-4 31

E 03285

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. BALTIMORE CITY HOSPITALS ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgiana Johnson

(a) RESIDENCE No. 513 S. Caroline ST., WARD

(Usual place of abode) Unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Johnson

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Alonzo Atkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C

12 MAIDEN NAME OF MOTHER Jessie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed OCT 31 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1925, to Oct. 29, 1925, that I last saw h.er alive on Oct. 29, 1925, and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 3 (History) mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory + autopsy

(Signed) W Lindsay Miller, M. D.

10/30 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Nov 1 1925
20 UNDERTAKER	ADDRESS
Robert P. Harrison	1515 McElderry St

Spec.—1-10-21—M&T—1500 Bks.

E 03286

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03286

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Dillon ST. 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Sherman

(a) RESIDENCE NO. 3016 Dillon ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Sherman.

6 DATE OF BIRTH (month, day, and year) March 28-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labourer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Farm Hand

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Sherman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Otto J. Kausch, Jr. (Address) 3016 Dillon St.

15 Filed , 19 Registrar

Robert P. Harrison,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1925, to Oct 30, 1925, that I last saw h in alive on Oct 30, 1925, and that death occurred, on the date stated above, at 6 50 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Bronchitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. L. Burke, M. D.

Oct 31 1925 (Address) 3042 Hudson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dolmantz Cemetery — DATE OF BURIAL Nov. 3 1925

20 UNDERTAKER Finkler & Finkler — ADDRESS 1739 E. Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 03287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03287

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1011 Broadway ST., 21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Mark Walstrum

(a) RESIDENCE NO. 1011 Broadway ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Oct 29-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Mark Walstrum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Agnes Biebe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mark Walstrum
(Address) 1011 N. Broadway

15 Filed 1 1925 , 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 19 25. to Oct 30, 19 25.

that I last saw h[illegible] alive on Oct 30, 19 25.

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Seven Month Pregnancy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Debility at birth.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) A White Jr, M. D.

19 31, 19 25 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Most Holy Redeemer

DATE OF BURIAL Oct 31 1925

20 UNDERTAKER Fickler & Fickler

ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

E 03288 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03288

CERTIFICATE OF DEATH. + 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 2841 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank B McGonigle

(a) RESIDENCE NO. Mt Hope Retreat ST., 2841 WARD Lancaster Penna.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? 69 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs McGonigle

6 DATE OF BIRTH (month, day, and year) Jan 15- 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
abt	69	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Horse Jockey

(b) General nature of industry, business, or establishment in which employed (or employer) Horses - abt

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Lancaster Pa

PARENTS

10 NAME OF FATHER Michael McGonigle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lancaster Pa

12 MAIDEN NAME OF MOTHER Liz. Markell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster Pa

14 Informant (Address) Records of Mt Hope Retreat Md

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 16th, 1925, to Oct 30, 1925, that I last saw her alive on Oct 30, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 0 yrs. 9 mos. 0 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis abt (duration) yrs. 9 mos. 0 ds.

18 Where was disease contracted if not at place of death? Lancaster Pa

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster Penna DATE OF BURIAL Oct 31, 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

1925 Burial Permit Clerk

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03289 V

E 03289

CERTIFICATE OF DEATH X 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Delia Nee

(a) RESIDENCE NO. 18 Boone St. Cumberland, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: James

7 DATE OF BIRTH (month, day, and year): unknown

8 AGE: Years 60; Months —; Days —; If LESS than 1 day, hrs or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): James Nee (Conductor) 18 Boone St. Cumberland Md

Filed NOV 1 — 1925, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-31- 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-21, 1925, to 10-31, 1925, that I last saw h[illegible] alive on 10-31, 1925 and that death occurred, on the date stated above, at 0[illegible] P m.

The CAUSE OF DEATH* was as follows:

Metastasis to the lung from Carcinoma of the Breast.

Operation Sept 28. Amputation of the breast

Complete operation (duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Sept 28 Amputation of Breast.

Was there an autopsy? No. Oct 21. Skin Grafting

What test confirmed diagnosis? Operation

(Signed) Jos C Blackwood, M. D.

, 19 (Address) 904 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cumberland Md — DATE OF BURIAL: 11/1 1925

20 UNDERTAKER: Courtney Funeral Parlors — ADDRESS 1827 Eutaw

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 03290

CERTIFICATE OF DEATH. X 74-004 E 03290

1-PLACE OF DEATH Pa.R.R.train en route from

CITY OF BALTIMORE: (No. New York to Baltimore. ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H.Taylor.

(a) RESIDENCE No 1936- 2nd.St.N.E. Washington D.C. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

If married, HUSBAND of (WIFE of) Anna V.Taylor.

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	----	----	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Conductor,
(b) General nature of industry, business, or establishment in which employed (or employer) Pa.R.R.Co.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pennsylvania.

10 NAME OF FATHER Absalon Taylor.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

Informant S.H.Hines.
(Address) 2901-14th.St.N.W. Washington D.C.

Filed NOV 1 - 1925, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 30 1925, 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner)

Oct.31,1925. (Address) 1019 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
C. Washington D.C.	10-31 1925
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Eastern & Hoffman St

Spec.- 1-10-21 M&T 1500 Bks.

E 03291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 E 03291

1-PLACE OF DEATH Baltimore - Md.

CITY OF BALTIMORE: (No. 1813 Eutaw Pl. ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Felix Agnus.

(a) RESIDENCE NO. 1813 Eutaw Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Annie E. Fulton Agnus

6 DATE OF BIRTH (month, day, and year) May 5th 1839.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	86	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Journalist.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lyons - France.

PARENTS

10 NAME OF FATHER Etienne Agnus

11 BIRTHPLACE OF FATHER (city or town) France (State or country)

12 MAIDEN NAME OF MOTHER Anne Berrera

13 BIRTHPLACE OF MOTHER (city or town) France (State or country)

14 Informant Annette Agnus Feser.

(Address) 115 East Cager St.

15 Filed NOV 1 - 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31st 1925

17 I HEREBY CERTIFY, That I attended deceased from for Many years, 19..., that I last saw him alive on Oct 30th, 1925, and that death occurred, on the date stated above, at 1-15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Entero-Colitis

(duration) yrs. George Month mos. ds.

CONTRIBUTORY (Secondary) Senile debility

(duration) yrs. Several Years mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical observation

(Signed) W. F. Wyse, M. D.

, 19 (Address) Professional Med

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Nov 2nd 1925
20 UNDERTAKER Henry J. Jenkins Sons Co.	ADDRESS Oakland Ave. Catholic

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03292

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03292

CERTIFICATE OF DEATH Bedford Cyrenegus Spicer

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3515 Cedar Ave ST.; 12/29 WARD 4

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bedford Cyrenegus Spicer

(a) RESIDENCE. No. 3515 Cedar Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 13-1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Marshall Spicer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Florence Pierce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant Mrs Florence Spicer

(Address) 3515 Cedar Ave

15 Filed NOV 1 - 1925, 19 HUBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 15, 1925, to Oct 31, 1925, that I last saw him alive on Oct 31, 1925, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas A Fotterhoff, M. D.

, 19 (Address) 807 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Nov 2 25

20 UNDERTAKER A S Marshall ADDRESS 2539 Fallsway

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03293

CERTIFICATE OF DEATH. 159-003 E 03293

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4717 Ready Ave ST. 27-9 WARD)

2-FULL NAME Anna Teresa Brennan

(a) RESIDENCE No. 4717 Ready Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 25/1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph L. Brennan

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Teresa A. Purzer

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Teresa A. Brennan
(Address) 4717 Ready Ave

15 Filed NOV 1 - 1925 ....., 19..... HOBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1925, to Oct. 31, 1925, that I last saw h[illegible] alive on Oct 30, 1925, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pylone stenosis (2)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hugh Forsythe, M. D.

Nov 1, 1925 (Address) 424 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means und Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Nov 2 1925

20 UNDERTAKER Harry N Armacost

ADDRESS 4704 Ridgewood Ave

Spec.—1-10-21—M&T—1500 Bks.

Dr Lutz, Linton Place 2040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03294

CERTIFICATE OF DEATH.

57

REGISTERED NO. E 03294

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3448 Park Heights ST. 15-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Peters

(a) RESIDENCE No. 3448 Park Heights ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Peters

6 DATE OF BIRTH (month, day, and year) Sept 1. 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	1	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ins. Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles F. Peters

(Address) 3448 Park Heights Ave.

15 Filed NOV 1 - 1925 19 ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct ..., 19 25, to Oct 30, 19 25,

that I last saw her alive on Oct 30, 19 25

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage

(duration) ... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) arterio sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Lutz, M. D.

Oct 31 25 (Address) 2040 Linton Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 2 1925

20 UNDERTAKER: Wm. Cook — ADDRESS: 502 E. Monument

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03295

CERTIFICATE OF DEATH.

90 E 03295

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 N Appleton St. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Zepp.

(a) RESIDENCE NO. 231 N Appleton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word)

Male | White | Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of Sadie Zepp

DATE OF BIRTH (month, day, and year) March 31, 1874

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	6	30	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steam Fitter Helper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Kyles Co 160

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Katie Baldwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Sadie Zepp
(Address) 231 N Appleton

Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Oct 31 1925 J. C. Clark, M. D.
(Coroner) (Address) 143 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence 231 N. Appleton

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — DATE OF BURIAL 11/2 1925

20 UNDERTAKER William Cook — ADDRESS 562 E Nave

HUBERT F. KRAUTER
NOV 1 1925
BUREAU PERSONS STATIS.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03296

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03296

CERTIFICATE OF DEATH.

101-001

27-6

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 216 Woodlawn Road, Roland Park St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret McCoy

(a) Residence No. 3004 Grayson St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6-DATE OF BIRTH (month, day and year) Aug. 16, 1871

7-AGE. 54 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs. C. L. Rector

9-BIRTHPLACE (city or town) (State or Country). Staunton Virginia

PARENTS.

10-NAME OF FATHER. Charles D. McCoy

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Minnie M. Jenkins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Maryland

14- (Informant) Mrs. Bessie M. Bradley

(Address) 216 Woodlawn Road

15- Filed NOV 1 - 1925 19.. ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 31' 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 29' 1925 to Oct 31' 1925

that I last saw h.. alive on Oct 31' 1925

and that death occurred, on the date stated above, at 4.45 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) — yrs. — mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jonas P. Hamburger M. D.

Oct 31, 1925 (Address) 1207 Eutaw Pl

*State the **Disease Causing Death**, or In deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Staunton, Va. DATE OF BURIAL. 11/1 19.25

20-UNDERTAKER. Henry W. Meares & Son ADDRESS 805 N. Calvert

Via Penn. R.R. & C. & O. R.R. — ESCORT — MRS. CHARLES S. BRADLEY

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03297

CERTIFICATE OF DEATH.

101-001 E 03297

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Wallis Ave. N. Carroll Road. 37-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME....Herman C. H. Klotsch.....

(a) Residence No.....Wallis Ave. N. Carroll Road.....Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) 9-12-1844

7-AGE. 81 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Cigar Mfgr

(b) General nature of industry, business, or establishment in which employed (or employer)..... Cigars

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Christopher Klotsch

11-BIRTHPLACE OF FATHER (city or town)....Germany..... (State or Country),

12-MAIDEN NAME OF MOTHER, Sophie Hintzler

13-BIRTHPLACE OF MOTHER (city or town).....Germany.... (State or Country),

14-

(Informant)....Harry C. Klotsch.....

(Address).....Wallis Ave. N. Carroll Rd

15-

Filed ..... 192 ROBERT R. KRAMER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 31 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 24, 19 25, to Oct 31, 19 25, that I last saw h.. alive on Oct 31, 19 25, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration)...yrs...mos. 7 ds.

CONTRIBUTORY (Secondary) ✓

(Duration)...yrs...mos...ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? C

(Signed) Chas F Bloke, M. D.

Oct 31, 1925 (Address) 20 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Trinity Cem.	Nov 3, 1925

20-UNDERTAKER,	ADDRESS
J. Ahrens Co.	3314 Reisterstn Road.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03298

CERTIFICATE OF DEATH.

129 E 03298

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Covington ST., 24-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian Rodey

(a) RESIDENCE. NO. 1817 Covington ST., WARD.
(Usual place of nbode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha A. Rodey

6 DATE OF BIRTH (month, day, and year) April 26 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R R

(c) Name of employer B & O

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER Martin Rodey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Pohlman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Bertha A Rody 1817 Covington

15 Filed NOV 1 1925, 19 ROBERT A. KRAUTER, Registrar, Burial Permit Clerk

TION is very important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 19 25, to Oct 30, 19 25, that I last saw h-e alive on Oct 30, 19 25, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Indefinate yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic Dilatation (duration) 9 days yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. R. Campbell M. D.

Oct 25, 19 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Nov 2 1925
20 UNDERTAKER E Schlomann & Son	ADDRESS 1029 Hanover

Spec.—1-10-21—M&T—1500 Bks.

03299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 74-001

REGISTERED No. 03299

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 765 George St. (ST.) 17-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeremiah B. Swann

(a) RESIDENCE No. 765 George St., WARD 17-3

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Swann

6 DATE OF BIRTH (month, day, and year) 1831

7 AGE — Years: 93 — Months: 10 — Days: 6 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister teacher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 018

9 BIRTHPLACE (city or town) (State or country): Nashville Tenn

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Tenn

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Frances Crowne

(Address): Rhodesia, Ont.

15 Filed NOV 1 - 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1925, to Oct 31, 1925, that I last saw him alive on Oct 30, 1925, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. one mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) John Cadby, M. D.

19 (Address) 1633 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Swann Cemetery

DATE OF BURIAL: Nov 2 1925

20 UNDERTAKER: L. L. Hopkins

ADDRESS: Annapolis Md

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03300

CERTIFICATE OF DEATH.

15-1249 E 03300

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 N. Payson ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Blum

(a) RESIDENCE No. 1608 N Payson St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Blum

DATE OF BIRTH (month, day, and year) April 20 1881

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	44	6	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Jacob Blum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis

(Address) 1434 Eastern

NOV 1 - 1925 ROBERT R. KRAUTER,

Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31 1925

17

I HEREBY CERTIFY, That I attended deceased from March, 1925, to Oct. 31, 1925, that I last saw h. l. alive on Oct. 30, 1925, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Tumor of The Brain

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? yes Date of May 1925

Was there an autopsy? no

What test confirmed diagnosis? Pathologic

(Signed) Milton A. Crumpton M. D.

Oct 31 1925 (Address) 3 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rehrer Woods Road	11/1 19 25
20 UNDERTAKER	ADDRESS
Jack Lewis	1409 Eastern

03301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-002 03301

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St. 15-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Berman

(Residence in Baltimore: No. 4041 Reisterstown Rd. St.; 4 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH. Unknown 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
65 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Poland

PARENTS:

10-NAME OF FATHER. Joseph Foreman

11-BIRTHPLACE OF FATHER. (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Berman

(Address) 4041 Reisterstown Rd

15-

Filed, NOV 1 - 1925, 192.. ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 31, 192.5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull &
fracture of femur about 20 minutes
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) automobile accident
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

Nov. 1 1925 (Address) 207 Courthouse Bldg.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Rockville	Nov 1 192.5
20-UNDERTAKER.	ADDRESS
J. Freeman Bro	Baltimore St.

Spec.—1-10-21—M&T—1500 Blks.

E 03302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-001 E 03302

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 756 Reservoir (ST.) (13-b) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Dead Janney.

(a) RESIDENCE NO. 756 Reservoir ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Dean

6 DATE OF BIRTH (month, day, and year) Sept 8 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66.	2	22.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm H. Janney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Marion Dean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Marion Janney 756 Reservoir St

15 Filed ... 19 ... Registrar

NOV 1 - 1925

HUBERT R. KRAUTER, Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1925, to Oct 30, 1925, that I last saw h... alive on Oct 30 1925, and that death occurred, on the date stated above, at 10.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism + Embolism of Right Axillary & Left Femoral arteries 10 hours

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia of Aged of Long standing (duration) yrs — mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Slade, M. D.

, 19 (Address) 106 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Nov. 2 1925

20 UNDERTAKER: John O Mitchell

ADDRESS: 1201 W Fayette St

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03303

CERTIFICATE OF DEATH.

129 E 03303

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Linden Av St. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Regina C. Wise

(a) RESIDENCE NO. 1732 Linden Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Weir J. Wise

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	78	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Napolean Camper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elizabeth R. Parlett (Address) 1732 Linden Ave.

15 Filed ..., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30, 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1925, to Oct 30th, 1925, that I last saw h alive on October 30th, 1925, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. 3 mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical & Microscopical Exam

(Signed) Herbert E. Zepp, M. D.

10/31, 1925 (Address) 3048 N. Gorsuch Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state 1) Means and Nature of Injury, and 2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Nov. 2 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 W Fayette St

Cor.—1-12-28—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03304

E 03304

CERTIFICATE OF DEATH.

90

7-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 923 Shuter St (St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sadilek

(a) RESIDENCE NO. 923 Shuter St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Sadilek

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

040

BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER John Sadilek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

Informant Matilda Sadilek

(Address) 923 Shuter St.

Filed NOV 1 1925, 192 ROBERT A. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct30/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Cardiac Insufficiency

(Reported leaky heart)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. H. Culler, M. D.

(Coroner.)

10-31-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Hill	Nov 1 1925
20 UNDERTAKER Frank Grace & Son	ADDRESS 1906 E. Oliver

Spec.—1-10-21—M&T—1500 Rks.

Butler

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03305

CERTIFICATE OF DEATH.

100-001E 03305

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 Kelly Av ST. Mt Wash. WARD) 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Johnson Butler

(a) RESIDENCE No. 32 Kelly Av ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ira Butler

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Webb Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis, Md.

12 MAIDEN NAME OF MOTHER Flonnie Purses

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Florence Johnson (Address) 32 Kelly Ave

15 Filed ....., 19.... Registrar

NOV 1 - 1925

ROBERT P. KRAUTER, Assistant Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 19 25

17

I HEREBY CERTIFY, That I attended deceased from Oct 22, 19 25, to Oct 29, 19 25, that I last saw h[illegible] alive on Oct 29, 19 25, and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. A. Johnson M. D.

, 19 (Address) 2327 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Nov 1 1925

20 UNDERTAKER Virginia A. Brooks ADDRESS 1463 N Carey

Cor.—1-12-23—M&T—100 Bks.

03306

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03306

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 615 S. Durham ST. 7-3 WARD)

2-FULL NAME Leopold Kozakowski

(a) RESIDENCE NO. 615 S. Durham ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 36 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Alexandra Kozakowski

DATE OF BIRTH (month, day, and year) 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Street cleaning
(c) Name of employer City

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Alexandra Kozakowski
(Address) 615 S Durham St.

Filed ..... 192... ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Sudden (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) 1 yrs. ... mos. ... ds.

(Signed) James M Fenton (Coroner.), M. D.

Oct 29, 1926 (Address) Woodlawn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Nov 2 1926

20 UNDERTAKER J.W. Ozazewski — ADDRESS 1930 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 03307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 E 03307

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 12-5 (WARD)

2-FULL NAME Elizabeth Goldrick

(a) RESIDENCE NO. 2018 Barclay St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	12	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Martin Goldrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Zabinski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 1 1925, 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1925, to Oct 30, 1925, that I last saw her alive on Oct 30, 1925, and that death occurred, on the date stated above, at 3.00 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardiac disease

(Myocarditis - Pericarditis - Endocarditis)

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Thos. W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cathedral	Nov 2 1925
20 UNDERTAKER	ADDRESS
E A Wiedefeld	501 E 22

Spec.—1-10-21—M&T—1500 Blks.

1849 40 E 03308

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03308

CERTIFICATE OF DEATH. X 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Rourke

(a) RESIDENCE NO. Binghamton N. Y. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10 - 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	—	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER John Rourke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Amy Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Relative

(Address) Johns Hopkins Hosp.

15 Filed NOV 1 - 1925, 19 ROBERT H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1920, to Nov 1 - 1925.

that I last saw him alive on Nov 1 - 1925

and that death occurred, on the date stated above, at 2 00 a. m.

The CAUSE OF DEATH* was as follows:

Benign prostatic hypertrophy.

Pyelonephritis, Chronic.

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) yrs. mos. 7 Hrs.

18 Where was disease contracted if not at place of death? Binghampton.

Did an operation precede death? Yes. Date of Oct. 26.

Was there an autopsy? No.

What test confirmed diagnosis? Blood neg etc.

(Signed) E. Cowell James, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Binghamton New York

DATE OF BURIAL Nov 1 19 25

20 UNDERTAKER Chas. H. Krauss & Son

ADDRESS 118 W. Mt. Royal Ave

...ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03309

CERTIFICATE OF DEATH.

90 E 03309

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 W. Mulberry ST. 4-1 WARD)

2-FULL NAME Salvatore Liberto

(a) RESIDENCE No. 511 W. Mulberry St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Santina Liberto

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 045

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER John Liberto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Virginia Demarco

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant John Liberto

(Address) 509 W Mulberry St

NOV 1 - 1925 ROBERT H. KRABLER, Burial Permit Clerk

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1925, to Oct 31, 1925, that I last saw h[illegible] alive on Oct 31, 1925 and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. DiStefano, M.D.

Nov 1, 1925 (Address) 407 S. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Nov 2 1925
20 UNDERTAKER	**ADDRESS**
Robert Brokerson	Calhoun Hollins

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03310

CERTIFICATE OF DEATH. 167-001 E 03310

6-3

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 3038 E. Balto. St ST.) WARD)

2-FULL NAME Catherine (McLaughlin) Halfter

(a) RESIDENCE NO. 3038 E. Baltimore St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Curt E. Halfter

DATE OF BIRTH (month, day, and year) April 21-1896

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	6	8	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hair Dresser
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

BIRTHPLACE (city or town) (State or country) Liepersville Pa

10 NAME OF FATHER John McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Catherine Gillesie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Curt E. Halfter
(Address) Ridge Ave. nr Putty Hill Fullerton Md

Filed NOV 1 - 1925, 192 ... M. ROBERT P. CHAMBERS Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation
(Suicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Walker, M. D.
(Coroner.)

10-30-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hartwood Cemetery	Nov 2 1925
20 UNDERTAKER	ADDRESS
Harry H. Wirtz & Co	831 W. Lexington

03311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

183 E 03311

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2210 Linden Ave ST.: 14-2 WARD) REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr Alexander S. Foster

(Residence in Baltimore: No. 2210 Linden Ave St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. June (Month) 23 (Day), 1888 (Year)

7-AGE. 37 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dentist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Atlanta Ga

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country) Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lillian K. Foster

(Address) 2210 Linden Ave

15- NOV 1 - 1925 Filed ....., 191.... ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. (Month) 31 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and from the autopsy find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH was as follows:

Gun shot wound through head Accidental

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Crusen M. D. (Coroner.)

Oct. 31 1925 (Address) 5132 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cem	Nov. 1, 1925

20-UNDERTAKER: John O. Mitchell ADDRESS: 1201 W Fayette

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

03312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 92 E 03312

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 W. Hayward ST. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Silas S. Kemp

(a) RESIDENCE No. 405 W. Hayward ST. WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 21/71

7 AGE — Years: 54 — Months: 8 — Days: 10 — If LESS than 1 day, ...hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerical work

(b) General nature of industry, business, or establishment in which employed (or employer): work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Winchester Va.

PARENTS

10 NAME OF FATHER: Lewis Kemp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Sarah A. Korf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Sarah A. Kemp

(Address): 405 W. Hayward ave

15 Filed ....., 19 ..... ROBERT A. KRAUTER, Registrar

NOV 2 - 1925 Vital Records District

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1st 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 25 1925 to Oct. 31 1925 that I last saw him alive on Oct. 31 1925 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Embolism of coronary Artery

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) G. H. Buckley, M. D.

. 19 (Address) 126 W Biddle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Winchester Va.

DATE OF BURIAL: Nov 3 1925

20 UNDERTAKER: Philip Herwig

ADDRESS 2316 Arlington

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03313

CERTIFICATE OF DEATH.

74 OE 03313

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2322 E Fairmount St., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia K. Feller

(a) RESIDENCE NO. 2322 E. Fairmount St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. — mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Chas. L. Feller

6 DATE OF BIRTH (month, day, and year) Oct 22/63

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	—	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Henry Gerecken

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Wilhelmina

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Chas. L. Feller

(Address) 2322 E. Fairmount Av

15 Filed NOV 2 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1925 to Oct 30 1925

that I last saw alive on Oct 30 1925

and that death occurred, on the date stated above, at 7.35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H J Stern, M. D.

(Address) 647 W. Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem.	Nov 2 1925
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03314

CERTIFICATE OF DEATH.

74-001 E 03314

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1843 W. Fayette ST. 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Z. Yingling

(a) RESIDENCE No. 1843 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. B. Yingling

DATE OF BIRTH (month, day, and year): Oct 6th 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	23	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Shepherdstown, W. Va.

10 NAME OF FATHER: Daniel H. Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Shepherdstown, W. Va.

12 MAIDEN NAME OF MOTHER: Venida Constable

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Mrs. N. S. Hosey

(Address) 1843 W. Fayette St.

Filed , 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above. (Inquest, autopsy or Inquiry.)

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1/2 hour yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. B. Horton, M. D.
(Coroner.)

Oct 31st, 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Nov 2 1925
20 UNDERTAKER	ADDRESS
George J Smith	1532 Hollins St

NOV 2 - 1925 ROBERT M. KRAUTER Registrar of Vital Statistics

Spec.—6-9-19—H. P. Co.—1000 Bks.

Ross

03315

HEALTH DEPARTMENT—CITY OF BALTIMORE

03315

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Loudon hall St ST. 22-2 WARD)

2-FULL NAME Annie Ross

(a) RESIDENCE. NO. 808 Loudon hall St. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1833

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ruben Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Matilde Thomas Dec 30 22

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie Carter
(Address) 808 Loudon hall

15 Filed NOV 2 - 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1925, to Oct 29, 1925, that I last saw her alive on Oct 29, 1925, and that death occurred, on the date stated above, at 1105 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles B. Howell M. D.

(Address) 712 S. Stricker Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Nov 2 1925
20 UNDERTAKER	ADDRESS 1027
John H. Jordan	Druid Hill Ave

Spec.—6-9-19—H. P. Co.—1000 Rks.

03316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 03316

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 571 - Gold St) (ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cooper

(a) RESIDENCE. No. 571 Gold ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7-1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
X	8	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, DC

PARENTS

10 NAME OF FATHER James Edward Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington, D.C.

12 MAIDEN NAME OF MOTHER Lulu Hardley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Louis, Mo.

14 Informant James Cooper (Address) 571 Gold St

15 Filed NOV 2 - 1925, 19 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to Oct 29, 1925, that I last saw h alive on Oct 29, 1925, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Place death.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. A. Johnson, M. D.

19 (Address) 2329 - Guilford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	11/2/1925

20 UNDERTAKER David Easter ADDRESS 916 Cone

Spec.—1-10-21—M&T—1500 Rls.

E 03317

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

E 03317

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 N. Carlton ST., 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua D. Taylor

(a) RESIDENCE NO. 118 N. Carlton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, Divorced (write the word): Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie Taylor

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 47; Months; Days; If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Repair work

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Thomas Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Antonia

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mrs. J. Taylor (Address) 808 N. Carey St.

15 Filed NOV 2 - 1925, 19.. ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 1, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 20th, 1925, to Nov 1, 1925, that I last saw him alive on Oct 30, 1925, and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary hemor

Stage (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? no

What test confirmed diagnosis? Exp sputum

(Signed) W. B. Yates M. D.

1925 (Address) 1405 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem — DATE OF BURIAL: 11/3/1925

20 UNDERTAKER: Dame Easton — ADDRESS 916 Pe

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03318

CERTIFICATE OF DEATH.

23

E 03318

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital - (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST. 14-1 WARD)

2-FULL NAME Joseph Thomas

(a) RESIDENCE NO. 2110 McCulloh St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Man.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Eliza Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Thomas

(Address) 2110 McCulloh St

15 Filed NOV 2 - 1925 , 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-19- , 1925 , to 10-28- , 1925 , that I last saw him alive on 10-28- , 1925 , and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Encephalitis Lethargica

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no . Date of

Was there an autopsy? no .

What test confirmed diagnosis? clinical .

(Signed) W H Borgardt , M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem. DATE OF BURIAL Nov 2 19 25

20 UNDERTAKER Samuel Hemsley ADDRESS 1178 N Eddelton

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03319 — 74-001 — E 03319

CERTIFICATE OF DEATH.

1-PLACE OF DEATH E. 9-6 REGISTERED NO.

CITY OF BALTIMORE: (No. 1302 Federal ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Cuyler

(a) RESIDENCE NO. 1302 Federal St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sanford T. Cuyler

DATE OF BIRTH (month, day, and year) Feb 14/1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	8	16	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Sanford T. Cuyler
(Address) 1302 Federal St

Filed ..., 192... RUBERT R. KRAUSE Registrar

042 - 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Hypertension (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. Cullen, M. D. (Coroner.)

10-31-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL 11/3 1925

20 UNDERTAKER George & Ruth — ADDRESS 1738 Harford Av

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03320

CERTIFICATE OF DEATH.

90 E 03320

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Harford Road 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Moore.

(a) RESIDENCE NO. 3605 Harford Road. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Augustus M. Moore

6 DATE OF BIRTH (month, day, and year) Feb 20 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85.		8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant. Mary E. American

(Address) 3605 N. Harford Ave

15 Filed —, 19 —

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 19 24, to Oct 29, 19 25.

that I last saw h alive on Oct 29, 19 25

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Asthma Bronchitis - Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas P Leeman, M. D.

10/31/25 (Address) 718 N Pat Pk ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 2 1925
20 UNDERTAKER	ADDRESS
George J. Ruth	1735 Harford Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03321

CERTIFICATE OF DEATH.

91-002 E 03321

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 E Eager ST., 7-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Cummings

(a) RESIDENCE NO. 2012 E Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6 DATE OF BIRTH (month, day, and year): Nov 21 1843

7 AGE	Years	Months	D	If LESS than 1 day, ...hrs. or ....min.
	51	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): ? Ireland

PARENTS

10 NAME OF FATHER: John Sinnott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Martha Phelan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Jack Smith

(Address) 121 Herman St.

15 Filed , 19 HUBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1925, to Nov. 1, 1925, that I last saw her alive on Oct. 31, 1925, and that death occurred, on the date stated above, at 1-30 A m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

(duration) Chronic yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. examination

(Signed) Walter H. Cummings M. D.

(Address) 3 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem	19 25
20 UNDERTAKER	ADDRESS
Wm Cook	502 E North Ave.

E 03322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-6 '90 E 03322

1-PLACE OF DEATH Colonial Hospital Registered No. C.....

City of BALTIMORE: (No. 1st Mount St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur G. Radcliffe

(Residence in Baltimore: No. 1101 North Johnson St.) 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 4 (Day) 1871 (Year)

7-AGE, 54 yrs. 4 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Trimmer
(b) General nature of industry, business, or establishment in which employed (or employer) Meat

9-BIRTHPLACE, (State or Country) Frederick Co Md

PARENTS.

10-NAME OF FATHER, T. Challoner

11-BIRTHPLACE OF FATHER, (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, M. A. Dudrow

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Iris Diering

(Address) 2914 Winchester St

15-

Filed ..... 192.....

ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 30 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. J. Hennessy, M. D. (Coroner.)

Oct. 31, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Union Bridge Md — DATE OF BURIAL, Nov 3rd 1925

20-UNDERTAKER, W M Cook — ADDRESS 502 E 11th St

Cor.—1-12-23—M&T—100 Bks.

03323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002 E 03323

12-6

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 1707 Latrobe St. ST., WARD)

2-FULL NAME Lawrence M.Green.(C)

(a) RESIDENCE No 1707 Latrobe St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 18 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) September 13, 1925.

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	18	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Roy Green.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilmington.N.C.

12 MAIDEN NAME OF MOTHER Constance Payne.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Constance Green.(C) mother
(Address) 1707 Latrobe st.

NOV 2 - 1925 ROBERT A. KRAUTER, Burial Permit Clerk.

Filed ....192.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October, 31, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital.

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Oct. 31, 1925 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Nov. 2 192 5
20 UNDERTAKER	ADDRESS
Mack G. Elliott	1525 Ashland Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03324

E 03324

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE. (No. 901 Roland Ave St., 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Allen Stonner

(a) Residence No. 981 Roland Ave St., 27th Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? 62 yrs. 1 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie M. Stonner

6-DATE OF BIRTH (month, day and year) Sept-5-1863

7-AGE, 62 yrs. 1 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) (Self)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John A Stonner

11-BIRTHPLACE OF FATHER (city or town) Carroll Co. (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Catherine Forrester

13-BIRTHPLACE OF MOTHER (city or town) Carroll Co. (State or Country), Maryland

14- (Informant) Mrs Bessie M Stonner (wife)

(Address) 901-Roland Ave. City

15- Filed NOV 2 1925 19? ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/31/25

17- I HEREBY CERTIFY, That I attended deceased from 1922, 19..., to 10/31, 1925, that I last saw h living on 10/31, 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Pronounced Anaemia

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Laboratory & Clinical findings

(Signed) [illegible], M. D.

, 1925 (Address) 1403 Park Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Nov-3-, 1925
20-UNDERTAKER STEWART & POWELL COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH E 03325 REGISTERED NO. 15-11 129 E 03325

CITY OF BALTIMORE: (No. Maryland General Hospt. St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Andrew Greasley

(a) RESIDENCE No. 2142 W. North Avenue ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? 66 yrs. 8 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K. Greasley

6 DATE OF BIRTH (month, day, and year) Feb-7-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher - Lamb

(b) General nature of industry, business, or establishment in which employed (or employer) Butcher 013

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles Greasley

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Germany

12 MAIDEN NAME OF MOTHER Jacobina Kriel

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Germany

14 Informant Mrs. Mary K. Greasley (wife)
(Address) 2142 W North Avenue

15 Filed NOV 2 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-1-25

17 I HEREBY CERTIFY, That I attended deceased from J.26-1925 to 11.1.25, 19..., that I last saw him alive on 11.1.25, 19..., and that death occurred, on the date stated above, at 12.40 a.m.

The CAUSE OF DEATH* was as follows:

1st Prostatic Abscess
Ch Myocarditis Ch Endocarditis
Ch Diff Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ch Myocarditis, Ch Diff Nephritis
Uremia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 10/21/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Tompkins, M. D.

, 19 (Address) Jno Sem Hospx.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Nov-3-25

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

E 03326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03326

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Roland Ave. Roland Park ST. 27-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Redmond Davis

(a) RESIDENCE NO. 1 Roland Ave. Roland Park ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 26 - 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Stuart C. Davis

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Evelyn A. Armiger

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Stuart C. Davis
(Address) 1 Roland Ave

15 Filed NOV 2. 1925 ROBERT A. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1- 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct-20, 1925, to Nov 1, 1925,

that I last saw h alive on Nov 1, 1925,

and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis.

(duration) yrs. mos 11 ds.

CONTRIBUTORY —
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical signs and history of case

(Signed) R. B. Redmond M. D.

Nov 1, 1925 (Address) 3543 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL - Druid Ridge — DATE OF BURIAL Nov. 2 1925

20 UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Rd.

03327

Spec. 1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 03327

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 Glenmore Av ST., Hamilton 27-11 WARD)

REGISTERED NO. 29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Madison Castine

(a) RESIDENCE NO. 14 Glenmore Av ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of --------

6 DATE OF BIRTH (month, day, and year) Jan. 8, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	67	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Emmanuel Castine

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER ----- Silver

13 BIRTHPLACE OF MOTHER (city or town) Harford Co
(State or country) Maryland

14 Informant (Address) Mrs. Emma Graham 103 N. 7th. St., Wilmington, N. C

15 Filed .19.. ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. , 1923 , to Oct 30 , 1925 ,

that I last saw him alive on Oct 27 , 1925 ;

and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis, Aortic & Mitral Regurg, Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam + Laboratory

(Signed) A T Reis, M. D.

Oct 31, 1925 (Address) 24 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL 11/2 1925

20 UNDERTAKER Henry U. Myers & Son

ADDRESS 805 N. Calvert St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03328

CERTIFICATE OF DEATH.

HE 03328

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1901 N. Collington Ave (ST.) 8-1 (WARD)

2-FULL NAME Elmer Zimmerman

(a) RESIDENCE NO. 1901 N. Collington Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced (or) WIFE of HUSBAND of

6 DATE OF BIRTH (month, day, and year) Jan 4-1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School-boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William F. Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Katherine Rollenhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) William F. Zimmerman 1901 N Collington ave

15 Filed NOV 2 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1925, to Oct 29, 1925, that I last saw him alive on Oct 29, 1925, and that death occurred, on the date stated above, at 10 30 p. m.

The CAUSE OF DEATH* was as follows:

Sarcoma (Brain)

(duration) 1½ yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes. Date of 7/10/24

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Edward Ladden, M. D.

19 10/30/25 (Address) 321-E-25

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Nov 2nd 1925

20 UNDERTAKER Jas C. Miller & Son ADDRESS 2334 Jeffer

DARK

Cor.—1-12-23—M&T—100 Bks.

E 03329

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 3-1 WARD)

REGISTERED NO. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Kirtcher

(a) RESIDENCE NO. 1112 E. Pratt St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred fij. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of nkne

6 DATE OF BIRTH (month, day, and year) March 30-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George F. Kirtcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Anna Henss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant (Address) Geo. F. Kirtcher 1112 E. Pratt St

15 Filed NOV 2 1925, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation
Accidental, gas bracket turned on
by clothing that hung on it.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Haller, M. D. (Coroner)

12/2/25 192 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL Nov. 2 192 5

20 UNDERTAKER Wm. C. Willcox Son ADDRESS 2304 Jefferson St.

Spec.—1-10-21—M&T—1500 Blks.

Natalie Dilks

HEALTH DEPARTMENT—CITY OF BALTIMORE

03330

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 N Fulton Ave ST. 15-12 WARD)

REGISTERED NO. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Natalie Dilks

(a) RESIDENCE NO. 1606 N Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clellan Dilks

6 DATE OF BIRTH (month, day, and year) April 16. 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	22	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Stanley G Pitman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Flora Yager

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr. Stanley G Pitman (Address) 1606 N. Fulton Ave

15 Filed NOV 2 - 1925, 19.. ROBERT R. KRAUER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Nov 1, 1925, that I last saw h[illegible] alive on Oct. 31, 1925, and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows: Tuberculosis of lungs

from previous (duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Irvin Blough, M. D.

Nov 1, 1925 (Address) 700 N. W Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Nov. 3 1925

20 UNDERTAKER Harry W. Ehlen — ADDRESS 1944 W. Northern

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03331 03331

CERTIFICATE OF DEATH.

49

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 S Castle ST.: 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward L Walker

(a) RESIDENCE. NO. 214 S Castle ST., WARD. 2nd

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah S Walker

6 DATE OF BIRTH (month, day, and year): Nov 4th 1870

7 AGE — Years: 54 — Months: 11 — Days: 26 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Massachusetts

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Sarah S Walker

(Address) 214 S Castle St

15 Filed ... 19 ... Registrar

NOV 2 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/30 1925

17

I HEREBY CERTIFY, That I attended deceased from 10/15, 1925, to 10/30, 1925, that I last saw h[illegible] alive on 10/30, 1925, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) James F Steele, M. D.

(Address) 33 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem

DATE OF BURIAL: Nov 2nd 1925

20 UNDERTAKER: Peter Nicolaus

ADDRESS: 2060 Eastern Ave

pec.—1-12-23—M&T—500 Bks.

E 03332

HEALTH DEPARTMENT—CITY OF BALTIMORE

701-001

E 03332

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 N. Broadway ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie H. Funk

(a) RESIDENCE NO. 713 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Hamilton Funk

DATE OF BIRTH (month, day, and year) March 4-1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Frederick co. Md

10 NAME OF FATHER J. A. Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick co Md

12 MAIDEN NAME OF MOTHER Mary Ada

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick co md

Informant Jack Lewis

(Address) 1429 E. Baltimore St

Filed DEC 2 - 1925 ROBERT R. KRAUTZ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1925, to Oct 30, 1925, that I last saw her alive on Oct 30, 1925, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. L. Lee, M. D.

Dec 1, 1925 (Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 11/2 1925

20 UNDERTAKER Jack Lewis — ADDRESS 1429 E Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

03333 — 159-002 — E 03333

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST., 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Herring Jr.

(a) RESIDENCE NO. 2135 Taylor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/24/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			7 days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Raymond Herring

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Lillie Rock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) St Joseph Hospital Records.

15 Filed NOV 2 19 25 Registrar ROBERT A. BAUER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/31 1925

17

I HEREBY CERTIFY, That I attended deceased from 10/24, 1925, to 10/31, 1925,

that I last saw he alive on 10/31, 1925

and that death occurred, on the date stated above, at 9 00 a m.

The CAUSE OF DEATH* was as follows:

Congenital atresia of esophagus

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Bruce L Jensen M.D.

1925 (Address) St Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov 3 1925

20 UNDERTAKER — ADDRESS

George F. Ruth — 1735 Harford Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03334 112 E 03334

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 03334

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 825 Warlington Blvd St. ..... (WARD) 21-3

2-FULL NAME William B Apsley

(a) RESIDENCE No. 825 Warlington Blvd St. .....

(Usual place of abode) WARD .....

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced (HUSBAND of or) WIFE of Mary A. Apsley

6 DATE OF BIRTH (month, day, and year) Feb 15, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Deck Employee

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Palaferia Co. 074

9 BIRTHPLACE (city or town) Rock Hall Md.
(State or country)

PARENTS

10 NAME OF FATHER Apsley

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

4 Informant Mrs. Mary A Apsley
(Address) 825 Warlington Blvd

5 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 30/25, 19..., to Oct 30/25, 19..., that I last saw him alive on Oct 30/25, 19..., and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

10 hours
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Vinson D Hobbs, M. D.

(Address) 120 Wilson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL Nov 2 1925

20 UNDERTAKER W. J. Pickney Sons — ADDRESS North Ave

Spec.—1-10-21—M&T—1500 Bks.

03335

HEALTH DEPARTMENT—CITY OF BALTIMORE

129E 03335

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 903 N. Gilmor ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Gertrude~~ Elizabeth Snowden

(a) RESIDENCE NO. 903 N. Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Milton Snowden

6 DATE OF BIRTH (month, day, and year) July 7 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bruce George Co. Md

PARENTS

10 NAME OF FATHER Geo. Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Sarah Scribner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Elmer E Snowden

(Address) 660 St. Dickens ave. N.Y.C.

15 Filed NOV 2 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1925, to Oct 30, 1925, that I last saw her alive on Oct 29, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab. Findings

(Signed) Paul Brown M. D.

10/3, 1925 (Address) 1837 Park ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Nov 3 1925
20 UNDERTAKER	ADDRESS
Jno W Chase & Son	1400 Madison

Spec.—1-10-21—M&T—1500 Blks.

Deussen.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03336

CERTIFICATE OF DEATH.

90 E 03336

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Harford Road ST., 4-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernhard Deussen

(a) RESIDENCE No. 3406 Harford Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Katherine Deussen

6 DATE OF BIRTH (month, day, and year) Nov 20th 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	79	11.	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired from 086

(b) General nature of industry, business, or establishment in which employed (or employer) Superintendency of Jewish Cemetery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kirschen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Henry Deussen

(Address) 3406 Harford Road.

15 Filed NOV 2 - 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 31st 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 27th, 1925, to October 31, 1925, that I last saw him alive on October 31, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene of Leg. Sept 27 to Oct 31 (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Yes

(Signed) George C. E. Vogler M. D.

, 19 (Address) 40 N. Kenfield Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery Co	Nov 3 1925
20 UNDERTAKER	ADDRESS
Henry Sauter & Sons Inc	1710 Fleet St.

Cor.—1-12-23—M&T—100 Bks.

E 03337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-003 E 03337

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George M. Hymes

(a) RESIDENCE NO. 2930 E. monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5y. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Athaway Hymes

DATE OF BIRTH (month, day, and year) June 16-1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	4	14	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk (retired)
(b) General nature of industry, business, or establishment in which employed (or employer) 009
(c) Name of employer American Express Co

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Alexander Hymes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Sturgeon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant George Lappe
(Address) 2930 E. Monument St

Filed NOV 2 - 1925, 192 ROBERT A. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Punctured Lung by fractured ribs left side (pneumo thorax)
Struck by automobile-inquest Nov 3/25 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Wade, M. D. (Coroner.)

11-2-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov. 3 192

20 UNDERTAKER: Henry Sauber Funeral Svc. — ADDRESS: 1710 E. Eat Ave

Spec.—1-10-21—M&T—1500 Bks.

E 03338

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03338

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 E. Fairmount ave ST., 6-3 WARD)

REGISTERED NO. 147

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Wehner

(a) RESIDENCE NO. 2514 E. Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H. Wehner

6 DATE OF BIRTH (month, day, and year) March 30 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	41	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Jacob Krebs.

11 BIRTHPLACE OF FATHER (city or town) Ger. (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Henry H. Wehner

(Address) 2514 E. Fairmount

15 Filed NOV 2 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/1 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 1924 19 ..., to 11/1 19 25.

that I last saw her alive on 11/1/25 19 25

and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Metastasis of

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of April 25

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. S. Gamble M. D.

19 (Address) 6 W. Mt. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer [redacted]	Nov 4 1925
20 UNDERTAKER	ADDRESS
Jos J Hess & Son	Eugene Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 03339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03339

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp ST. 22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Blanche Z. Longley.

(a) RESIDENCE NO. 22 E Woodland Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas E. Longley

6 DATE OF BIRTH (month, day, and year): Feb. 24, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife at

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md.

PARENTS

10 NAME OF FATHER: Wm H Timmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hillsdale Md

12 MAIDEN NAME OF MOTHER: Jennie M Reid

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Winchester Va

14 Informant: Mrs Blanche Longley

(Address) 22 E. Woodland Ave

15 Filed NOV 2 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-1-25

17

I HEREBY CERTIFY, That I attended deceased from 10-10-25, to 11-1-25,

that I last saw h alive on 11-1-25,

and that death occurred, on the date stated above, at 12 29 a.m.

The CAUSE OF DEATH* was as follows:

Spinal Cell Carcinoma 7 Ca Ovary. Kidney & Liver and intestines (Chronic)

Contributory (secondary) Arteriosclerosis, Hypertension (duration) ? yrs. mos. ds.

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of Oct 12 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) Jno A Templeton M. D.

11-2-25 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Nov 3 1925

20 UNDERTAKER: Joseph B Cook — ADDRESS: 1003 W Balto St.

Spec.—1-12-25—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03340 X 11 E 03340

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp St. 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Iola Cora Troxell (Iola Cora Troxell)

(a) RESIDENCE NO. Grace Lane - Fred. Co. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William W. Troxell

6 DATE OF BIRTH (month, day, and year) Nov. 3, 1887

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Relay

(State or country) Maryland

PARENTS

10 NAME OF FATHER David Ring

11 BIRTHPLACE OF FATHER (city or town) Relay

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lydia Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) Hampstead

(State or country) Maryland.

14 Informant Wm Troxell

(Address) Graceham Md

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-31- 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-19, 1925, to 10-31-, 1925, that I last saw her alive on 10-31-, 1925 and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

following Laparotomy

and appendectomy

30- days

(duration) mos ds.

CONTRIBUTORY (Secondary) Appendicitis (Chr.)

(duration) 1 yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 10-21-25

Was there an autopsy? No —

What test confirmed diagnosis? Operation —

(Signed) [illegible], M. D.

11-1, 1925 (Address) St. Agnes Hosp —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov 4 1925
20 UNDERTAKER Jos B Cook	ADDRESS 1003 W Balt St.

Spec. 1-10-21 M&T 1500 Blks.

(See Letter on file Nov 16-1925 from Frank C Breuler Wells

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03341

CERTIFICATE OF DEATH.

90 E 03341

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 11 N. Broadway ST. 6-1 WARD)

2-FULL NAME Mrs. Hecka Goldberg

(a) RESIDENCE No. 117 Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Goldberg

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Leib Tichman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Gitel Tichman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Joseph Goldberg

(Address) 11 N. Broadway

15 Filed NOV 2 - 1925 ROBERT R. KRAETZER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. , 1924, to Nov. 1 , 1925.

that I last saw h~~er~~ alive on Nov 1 , 1925.

and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Dis. (Vascular)

(duration) 3 yrs. mos da.

CONTRIBUTORY (Secondary) Cardiac Block - Arrhythmia

(duration) ✓ yrs. ✓ mos. ✓ da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Nathan Bruser, M. D.

(Address) 125 S Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Forest Park	11/7 1925
20 UNDERTAKER Sol Levinson & Bro	ADDRESS 1127 E Baltimore

Spec.—1-10-21—M&T—1500 Blks.

Landecker

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03342

CERTIFICATE OF DEATH.

E 03342

1-PLACE OF DEATH Mercy Hospital 13-6

CITY OF BALTIMORE (No. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Josie Landecker

(a) RESIDENCE NO. 2342 Eutaw Place ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sigmund Landecker

6 DATE OF BIRTH (month, day, and year) Jany. 31, 1863

7 AGE Years 62 Months 10 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Housef.~~

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Henry Frankenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fannie Holzinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Wm. Hand (Address) 2342 Eutaw Place

15 Filed NOV 2 - 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-1- 1925

17 I HEREBY CERTIFY, That I attended deceased from 9-3- 1925 to 11-1- 1925

that I last saw h[illegible] alive on 11-1- 1925

and that death occurred, on the date stated above, at 11.20 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver (primary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No. Clinical.

What test confirmed diagnosis?

(Signed) W. Barnard M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chev Shalom Cem.	11/3/ 1925
20 UNDERTAKER David Sondheim	ADDRESS Druid Hill Ave & Royal Ave

Cor.—1-12-28—M&T—100 Bkn.

03343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03343

188-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Calverton Road above Hedeker ave ST. 14 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Habritter

(a) RESIDENCE No. 404 Burns Court ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katie Habritter

DATE OF BIRTH (month, day, and year) July 26th 1857

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
68	3	4	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Scissors Grinder
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer 0 do

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Jos. Habritter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Stuth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mary Dunkerly
(Address) 519 So. Monroe St

Filed NOV 2 - 1925 192

ROBERT R. KRAUER
Burial Permit Clerk
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Crushing Injury to abdomen

Internal Hemorrhage (duration) At once ds.

CONTRIBUTORY (Secondary) Run over by Auto Truck driven by Unknown negro (duration) yrs. mos. ds.

(Signed) Thos. B. Norton, M. D. (Coroner)

Nov 1st 1925 (Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 1925

20 UNDERTAKER ADDRESS

H B Hospital 1850 N. Ballard

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03344

CERTIFICATE OF DEATH.

1925 31

E 03344

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 403 S. Furrow ST. 20th (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas C. Knight

(a) RESIDENCE NO. 403 S. Furrow ST. 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elizabeth Knight

6 DATE OF BIRTH (month, day, and year): June 18th 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer): 015

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Thomas Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Teresa Ferrara

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Elizabeth Knight 403 S. Furrow St.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 31 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1923 to Oct 31 - 1925, that I last saw him alive on Oct 31 - 1925 and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Endocarditis Bulging

Edema (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert C. Nitch, M. D.

11/2/, 1925 (Address) 3161 Wilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 3. 1925
20 UNDERTAKER	ADDRESS
F. B. Kilpatrick	1850 W. Balto St

NOV 2 1925 ROBERT F. KRAUTER Burial Permit Clerk

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03345 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03345

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

City of BALTIMORE: (No. 3812 Lloyd Ave St. 28-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles S. Davis

(a) Residence No. 3812 Lloyd Ave. St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Lottie Davis

6-DATE OF BIRTH (month, day and year) Nov. 22-1876

7-AGE, 49 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lunch Stall in Market

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto. (State or Country), Md

10-NAME OF FATHER, William Davis

11-BIRTHPLACE OF FATHER (city or town) Balto. (State or Country), Md

12-MAIDEN NAME OF MOTHER, Susan Hamilton

13-BIRTHPLACE OF MOTHER (city or town) Balto. (State or Country) Md.

(Informant) Mrs. Lottie B. Davis

(Address) 3812 Lloyd Ave.

Filed ..... 192.. Robert P. Harrison, Registrar.

2-1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct-30/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 12, 1924 to Oct 30, 1925, that I last saw him alive on Oct-30, 1925, and that death occurred, on the date stated above, at 4 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia - according to History

(Duration) yrs. 30 mos. ds.

CONTRIBUTORY (Secondary) Left Pulmonary T.B.

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) E. Elmer Tomasay, M. D.

Nov 1, 1925 (Address) 1517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery | DATE OF BURIAL, Nov. 3 1925

20-UNDERTAKER George L. Schnabel | ADDRESS 901 Druid Park Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03346

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03346

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 8 E. Randall St. 23-2 Ward) Registered No. 11-001

2-FULL NAME Patrick J. Gallagher

(a) Residence No. 8 E. Randall St., Ward

(Usual place of abode) (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Gallagher

6-DATE OF BIRTH (month, day and year) Nov. 1865

7-AGE, 60 59 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Kennedy's Foundry

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Gallagher

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Collins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Geo. T. Gallagher (Son)

(Address) 8 E. Randall St

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct-1-25

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1925 to Nov 1 1925.

that I last saw h. alive on Nov 1 1925.

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Wheelate M. D.

11/2, 1925 (Address) 299 William

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Nov 3 1925

20-UNDERTAKER, Margaret J. Flynn ADDRESS 1711 Light St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03347

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03347

CERTIFICATE OF DEATH.

X 90

1-PLACE OF DEATH Stafford Hotel

REGISTERED NO.....

CITY OF BALTIMORE: (No. 6 Charles S. Madison ST. 11-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Brandreth

(a) RESIDENCE. No. Stafford Hotel ST., WARD New Brunswick N.J.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
M.	W.	~~Widowed~~ Divorced

5a If married, widowed, or divorced HUSBAND of (~~Wife of~~) Mary Sweet Brandreth

6 DATE OF BIRTH (month, day, and year) Dec. 23. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired (machinist)

(b) General nature of industry, business, or establishment in which employed (or employer) painter 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Brunswick N.J.

PARENTS

10 NAME OF FATHER Thomas Brandreth

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Son. - Edward J. Brandreth (Address) Stafford Hotel. Balto Md

15 Filed ... 1925 ... 19 Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-2 — 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-20- 1925, to 11-2- 1925, that I last saw h alive on 11-1- 1925, and that death occurred, on the date stated above, at 8 40 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis - Arterio Sclerosis —

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senescence

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Victor Richards, M. D.

19 (Address) 914 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Brunswick N.J.	Nov 1925
20 UNDERTAKER	ADDRESS
Henry J. Jenkins & Son Co	Eutaw & McCulloh Sts

Spec.—6-9-19—H. P. Co. 2000 Bks.

E 03348

HEALTH DEPARTMENT—CITY OF BALTIMORE E 03348

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard Hope Retreat ST. 3881 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Gertrude M Schlaechter

(a) RESIDENCE. No. Drexel Hill Pa. ST., WARD. Penna.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 47 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Schlaechter

6 DATE OF BIRTH (month, day, and year) Oct 21- 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	0	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Nashville (State or country) Tenn.

PARENTS

10 NAME OF FATHER Wm J. Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Mckendree

13 BIRTHPLACE OF MOTHER (city or town) Nashville (State or country) Tenn.

14 Informant Nurses of Howard Hope Retreat (Address) Baltimore Md.

15 Filed NOV 3 1925 . 19 Robert F. Harrison, Registrar

Daniel Parrott Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1924, to Nov 2, 1925, that I last saw h[illegible] alive on Nov 2, 1925, and that death occurred, on the date stated above, at 1 [illegible] m.

The CAUSE OF DEATH* was as follows:

Paresis (Pro. Specif)

(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Cardiac Mania.

(duration) 1 yrs. 0 mos. ds.

18 Where was disease contracted if not at place of death? Penna

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? W. Test.

(Signed) Isaac J Flaumm, M. D

, 19 (Address) Md Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Columbus Ohio.	Nov 2, 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-12-23—M&T—500 Bks.

03349

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 001 E 03349

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3000 Clifton Ave. ST. 15-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter B. Candler Sr.

(a) RESIDENCE NO. 3000 Clifton Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Lillian Candler

6 DATE OF BIRTH (month, day, and year): Feb 22nd 1875

7 AGE: Years 50 | Months 8 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 166

(b) General nature of industry, business, or establishment in which employed (or employer): Southern Elec Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York N.Y.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Walter B Candler Jr (Address) 3232 Portsdam Ave

15 Filed ....., 19..... Registrar

1925 Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2. 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/29, 1925, to 11/2, 1925; that I last saw him alive on 10/2, 1925; and that death occurred, on the date stated above, at 6.a m.

The CAUSE OF DEATH* was as follows:

Widespread Pulmonary congestion
Influenzal Lobar Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Arthur R Schumpert, M. D.

11/2, 1925 (Address) 2816 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va — DATE OF BURIAL: 11/4 1925

20 UNDERTAKER: W. J. Richmond Son — ADDRESS North Ave.

Spec.—1-10-21—M&T—1500 Bks.

03350

HEALTH DEPARTMENT—CITY OF BALTIMORE E 03350

CERTIFICATE OF DEATH.

REGISTERED NO. 177

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1020 N. 40th (St.), (Ward) 13

2-FULL NAME John Newton Clarke

(a) RESIDENCE, No. 4018 Hickory Ave, St., 13 Ward
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 9-1924

7 AGE — Years: 1 — Months: 2 — Days: 24 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Newton S. Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Philadelphia Pa.

12 MAIDEN NAME OF MOTHER: Ruth Denner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Mr. Newton S. Clarke 4018 Hickory Ave.

15 Filed ... 19 ... Registrar

1925 ROBERT F. GARRISON, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1925, to Nov 2, 1925, that I last saw h alive on Nov 2, 1925, and that death occurred, on the date stated above, at 12.25 P m.

The CAUSE OF DEATH* was as follows:

(a) Tuberculous Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Sen remote yrs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical appearance

(Signed) Ruth Normant, M. D.

11. 2. 1925 (Address) 3643 Chelsea Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Manchester Carroll Co. Md. DATE OF BURIAL: Nov. 4 1925

UNDERTAKER: Horace M. Burgee ADDRESS: 631 Hollo Rd.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03351 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03351

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St Agnes Hosp. St. 27-4 Ward) Registered No. 49

2-FULL NAME John Burnside

(a) Residence No. Rogers + Brenner Ave St. Ward

(Usual place of abode) Mt Washington

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE W.

5-~~Single~~, Married, ~~Widowed, or Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary T Brennan

6-DATE OF BIRTH (month, day and year) 11-1-61

7-AGE 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Race track

(b) General nature of industry, business, or establishment in which employed (or employer) Supt Pimlico

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Maryland

PARENTS.

10-NAME OF FATHER Edward Brennan

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Mary Cook

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14- (Informant) Mrs. Mary Burnside

(Address) Rogers + Brenner Ave

15- Filed 1925 Robert J. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-1-25

17- I HEREBY CERTIFY, That I attended deceased from 10-29 1925 to 11-1 1925

that I last saw him alive on 11-1 1925

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of pancreas - Metas. to Liver

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from bowel (Duration) yrs. 15 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) Wm Gary Gallagher M. D.

, 19 (Address) 532 Herkimer St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	11/4 1925
20-UNDERTAKER. J. Tolley Jones	ADDRESS 1318 Light St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03352

11-00 E 03352

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3726 Chestnut Ave ST.; 13 WARD)

REGISTERED NO. 13-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Paul Dandy

(a) RESIDENCE. No. 3726 Chestnut Ave ST., 13 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 25 1894

7 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or 10 min.
	31	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER David S Dandy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary E Dandy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fred L Dandy
(Address) 3726 Chestnut Ave

15 Filed — 19 Robert P. Harrison, Registrar
2 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/1 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1925, to Nov. 1, 1925, that I last saw h[illegible] alive on Nov. 1, 1925, and that death occurred, on the date stated above, at 3 PM. m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia (Res)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Infection

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Symptoms

(Signed) C F Curby Gelbin, M. D.

11/1, 1925 (Address) 320 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bethlehem Cem.	Nov 3 1925

20 UNDERTAKER Chenoweth & Son ADDRESS 2617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03353 — 1-001 — E 03353

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 N. Conyngham ST., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David S. Sutton

(a) RESIDENCE NO. 222 N. Caroy ST., WARD Baltimore

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Edes

6 DATE OF BIRTH (month, day, and year): Sept 11 1853

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
72	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipbuilder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Smyrna Kent Co. Md.

PARENTS

10 NAME OF FATHER: Orlando Sutton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Co

12 MAIDEN NAME OF MOTHER: Hannah Sassell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co.

14 Informant: J. Walter Sutton

(Address): Rockhall Md.

Filed NOV 3 - 1925 ROBERT R. KRAUTER

Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 31 1925, to Nov 2 1925, that I last saw h[illegible] alive on Nov 1st 1925, and that death occurred, on the date stated above, at 8-40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. B. Cumming, M. D.

Nov 3, 1925 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Edens Maryland	Nov 4 1925

20 UNDERTAKER: Stewart & Horsey Company

ADDRESS: 108 W Monument

Spec.—1-10-21—M&T—1500 Bks.

03354

HEALTH DEPARTMENT—CITY OF BALTIMORE E 03354

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope St. 28-1 Ward) 114

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. M. Magner (Isabel Cawley)

(a) RESIDENCE NO. Mt Hope Retreat St., 25th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 26-1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher 065

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mount Wills Pa

PARENTS

10 NAME OF FATHER Michael Cawley

11 BIRTHPLACE OF FATHER (city or town) (State or country) (?) Ireland

12 MAIDEN NAME OF MOTHER Catherine Loughery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) (?) Ireland

14 Informant Records of Mt Hope Retreat (Address) Baltimore Md

15 Filed NOV 3 - 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2nd 1925

17

I HEREBY CERTIFY, That I attended deceased from July 23, 1921, to Nov 2nd, 1925, that I last saw her alive on Nov 1st, 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis (Colitis)

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Manic Psychosis - Chronic

(duration) 4 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Lancaster Pa

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

Nov 2nd, 1925 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster Pa — DATE OF BURIAL Nov 3 19

20 UNDERTAKER STEWART & HOWEN COMPANY (WILLIAM P. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE.

ROBERT R. KRAUTER, Deputy Registrar, Baltimore City.

Cor.—1-17-28—M&T—100 Blks.

E 03355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1329 E 03355

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Wilson

(a) RESIDENCE NO. 630 Archer ST., ? WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 4 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	7	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Day work
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Daniel Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto City

12 MAIDEN NAME OF MOTHER: Martha Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto City

14 Informant (Address): James Wilson 1408 Linden Av

15 Filed NOV 3 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Chronic Nephritis

followed by Endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Peelen (Coroner.) M. D.

Oct 31 1925 (Address) 1005 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Ct — DATE OF BURIAL: Nov 3 1925

20 UNDERTAKER: J. S. Brand & Son — ADDRESS: 1018 Mount St

Spec.—1-10-21—M&T—1500 Bks.

E 03356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03356

CERTIFICATE OF DEATH.

1113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 W. Preston St. 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Hill Johns

(a) RESIDENCE NO. 516 W. Preston St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3y. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-4-24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER Harris W. Johns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St. Mary's Co. Md.

14 Informant: Harris W. Johns

(Address) 516 W. Preston St.

Filed NOV 3 - 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-1- 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-18, 1925, to 11-1, 1925, that I last saw h[illegible] alive on 10-30 1925 and that death occurred, on the date stated above, at 1.22 A m.

The CAUSE OF DEATH* was as follows: Tuberculosis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Rickets about 6 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Geo. C. Ley, M. D.

, 19 (Address) 516 W. Mont. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemtery — DATE OF BURIAL: Nov 3 1925

20 UNDERTAKER: Mrs Jas N. Dennis per T. G. Kelsey — ADDRESS: 1303 Eastman St

Cor.—1-12-23—M&T—100 Bks.

03357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03357

CERTIFICATE OF DEATH.

8-4 90

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Mercy Hospital. ST., 8-4 WARD)

2-FULL NAME Robert Lutz.

(a) RESIDENCE NO 1220 N.Broadway. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

3 If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Acct	65	----------		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mechanic.
(b) General nature of industry, business, or establishment in which employed (or employer) D31
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Dr. J. T. Galvin.
(Address) Mercy Hospital.

Filed NOV 3 - 1925 192 ERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 1, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy and inquiry.) and inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarfial Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Lenhardt, M. D. (Coroner.)

Nov, 3, 1925 192 (Address) 817 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pall's Cemetery	11/3 1925
20 UNDERTAKER	ADDRESS
Chas P. Kraus & Son	118 W. Mt Royal Ave

Spec.—1-10-21 M&T 1500 Blks.

03358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E 03358

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Hospt. 18-3 WARD) 40

2-FULL NAME William Livesay.

(a) RESIDENCE NO. 1104 W. Pratt St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 1870

6 DATE OF BIRTH (month, day, and year) May 26 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	65	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Samuel Livesay

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mamie Livesay

(Address) 1104 W. Pratt St

NOV 3 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1925, to Nov 2, 1925, that I last saw h alive on Nov 2, 1925, and that death occurred, on the date stated above, at 4.00 P.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Multiple Stricture of Urethra.

(duration) 2. yrs. mos. ds.

18 Where was disease contracted if not at place of death? Internal Urinotomy

Did an operation precede death? Date of Nov 2-25.

Was there an autopsy? Kelly of Stricture

What test confirmed diagnosis?

(Signed) James R. Nelson. M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Nov 5 1925

20 UNDERTAKER George J Smith — ADDRESS 1322 Hollins

Spec.—1-10-21—M&T—1500 Blks.

03359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03359

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST.. 1-1 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver Meekins

(a) RESIDENCE No. Dolphin St near Brevard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Sam Meekins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Baltimore City Hospitals Records (Address)

NOV 4 = 1925 Filed ..... By ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 16 1925, to Oct. 30 1925, that I last saw him alive on Oct. 30 1925, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) yrs. 3½ mos (History) ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory + autopsy

(Signed) W. Lindsay Dexter, M. D.

11/1, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Nov. 3, 25

20 UNDERTAKER Samuel Hawley ADDRESS 578 Mad Ave

Spec.—1-12-23—M&T—500 Blks.

E 03360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03360

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 S. Mount ST., 14-22 WARD)

REGISTERED NO. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Flynn

(a) RESIDENCE NO. 205 S. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced, (HUSBAND of or) WIFE of Carrie Flynn

6 DATE OF BIRTH (month, day, and year) March 17-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Graflin Bag Co

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Bartholomew Flynn

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Cath McDermot

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs Carrie Flynn

(Address) 205 S. Mount St

15 Filed ..... 19.....

ROBERT R. KRAUTER,

NOV 3 - 1925 Burial Permit Clerk.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11.2 1925

17 I HEREBY CERTIFY, That I attended deceased from 10.2 .1925. to 11.2 .1925

that I last saw him alive on 11.2 .1925

and that death occurred, on the date stated above, at 5.10 a m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemmorhage

(Secondary) Stroke of

15 hours (duration) yrs. mos. ds.

CONTRIBUTORY Paralysis -

(Secondary) 15 hours (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) L. J. Burlington, M. D.

(Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Nov 5 1925

20 UNDERTAKER F. A. Furlong & Son

ADDRESS 703 Hanover

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03361 E 03361

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 Iona Terrace ST., 27-13 WARD)

REGISTERED NO. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella A. Schaffer

(a) RESIDENCE NO. 2922 Iona Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND~~ of ~~(or) WIFE~~ of Frank J. Schaffer

6 DATE OF BIRTH (month, day, and year) Sept. 29 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	65	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Michael Hughes

11 BIRTHPLACE OF FATHER (city or town) Scotland (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Mrs Frank J. Schaffer (Address) 2922 Iona Terrace

15 Filed NOV 3 - 1925 ROBERT A. KNOTT Burial Permit Issued Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 17th 1925 to Nov 2 1925, that I last saw h~~e~~ alive on October 28 1925 and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Lateris Catarrhalis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) S. C. Stolzen M. D.

(Address) 1501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Nov 4 1925

20 UNDERTAKER Henry Hoeck Son ADDRESS 1301 E Eager St

Spec—12-23-21—E.B.R.S.—400 Blks

See Letter dated from Chf Bureau of Vital Statistics Jan 7-1926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03362

CERTIFICATE OF DEATH.

6-1 66

E 03362

1-PLACE OF DEATH

City of BALTIMORE: (No. 144 Jackson Place St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank H. Holeman

(a) Residence No. 144 Jackson Place St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Not Known

7-AGE, 57 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sanitary House

(b) General nature of industry, business, or establishment in which employed (or employer) Inspector 086

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John E Holeman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Margaret Brennan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. John E Holeman

(Address) 14 E Maple Ave Roslyn

15-

Filed, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 2-1925

I HEREBY CERTIFY, That I attended deceased from Oct 31/25 to Nov 2 19 25

that I last saw him alive on Nov 2, 19 25

and that death occurred, on the date stated above, at 5:20 P.M.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration) yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Spy Exd

(Signed) W C Elder, M. D.

Nov 2 19 (Address) 1436 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Holy Rood Cemetery	Nov 5 19 25
20-UNDERTAKER,	ADDRESS
Henry Koch Son	1512 E Eager St

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known

DR G. C. BLADES
143 N. BROADWAY, Cor. Fayette St.
PHONE WOLFE 4020

Office Hours: 8 to 10 A. M. 7 to 9 P. M.

NO COPY

REG. No. 309
M. J. .....14 Do Not Refill
Date .....
Patient's Name .....
Address .....

June 7 - 26 -

R. City Hosp. Ward A, pat.
Pleurisy, dat. 4 days
Pain L. side, prec. Nov. 1-6
Pain L. side, prec. Nov. 2/25. as. empyema, L. side
Nov 2/25. as. empyema, L. side
Found dead in bed

[illegible]
80362

J. M. WIENNER'S PHARMACY
301 S. CAROLINE ST. BALTIMORE

M. D.

report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("pneumonia," unqualified, is indefinite); *Tuberculosis of the lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* [illegible] causing death), 29 *ds.; Bronchopneu-* (secondary), 10 *ds.* Never report mere ms or terminal conditions, such as "As- "Anæmia," (merely symptomatic), "At- "Collapse," "Coma," "Convulsions," "De- ("Congenital," "Senile," etc.), "Dropsy," istion," "Heart Failure," "Hemorrhage," ion," "Marasmus," "Old Age," "Shock," ia," "Weakness," etc., when a definite dis- an be ascertained as the cause. Always all diseases resulting from child birth or iage, as "PUERPERAL *septicemia*," "PUERP- *eritonitis*," etc. State cause for which sur- operation was undertaken. For VIOLENT state MEANS OF INJURY and qualify as STAL, SUICIDAL, HOMICIDAL, or as *probably* f impossible to determine definitely. Ex- *Accidental drowning; Struck by railway accident; Revolver wound of head—homi- Poisoned by carbolic acid—probably suicide.* ture of the injury, as fracture of skull, and ences (e. g. *sepsis, tetanus*) may be stated he head of "Contributory." (Recommenda- n statement of cause of death approved by tee on Nomenclature of the American Med- sociation.)

ditional Space for Further Statements by Physician.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-45 V E 03363

03363

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2933 Presstman St ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. McDonnell

(a) Residence No. 2933 Presstman St ..... St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Alice B. Snyder

6-DATE OF BIRTH (month, day and year) June 4 1858

7-AGE.	If LESS than 1 day,
67 yrs. 4 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Merchant Commission

(b) General nature of industry, business, or establishment in which employed (or employer)..... 045

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country)..... Md

PARENTS.

10-NAME OF FATHER, Jas.E. McDonnell

11-BIRTHPLACE OF FATHER (city or town)..... Ireland
(State or Country),

12-MAIDEN NAME OF MOTHER, Ellen M. Kinsella

13-BIRTHPLACE OF MOTHER (city or town)..... Ireland
(State or Country),

14- (Informant) Frank M. McDonnell

(Address) 2933 Presstman St

15- Filed ..... 192 ..... Register.

NOV 3 - 1925

ROGER K. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 1/1925

17- I HEREBY CERTIFY, That I attended deceased from July ....., 192 5 to Nov 1 ....., 192 5

that I last saw h— alive on Nov 1 ....., 192 5

and that death occurred, on the date stated above, at 1:00 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the rectum

(Duration) 1 yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? yes Date of July 1924

Was there an autopsy? no

What test confirmed diagnosis? operation (exploratory)

(Signed) J. A. Gruber, M. D.

Nov 3, 1925 (Address) 11 W Biddle Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	11-4 ....., 19 25
20-UNDERTAKER, Henry W. Mears & Son	ADDRESS 605 N. Calvert St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03364

CERTIFICATE OF DEATH.

E 03364

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Le Compte

(a) RESIDENCE NO. 3402 Eastern Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna M. Le Compte

6 DATE OF BIRTH (month, day, and year) Oct 6-1893

7 AGE: Years 32; Months; Days 25; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Marine Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): 030
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Joshua J. Le Compte

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md.
(State or country)

12 MAIDEN NAME OF MOTHER Josephine Tunnell

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

14 Informant Anna M. Le Compte
(Address) 3402 Eastern Place

15 Filed ..... 192 ROBERT R. KRAUTER, Registrar
~~Asst. Permit Clerk.~~

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1- 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Peritonitis

(duration) 2 yrs. 4 mos. 20 ds.

CONTRIBUTORY (Secondary) Gall Stones

(duration) ... yrs. ... mos. 1 ds.

(Signed) G C Klein, M. D.
(Coroner)

Nov 1 192 (Address) 25 W Pleasant

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Nov 4 192

20 UNDERTAKER: Chas C Miller & Son — ADDRESS: 2337 Jefferson

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03365

CERTIFICATE OF DEATH.

1925 E 03365

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 705 Gorsuch Ave ST., 9-3 WARD)

2-FULL NAME Emma V. Pierson

(a) RESIDENCE No. 705 Gorsuch Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William Pierson

7 DATE OF BIRTH (month, day, and year) May 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	5 6		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Penna.

10 NAME OF FATHER Wm. Kingsnorth

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Mrs A. K. Harper
(Address) 705 Gorsuch Ave

Filed NOV 3 - 1925, 192 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1-1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage-fractured skull. Accidently fell down stairs in her home.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Stuart Patterson, M. D.
(Coroner)

Nov 2-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Nov 3 1925
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 03366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1729 E 03366

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 8 N. Fulton Ave ST. 70-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Orechsler

(a) RESIDENCE NO. 8 N. Fulton Ave. ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Hochholzer

6 DATE OF BIRTH (month, day, and year) Aug 2. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	62	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer 0 & 8

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) " Germany

12 MAIDEN NAME OF MOTHER unknown. Nov 2 1925

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " Germany

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 1 . 1923 . to Nov 2 . 1925 .

that I last saw him alive on Nov 2 . 1925 .

and that death occurred, on the date stated above, at 10.45 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation + Acute pleurisy

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic valvular Heart disease + Chronic Interstitial nephritis (duration) 2 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry C. Ode M. D.

(Address) 1209 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) Fred. F. Orechsler 108 S. Mount St.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Nov 5 1925

15 Filed NOV 3 - 1925 . 19 . Registrar ROBERT R. KRAUTER Burial Permit Clerk.

20 UNDERTAKER John O. Mitchell

ADDRESS 1201 W. Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03367 E 03367

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Davis

(a) RESIDENCE No. Woodbine Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 24 1917 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	13		10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Howard County (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Wade Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia England

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Father (Address) Woodbine Md

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct 4 19 25 to Nov 3 19 25

that I last saw him alive on Nov 3 19 25

and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Secondary

Primary (duration) yrs. mos 2 ds.

Tuberculosis - Pulmonary Affection

(Secondary) (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Drainage Ditch

Did an operation precede death? Yes. Date of 10/20/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Boyd Carnthy M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Md. Oak Grove Cemetery

DATE OF BURIAL Nov 5 1925

20 UNDERTAKER C. M. Watts

ADDRESS Sharpsburg, Md

Spec.—1-10-21—M&T—1500 Bks.

E 03368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 03368

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat ST., 2[illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anna Eason

(a) RESIDENCE NO. 44 Hope Retreat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Mr Eason

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 48 | Months 0 | Days 0 | If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John McDonald

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna McDonald (?)

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Ireland

14 Informant Records Mt Hope Retreat (Address) Mt Hope Baltimore

15 Filed NOV 3 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1st 1925

17 I HEREBY CERTIFY, That I attended deceased from June 15th 1923 to Nov 1st 1925

that I last saw her alive on Oct 3rd 1925

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial Nephritis following

Chr Arteria Sclerosis

abt (duration) 2 yrs. 4 mos. 0 ds.

CONTRIBUTORY (Secondary) Chronic Dysentery Bacillus

abt (duration) 2 yrs. 4 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flannery, M. D.

Nov 1st, 1925 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: 11-4 1925

20 UNDERTAKER: E H B Hale — ADDRESS: 115 E West

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03369

CERTIFICATE OF DEATH.

E 03369

1-PLACE OF DEATH St Johns Court. 124

CITY OF BALTIMORE: (No. Rear 876 McKim ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Deaver

(a) RESIDENCE NO. Rear 876 McKim ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Deaver

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) Private Home
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City (State or country)

PARENTS

10 NAME OF FATHER Deaver

11 BIRTHPLACE OF FATHER (city or town) Balto City (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Balto City (State or country)

14 Informant Carrie Epps (Address) 141 Dolphin St

15 NOV 3 - 1925 Filed, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to L[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis.
Cardiac Insufficiency
Senility Disease
Habby (duration) One yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Jno M Fenton, M. D.
(Coroner)
Nov 1, 1925 (Address) 400 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem. Nov	4 1925
20 UNDERTAKER	ADDRESS
Chas H. Johnson	467 N. Carolina St

Spec.—1-10-21—M&T—1500 Blks.

E 03370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03370

100-001

CERTIFICATE OF DEATH Gaidenille

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1 Heckel Ave ST., (WARD) 27-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Duvall

(a) RESIDENCE NO. 1 Heckel Ave ST., WARD 27

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo W. Duvall

6 DATE OF BIRTH (month, day, and year) June 9th 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lynn Heckel

(Address) 1 Heckel Ave

15 Filed NOV 3 - 1925 19 ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Nov 2, 1925, that I last saw h[illegible] alive on Nov 2, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:* Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Wm D Coose, M. D.

19 (Address) Coose & Sanders

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Nov 4 1925

20 UNDERTAKER Fredk Lassahn & Bro

ADDRESS Fullerton

Spec.—1-12-23—M&T—500 Bks.

E 03371 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03371

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Eutaw St., 21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie J Thomas

(a) RESIDENCE NO. 504 Eutaw ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Thomas

6 DATE OF BIRTH (month, day, and year): Oct-21-1883

7 AGE: Years 42 | Months — | Days 10 | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cleaned Office 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr. Martin on Howard St

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Scott

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriet O'Neill

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Minnie Mealey

(Address) 523 S Broadway

15 Filed NOV 3 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-31-1925

17 I HEREBY CERTIFY, That I attended deceased from July-x, 1925, to Oct 21, 1925, that I last saw her alive on Oct 30, 1925 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? D Hopkins Hospital

(Signed) Dr Franchini M. D.

Nov. 1925 (Address) 122 N Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W M Zion Cemetery

DATE OF BURIAL: Nov 4, 1925

20 UNDERTAKER: Thos G H Hoyle

ADDRESS: 406 W. Conway St

Spec.—1-12-23—M&T—500 Bks.

E 03372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7 E 03372

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 N. Caroline ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Josephine Reagler

(a) RESIDENCE NO. 1715 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced (or) WIFE of: Late James S. Reagler

6 DATE OF BIRTH (month, day, and year): Dec 17. 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D. C.

PARENTS

10 NAME OF FATHER: Jacob Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mrs Charles Sandborn

(Address): 1715 N. Caroline St.

15 Filed NOV 3 - 1925, 19... ROBERT A. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 26, 1925, to Nov 2, 1925, that I last saw her alive on Nov 1, 1925, and that death occurred, on the date stated above, at 6.16 P. m

The CAUSE OF DEATH* was as follows:

A. Hemaphlegia 4 Septimia 7

Septimia (duration) 2 mos yrs. Hemaphlegia 7 mos ds.

CONTRIBUTORY (Secondary) Septimia 1 day

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. B. Carman, M. D.

11-2, 1925 (Address) 1701 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Nov 4 1925
20 UNDERTAKER: Jos Joerdens & Son	ADDRESS: 217 S. Paca St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03373

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03373

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 567 W. Biddle St., 17-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Harnick

(a) Residence No. 567 W. Biddle St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 30, 1925

7-AGE, ...yrs. .....mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Hall

11-BIRTHPLACE OF FATHER (city or town) Richmond
(State or Country), Va.

12-MAIDEN NAME OF MOTHER, Cora Edna Harnick

13-BIRTHPLACE OF MOTHER (city or town).....
(State or Country), Penna

14- (Informant) Cora Edna Harnick

(Address) 567 W. Biddle St.

15- Filed ..... 1925 ..... 192.....

Robert F. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 2, 1925.

17- I HEREBY CERTIFY, That I attended deceased from Oct 30, 1925 to Nov. 2 1925

that I last saw him alive on Nov. 2 1925

and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Prematurity

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

Nov 2 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, ...19....

20-UNDERTAKER, ADDRESS

Burial Permit [illegible] NOV 3 1925

Spec.—1-10-21—M&T—1500 Blks.

E 03374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

-001

10 E 03374

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. BALTIMORE CITY HOSPITALS ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Taylor

(a) RESIDENCE NO. 318 S. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John Taylor

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Eva Motan

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 3-1925, 19 Robert P. Barrison
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1925, to Oct 30, 1925, that I last saw him alive on Oct. 30, 1925, and that death occurred, on the date stated above, at 3:30P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller. M. D.

10/31. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

NOV 3 - 1925

Spec.—1-10-21—M&T—1500 Bks.

E 03375

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-08 E 03375

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Stanticoke ST. 21-7 WARD)

2-FULL NAME James Thomas Higdon

(a) RESIDENCE NO. 1139 Stanticoke ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Annie L. Higdon

6 DATE OF BIRTH (month, day, and year) April 1 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	57	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Route Buss

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer American Ice Co

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER James Higdon

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Annie R. Carson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Mrs Annie L. Higdon
(Address) 1139 Stanticoke St

15 Filed ..... 19 ..... Registrar

1925 Robert P. Garrison,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1923 to Nov 3 1926.

that I last saw him alive on Nov 3 1926.

and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Rufus A. Dunn, M. D.

19 (Address) 717 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Nov 5 1925

20 UNDERTAKER Geo W Little

ADDRESS 2700 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

E 03376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117 E 03376

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Fredk Ave ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Francis X Ritter

(a) RESIDENCE No. 1817 Fredk Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 20 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Elmer Vozelle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Lillian M. Ritter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Lillian M. Ritter R17 Fredk Ave

15 Filed 1925, 19 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1925, to Nov 1, 1925, that I last saw h alive on Nov 1, 1925, and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Hyperchlorhydria

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James H. Taylor M. D.

Nov. 2, 1925 (Address) 1729 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	11/4/25

20 UNDERTAKER: Forge & Staley

ADDRESS: Fulton & Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 03377

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 129 E 03377

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospital ST. WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Scott.

(a) RESIDENCE NO. Laurel Race Track ST. Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 4- 1869.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	56	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Race Track

(c) Name of employer do

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER John Scott -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Spalding L. Jenkins

(Address) Laurel Md

15 Filed ..., 19 ... Registrar

1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1925.

17

I HEREBY CERTIFY, That I attended deceased from Oct 31, 1925, to Nov 2, 1925, that I last saw h. alive on Nov 2, 1925. and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.
Chronic Myocarditis.

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Cardia. (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —.

Was there an autopsy? No

What test confirmed diagnosis? Laboratory.

(Signed) James L. Wilson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Vincents Cemet	Nov 4 1925
20 UNDERTAKER	ADDRESS
Cumberland	526 Park

Spec.—1-10-21—M&T—1500 Bks.

E 03378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03378

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE, No. Evesham Ave ST., East of York Rd 429 WARD

2-FULL NAME Louisa A Cyphert

(a) RESIDENCE NO. Evesham Ave ST., East of York Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of or WIFE of late Frank G. Cyphert

6 DATE OF BIRTH (month, day, and year) April 3-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ? Frey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Gutkoosin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret L. Cyphert

(Address) Evesham Ave

15 Filed 1925, 19 Robert P. Lattimer, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1923 to March 1 1925, that I last saw her alive on Mar 1 1925, and that death occurred, on the date stated above, at 11:15 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chr Ent Nephritis

Chr Myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. K. Bishop, M. D.

Mar 2, 1925 (Address) 501 Stricker Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Presbyterian Ground — DATE OF BURIAL 11/4 1925

20 UNDERTAKER William Cook — ADDRESS 502 E Ward

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03379

CERTIFICATE OF DEATH.

X 1001 E 03379

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1214 Johns ST., 11-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamilla A. Brady

(a) RESIDENCE NO. 1214 Johns ST., WARD Govanstown, Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carl J. Brady

6 DATE OF BIRTH (month, day, and year) Mar 17 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Scally

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Ann Brady (Address) Govanstown Md

15 Filed NOV 4 - 1925, 19 ROBERT R. KRAUTER, Registrar

BURIAL PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11, 3, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1925, to Nov 3, 1925, that I last saw h[illegible] alive on Nov 3, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1214 Johns St

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) L. D. Deblois M. D.

11-3, 1925 (Address) 211 N. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland Md. DATE OF BURIAL 10/41 1925

20 UNDERTAKER J. G. Moran ADDRESS 300 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

1858

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03380

CERTIFICATE OF DEATH.

E 03380

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Tribble

(a) RESIDENCE NO. 1022 Jenkins Alley WARD

(Usual place of abode) Jenkins

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1, 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Louis B. Tribble

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Lucy Garrison

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 4 - 1925, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1st 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 26, 1925, to Nov 1st, 1925,

that I last saw her alive on Nov 1st, 1925

and that death occurred, on the date stated above, at 10 40 P. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Alice Jacobson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery Arnold Station Md

DATE OF BURIAL Oct 4 1925

20 UNDERTAKER Wm Geo H Kopp

ADDRESS 406 W. Lanvale St

Cor.—1-12-23—M&T—100 Blks.

E 03381

HEALTH DEPARTMENT—CITY OF BALTIMORE

1880 003 E 03381

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mt Gen'l Hospital

CITY OF BALTIMORE (No. 21-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roy Lee Mitchell

(a) RESIDENCE No. 1002 N Cross. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	colute	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth L King Mitchell

6 DATE OF BIRTH (month, day, and year) March 11 1897

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	7	20 2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Policeman
(b) General nature of indnstry, business, or establishment in which employed (or employer) 861
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Norman L Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eva Commeney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. Elizabeth L Mitchell
(Address) 1002 N Cross St

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Auto Accident Multiple Fracture of Skull

(Duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Shock (Duration) yrs. mos. 1 ds.

(Signed) G C Stides, M. D.
(Coroner)

Nov 1 192 (Address) 1436 Berry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Nov 4th 1925
20 UNDERTAKER John F Cowan & Son	ADDRESS 921 Hollins St
per Basil F Cowan	

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03382

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03382

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1437 Homestead ST.; 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emilie Burger-

(a) RESIDENCE. No. 1437 Homestead ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow-

5a If married, widowed, or divorced (or) WIFE of Late Adam Burger-

6 DATE OF BIRTH (month, day, and year) Oct 14-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68-		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reading, Pa.

PARENTS

10 NAME OF FATHER Wm Metzger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Bolster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Pinder, daughter.
(Address) Hamilton, Md.

15 Filed NOV 4 - 1925 ROBERT R. KRAUSER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1925 to Nov 2, 1925 that I last saw her alive on Oct 31- 1925 and that death occurred, on the date stated above, at 4 45 P. M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis - Hypertension - Arterio sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No-

What test confirmed diagnosis? None-

11/3, 1925 (Signed) H. A. Landen, M. D.
(Address) 1512 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemtery.	Nov-5. 1925

20 UNDERTAKER ADDRESS

George - J. Ruth 735 Hanford ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03383

CERTIFICATE OF DEATH.

74-001 E 03383

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 W. Franklin ST., 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin Ellsworth Bankerd

(a) RESIDENCE NO. 711 W. Franklin ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carolyn R. Bankerd

6 DATE OF BIRTH (month, day, and year) April 27, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Statistician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

869

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Dennis Bankerd

11 BIRTHPLACE OF FATHER (city or town) Carroll Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret J. Waltz

13 BIRTHPLACE OF MOTHER (city or town) Frederick Co.
(State or country) Maryland

14 Informant Mrs. Carolyn R. Bankerd
(Address) 711 W. Franklin St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct. 18. 1925, to Nov. 2nd 1925, that I last saw him alive on Nov. 1st 1925 and that death occurred, on the date stated above, at 6.45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) — yrs. — mos 14 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Geo W Hemmeter, M. D.

11-5 25, 19 (Address) 3002 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union Bridge Md

DATE OF BURIAL Nov 5 19 25

20 UNDERTAKER Jos B Cook

ADDRESS 1008 W Baltimore

Spec—12-23-21—E.B.R.S.—400 Eks.

E 03384 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03384

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1353 Woodyear St., 15-13-129 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel N. Johnson

(a) Residence No. 1353 Woodyear St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) M

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Eliza Johnson

6-DATE OF BIRTH (month, day and year) March 1850

7-AGE. 75 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Odd

(b) General nature of industry, business, or establishment in which employed (or employer). Laborer

(c) Name of employer. Day work - Whole Year

9-BIRTHPLACE (city or town) (State or Country), Rhoades Town Md.

PARENTS.

10-NAME OF FATHER, Perry Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Ella Oglebery

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Eliza Johnson

(Address) 1353 Woodyear

15- Filed Nov 4 - 1925, 192. ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). November 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 29, 1925 to Nov. 3, 1925.

that I last saw him alive on November 2 1925

and that death occurred, on the date stated above, at 12.20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis,

(Duration) yrs. 8 mos. ? ds.

CONTRIBUTORY (Secondary) Age, Arterio Sclerosis,

(Duration) yrs. 8 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Immaterial

What test confirmed diagnosis? Physical

(Signed) Wm H Wright M. D.

(Address) 1306 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
National Cemetery Md	Nov 6 — 1925
20-UNDERTAKER.	ADDRESS
Mrs Sas. N. Dennis per T. E. Nelson	1303 Presstman St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03385 E 03385

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

City of BALTIMORE: (No. 1017 Madison Ave St., 11-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Baby Boy Gross

(a) Residence No. 1017 Madison ave St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 24, 1925

7-AGE, ... yrs. ... mos. 10 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Gross

11-BIRTHPLACE OF FATHER (city or town)..... Baltimore
(State or Country), md.

12-MAIDEN NAME OF MOTHER, Pauline Garrett

13-BIRTHPLACE OF MOTHER (city or town)..... Elkert Co
(State or Country), md

14- (Informant)..... Pauline Gross

(Address)..... 1017 madison ave

15- Filed ..... 192... ROBERT N. KRAUSER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1925 to Nov 3 1925

that I last saw h.e. alive on Nov. 3 1925

and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows:

acute gastro-enteritis

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Congenital syphilis

(Duration) ... yrs. ... mos. 10 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick C. Sunder, M. D.

Nov 13 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Zion Century	Nov. 4, 1925
20-UNDERTAKER, Mrs Sad. H. Dennis & Wm. T. & Reisen	ADDRESS 1803 Presstman St

E 03386

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03386

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 9 W. 25th Street St. 12-3 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Miller

(Residence in Baltimore: No. 9 W. 25th Street St.; yrs. 45 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	Widow

6-DATE OF BIRTH. October 1837
(Month) (Day) (Year)

7-AGE. 88 yrs. — mos. — dls. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Lazar Hyman

11-BIRTHPLACE OF FATHER, (State or Country) Russia

12-MAIDEN NAME OF MOTHER. Antonia

13-BIRTHPLACE OF MOTHER, (State or Country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. S. Miller

(Address) 9 W. 25th St

15- DEC 4 - 1925 Filed..... 192.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 3 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest find that said deceased came to her death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Duration: yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

Duration: yrs. mos. 1 dls.

(Signed) G E Hoddy M. D.

Nov 3 1925 (Coroner) (Address) 1436 Berry

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....dls. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Hebrew Rest DATE OF BURIAL, 11-4 1925

20-UNDERTAKER, Jos. Levin ADDRESS 422 E. Baltimore St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03387

CERTIFICATE OF DEATH.

1925 E 03387

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital, ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Roberts.(C)

(a) RESIDENCE No. 758 George St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ——— mo. ——— ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored.	Married.

6 If married, ~~Married, or Divorced~~ HUSBAND of (~~XXXXXXXXXXXXXX~~) Clairmont Roberts.(wife)

7 DATE OF BIRTH (month, day, and year) Do not know.

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	———		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Clairmont Roberts.(wife)

(Address) 758 George St.

Filed ....., 192 ..... Registrar

NOV 4 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 2nd. 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage of the brain, fracture of the skull. Struck by fist and knocked down striking head on pavement. (self defense) (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt (Coroner.), M. D.

Nov. 4, 1925 192 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? Centre St. nr. Park Ave. Nov. 1, 1925.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	11/5/1925
20 UNDERTAKER Dame Easter	ADDRESS 916 Pa Ave

Spec.—1-10-21—M&T—1500 Rks.

E 03388

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03388

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Parrish ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Osaiah Meredith

(a) RESIDENCE NO. 1119 Parrish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fanny Meredith

6 DATE OF BIRTH (month, day, and year): ? 1870

7 AGE — Years: 55 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Woman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Robert Meredith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Anna Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Fanny Meredith

(Address): 1119 Parrish St

15 Filed NOV 4 - 1925, 19 ROBERT A. KRAUTZ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/2/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/21/ 1925 to 11/2/ 1925.

that I last saw him alive on 10/31/ 1925,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. M. Hundley M. D.

11/4 1925 (Address) 917 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 11/6/1925

20 UNDERTAKER: David Taylor

ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

E 03389 HEALTH DEPARTMENT—CITY OF BALTIMORE 16502 E 03389

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 W. Lanvale ST., 16-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome Griffin

(a) RESIDENCE NO. 1620 W. Lanvale ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 11 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) md

PARENTS

10 NAME OF FATHER Leonard Griffin

11 BIRTHPLACE OF FATHER (city or town) Abbeville (State or country) So Carolina

12 MAIDEN NAME OF MOTHER Sarah Winters

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) md

14 Informant Mother.
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 — 2 — 1925

17 I HEREBY CERTIFY, That I attended deceased from 10—31—, 1925, to 10—31, 1925, that I last saw him alive on 10—31, 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Dysentary

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) General debility due to Abdominal hernia

(duration) 4 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Frank R Saunders, M. D.

, 19 (Address) 1123 N. Calhoun St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. W. Auburn Sons

DATE OF BURIAL 11/5/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pearl

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03390

101-001

E 03390

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Pappleton ST., 18-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Wren Smith

(a) RESIDENCE NO. 213 N Pappleton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fem	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus Smith

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) — 021

(c) Name of employer Hutton Tappahannock Va

PARENTS

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Bromley Young

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) ... Va (State or country)

14 Informant Annie Wren (Address) 714 Saratoga

15 Filed ..... 19 ..... Registrar

NOV 4 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1925, to Nov 2, 1925, that I last saw h[illegible] alive on Nov 1, 1925, and that death occurred, on the date stated above, at 10. a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs 5 mos ... ds.

CONTRIBUTORY (Secondary) Coma

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Fohlmann, M. D.

, 19 (Address) 1616 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	11/6/1925
20 UNDERTAKER	ADDRESS 916
Daniel Easton	N Gay

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03391

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03391

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 N. North Ave ST.: 15-11 WARD) 21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sotris Sounaris

(a) RESIDENCE. No. 2038 N. North Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? 12 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 20th 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	12	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Nicholas Sounaris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Lillie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Mr Nicholas Sounaris
(Address) 2038 N North Ave

15 Filed NOV 4 - 1925 ROBERT R. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 27th, 1925, to Nov. 3rd, 1925, that I last saw him alive on Nov. 2nd (10 P.M.), 1925, and that death occurred, on the date stated above, at 3:20 A. M.

The CAUSE OF DEATH* was as follows:

Erysipelas, phlegmonous.

(duration) x yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary) Periurenditis

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? At home?

Did an operation precede death? Yes Date of Oct. 31/25

Was there an autopsy? No.

What test confirmed diagnosis? Nothing special.

(Signed) O. H. Hoffman, M. D.

11/3-, 1925 (Address) 3400 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Nov 5th 1925
20 UNDERTAKER	ADDRESS
Peter Nicolaus	2060 Eastern Ave

Spec.—1-10-21 M&T 1500 Bks.

E 03392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03392

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Greenmount ST., 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte M. Collins

(a) RESIDENCE NO. 3009 Greenmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James G. Collins

6 DATE OF BIRTH (month, day, and year) June 16-1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	24	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) House Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, md

PARENTS

10 NAME OF FATHER W^m T. Biddison Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md.

12 MAIDEN NAME OF MOTHER Lottie Weisenburg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, md

14 Informant J. G. Collins

(Address) 3009 Greenmount St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1925 to Nov 1, 1925.

that I last saw her alive on Nov 1, 1925.

and that death occurred, on the date stated above, at 9.15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam.

(Signed) John A. Thalard M. D.

11/3/1925 (Address) 1219 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	11/4/1925
20 UNDERTAKER	ADDRESS
E. J. Fanning & Son - 1586.	Lafayette Ave

Spec.—1-10-21—M&T—1500 Blks.

E 03393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 001

E 03393

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2088 S. Maderia ST., 1-1 WARD)

2-FULL NAME John H. Prasch.

(a) RESIDENCE NO. 208 S. Maderia ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Prasch.

6 DATE OF BIRTH (month, day, and year) April 10th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver for J.

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Dealer.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jacob. Prasch.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Caroline Prasch (Address) 208 S. Maderia St

15 Filed ....., 19 ..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/3/, 19 25, to 11/2, 19 25.

that I last saw h[illegible] alive on 11/2, 19 25

and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms & Signs

(Signed) Bernard O'Connor, M. D.

, 19 25 (Address) 8345 Pulaski

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Nov 5th 1925

20 UNDERTAKER Lilly + Zeller ADDRESS 4008 Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

E 03394 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03394

CERTIFICATE OF DEATH. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 6-3 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Martin

(a) RESIDENCE No. 438 N. Linwood a ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Mr. Robert Martin

6 DATE OF BIRTH (month, day, and year) Jan 22 72

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
	53	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Solomons, Md.
(State or country)

PARENTS

10 NAME OF FATHER Chas. Daugherty

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Robt. E. Martin
(Address) 438 N. Linwood a

15 Filed ....., 19 ..... Registrar

NOV 4 1925 ROBERT P. KRAUTH
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2, 1925

17

I HEREBY CERTIFY, That I attended deceased from 10/22, ..., 19 25, to Nov. 2, 1925,
that I last saw h[illegible] alive on Nov 2, 1925,
and that death occurred, on the date stated above, at 2 a. m.
The CAUSE OF DEATH* was as follows:

(a) Myocardial failure

.....
.....
.....
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (b) Hypertension & generalized arterio-sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted Carcinoma of cervix
if not at place of death?.....

Did an operation precede death? Yes Date of 10/21/25

Was there an autopsy? No

What test confirmed diagnosis? pathological section

(Signed) Samuel A Siegel M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cem.	11/5 1925
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Aisquith

Spec—12-23-21—E.B.R.S.—400 Pks.

E 03395

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03395

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 112 E. Clement St., 24-1 Ward) Registered No. 90

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

2-FULL NAME John. T. Hirsch

(a) Residence No. 112 E. Clement St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Fanni Hirsch

6-DATE OF BIRTH (month, day and year) 1-21-1846

7-AGE	If LESS than 1 day,
79 yrs. 9 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Kurr Hagerty

(c) Name of employer

9-BIRTHPLACE (city or town) Balto
(State or Country) Md.

PARENTS.

10-NAME OF FATHER, Jacob Hirsch

11-BIRTHPLACE OF FATHER (city or town) Balto
(State or Country), Md.

12-MAIDEN NAME OF MOTHER, Sarah High

13-BIRTHPLACE OF MOTHER (city or town) Balto
(State or Country), Md.

14-

(Informant) Mrs. Chas. Mills

(Address) 112 E. Clement

15-

Filed NOV 4 - 1925 Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11.3.25

17- I HEREBY CERTIFY, That I attended deceased from Dec. 2 1925 to 11.3 1925

that I last saw him alive on 11.3 1925

and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Valv. Heart Dis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. J. Darlington M. D.

11.3. 1925 (Address) 102 E. York Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Baltimore Cem.	11/5 1925

20-UNDERTAKER S. Frew Mc. Cully ADDRESS 130 E. Fort

Spec.—1-10-21—M&T—1500 Blks.

E 03396

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03396

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 McCulloh ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzy Black

(a) RESIDENCE NO. 1526 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Hugh Black

6 DATE OF BIRTH (month, day, and year) April 21st 1861

7 AGE 64 Years 7 Months Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Car.

PARENTS

10 NAME OF FATHER Wink Wall

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Car

12 MAIDEN NAME OF MOTHER Harriett Wall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Car

14 Informant (Address) Carrie P. Martin 1525 McCulloh.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1925, to Nov. 1, 1925, that I last saw her alive on ~~Oct.~~ Nov 1, 1925, and that death occurred, on the date stated above, at 1:45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? nerve reflexes and pupil reaction.

(Signed) J. W. Gaines M. D.

. 19 (Address) 1613 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Madison North Carolina — DATE OF BURIAL: 11-4 1925

20 UNDERTAKER: George T. A. Gibson — ADDRESS: 1735 Penna Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03397

CERTIFICATE OF DEATH.

1441 5 E 03397

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2011 Druid Hill Av St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Boone

(a) Residence No. 2011 Druid Hill Av St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col.

5-Single, Married, Widowed, or Divorced, (Write the word) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Boone

6-DATE OF BIRTH (month, day and year) Jan 3-1872

7-AGE. 53 yrs. 9 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Gower James

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Sarah Spriddle

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md

14- (Informant) Sadie Brown

(Address) 2011 Druid Hill Ave

15- Filed ..... 192.....

NOV 4 - 1925 ROBERT R. KRAMER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 2/25

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1925 to Nov 2 1925

that I last saw h[illegible] alive on Nov 2 1925

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma - peritoneal

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S M Card M. D.

11/3, 1925 (Address) 2005 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn

DATE OF BURIAL. 11/5/25 19....

20-UNDERTAKER. Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill

U.S.A. DEATH

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03398

CERTIFICATE OF DEATH.

1/29

03398

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N. Mount ST. 16-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia E. Stanley

(a) RESIDENCE. No. 708 N. Mount ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. One mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Joseph E. Stanley

6 DATE OF BIRTH (month, day, and year) Sept 16 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	One	16. 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Zachariah Barnett

11 BIRTHPLACE OF FATHER (city or town) Cambridge
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Hester A. Lee.

13 BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or country) Maryland.

14 Informant Joseph E. Stanley
(Address) 708 N. Mount St

15 Filed NOV 4 - 1925, 19.... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to Nov 3rd, 1925, that I last saw h.. alive on November 2nd 1925, and that death occurred, on the date stated above, at 7.20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings and Urinalysis

(Signed) Bunnell Longo, M. D.

, 19 (Address) 2937 N Calvert St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Nov 6 1925
20 UNDERTAKER	ADDRESS
Theodore L. White	1136 Park Ave

Spec.—1-10-21—M&T—1500 Bks.

Trower.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03399

03399

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Madison Ave ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Trower

(a) RESIDENCE No. 1826 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Trower

6 DATE OF BIRTH (month, day, and year): Oct 1876

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
49	10	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Benj Magder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: George Trower

(Address): 1826 Madison Ave

15 Filed NOV 4 1925, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-1-25 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Nov 1st, 1925,

that I last saw h[illegible] alive on Nov 1st, 1925,

and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach (Carcinoma)

Was treating 2 years 3 months

personal observation

*(duration) yrs., mos 20 ds.

CONTRIBUTORY (Secondary) Hemorrhage Fatal

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) 607 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: Nov 4 1925

20 UNDERTAKER: Samuel H Kemsley

ADDRESS 578 N Eddle

Spec.—1-10-21—M&T—1500 Bks.

E 03400 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03400

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 56 Rencher Ave St., 27-12 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Becker

(a) RESIDENCE NO. 56 Rencher St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9ij yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Matilda Becker.

6 DATE OF BIRTH (month, day, and year) Sept 12. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber.

(b) General nature of industry, business, or establishment in which employed (or employer) Retired. 104

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John Becker

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs. Julie Muehlhause
(Address) 56 Rencher Ave

15 Filed ....., 19.... ROBERT B. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1975

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 19 75, to Nov. 3, 19 75, that I last saw him alive on Nov. 2, 19 75, and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Decompensation

(duration) 1 yrs. — mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? none

(Signed) Thos. A. Stevens, M. D.

11/3, 19 75 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Interment Lorraine Cemetery	Nov 6 1975
20 UNDERTAKER Louis Heeman	ADDRESS 32 Broad

ec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03401

CERTIFICATE OF DEATH.

44 E 03401

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1821 Linden Ave St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Albert J. Dugan

(a) Residence No. 1821 Linden Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary E. Dugan.

6-DATE OF BIRTH (month, day and year) July 4. 1854

7-AGE. 71 yrs. 3 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer). Retired 066

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Kent Co. Md.

PARENTS.

10-NAME OF FATHER. William C. Dugan

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Chester Town Md.

12-MAIDEN NAME OF MOTHER. Annie M. Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Chester Town Md.

14- (Informant) Mary E. Dugan (Address) 1821 Linden Ave

15- Filed NOV 4 - 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 2/25

17- I HEREBY CERTIFY, That I attended deceased from Oct 26, 1925 to Nov 2, 1925 that I last saw h.. alive on Nov 2, 1925 and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no. clinical course & symptoms

What test confirmed diagnosis? mass in Stomach Blood exam Urinalysis

(Signed) J. A. Zierler M.D.

Nov 3, 1925 (Address) 1102 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cem. DATE OF BURIAL. Nov. 5, 1925

20-UNDERTAKER. Mrs. John W. Penfold & Son ADDRESS 801 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

E 03402 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03402

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Sq. Hospital REGISTERED NO. 90

CITY OF BALTIMORE: (No. 8-2 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Isabella Stewart (Isabella L. Stewart)

(a) RESIDENCE NO. 2304 E. Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter N. Stewart

6 DATE OF BIRTH (month, day, and year): Oct 4. 1846

7 AGE: Years 79 Months 0 Days 30 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Duties

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto-Md

PARENTS

10 NAME OF FATHER: Henry Lombard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Joseph L. Stewart (Address) 1815 Beaumont Ave

15 Filed , 19 Registrar Lovans.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 3 19 25

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 19 24, to Nov 3, 19 25, that I last saw h alive on Nov 3, 19 25, and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. 11 mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount DATE OF BURIAL: Nov 5 19 25

20 UNDERTAKER: Mr & Mrs. John W. Tenfelde Son ADDRESS 805 W. Fayette

Spec.—1-10-21—M&T—3500 Blks.

E 03403

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03403

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Valdeis St. ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie L.Redmond

(a) RESIDENCE NO. 1024 Valdeis St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E.Redmond

6 DATE OF BIRTH (month, day, and year) July 15 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John W.Nabor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant John E.Redmond (Address) 1024 Valdeis St.

15 Filed NOV 4 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 31 1925, 19 , to Nov.3 1925 19 ,

that I last saw her alive on Nov.1 1925, 19 ,

and that death occurred, on the date stated above, at 12.05 A m.

The CAUSE OF DEATH* was as follows:

Acute General Paresis and Arterio-Sclerosis.

(duration) Indefinate. yrs. mos. ds.

CONTRIBUTORY (Secondary) Glomerulo-Nepthritis

(duration) One yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? 712 W.West St.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles L. Clark, M. D.

Nov.4 1925 (Address) 3214 Piedmont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL Nov 5 1925

20 UNDERTAKER Jos Joerdens & Son

ADDRESS 2078 B—

Spec.—1-10-21—M&T—1500 Blks.

E 03404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03404

CERTIFICATE OF DEATH.

111-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 N. Calvert ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Lang Jr

(a) RESIDENCE NO. 2224 N. Calvert ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND) of ~~(or) WIFE of~~ Rosa Ida Lang

6 DATE OF BIRTH (month, day, and year) Dec 6, 860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	10	27 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 030

(b) General nature of industry, business, or establishment in which employed (or employer) Mechanical Engineer

(c) Name of employer Western Md Dairy

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Frederick Lang

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Smigle

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Geo. J. Lang (Son
(Address) 2224 Calvert St

15 Filed ....., 19 .....
Registrar

4 - 1925

[illegible] Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 29, 1925, to Nov 2, 1925, that I last saw him alive on Nov 2, 1925, and that death occurred, on the date stated above, at 8 P.M. m.

The CAUSE OF DEATH* was as follows:

Acute general peritonitis
(Perhaps due to perforating duodenal ulcer).

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes, partial

What test confirmed diagnosis? Autopsy

(Signed) Wm J Watson, M. D.

Nov 2, 1925 (Address) 2128 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Nov 5 1925

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

03405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161 E 03405

REGISTERED NO.

1-PLACE OF DEATH Franklin Sq Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 17-2 ST., WARD)

2-FULL NAME Baby Boy Fall (father Charles Edward)

(a) RESIDENCE NO. 2203 Oak St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 hrs How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 3 1925

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
		8 hrs	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Charles R Fall

11 BIRTHPLACE OF FATHER (city or town) Ind
(State or country)

12 MAIDEN NAME OF MOTHER Lillian Grimley

13 BIRTHPLACE OF MOTHER (city or town) Ind
(State or country)

14 Informant Charles R Fall
(Address) 2203 Oak St

15 Filed ..., 19 ... Registrar

Robert F. Leitch,
Chief Clerk

1-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 3, 1925, to Nov 3, 1925.

that I last saw h, alive on Nov 3, 1925

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Coma)

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Coma

(Signed) Louis Cullnepert, M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem

DATE OF BURIAL Nov 4 1925

20 UNDERTAKER John F Denny

ADDRESS 715 Light St

Spec. 1-10-21 M&T 1500 Blks.

E 03406

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 03406

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Brookwood Road ST. 28-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christiana Becker

(a) RESIDENCE NO. 606 Brookwood Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Louis Becker

6 DATE OF BIRTH (month, day, and year) Jan 20th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	73	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Jacob Rasch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christiana Schmitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Flora B Suter (Address) 606 Brookwood Rd.

15 Filed NOV 1925, 19 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4- 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 31- 1925 to Nov-4- 1925, that I last saw h[illegible] alive on Nov. 3 1925, and that death occurred, on the date stated above, at 4.16 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 4 (?) ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wesley Cole M. D.

11/4 1925 (Address) 2207 Harrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov 6th 1925
20 UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument 20

Spec.—1-10-21—M&T—1500 Bks.

E 03407

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03407

CERTIFICATE OF DEATH.

161

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 11-2 WARD)

2-FULL NAME Ruby Caldwell

(a) RESIDENCE NO. 918 Bolton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 25 1920

7 AGE — Years — Months — Days — If LESS than 1 day, 3 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Md.

PARENTS

10 NAME OF FATHER James A. Caldwell

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md.

12 MAIDEN NAME OF MOTHER Mirada Carter

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Va.

14 Informant W. E. Sisson
(Address) Johns Hopkins Hospital.

15 Filed NOV 4 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25 19 20

17 I HEREBY CERTIFY, That I attended deceased from 10-25, 19 25, to 10-25, 19 25

that I last saw h[illegible] alive on 10-25, 19 25

and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) W. E. Sisson, M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL — DATE OF BURIAL: NOV 4 - 1925

20 UNDERTAKER: Commissioner Health. — ADDRESS .....

Per Wm. E. WOODALL

Spec.—1-10-21—M&T—1500 Blks.

E 03408 (80 9/3) HEALTH DEPARTMENT—CITY OF BALTIMORE E 03408

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rider Ford

(a) RESIDENCE NO. Colored Children Aid Society, WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. Gen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 16 1925

7 AGE — Years: — Months: 1 Days: 14 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant

(Address) Johns Hopkins Hosp

15 Filed ...., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1925, to Oct 30, 1925, that I last saw him alive on Oct 30, 1925 and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Indigestion, acute gastro intestinal

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Alexander J Stapper, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health.

ADDRESS

NOV 1 1925

Robert F. Bartlett, Registrar

Dep. Com. R. W. [illegible]

HOW TO FILL OUT CERTIFICATE. Very important. See instructions on back.

Spec.—1-10-21—M&T—1500 Blks.

E 03409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 03409

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital.

CITY OF BALTIMORE: (No. 13-5 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George B. Thornton

(a) RESIDENCE No. 2209 Lynnbrook Ave ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Thornton

6 DATE OF BIRTH (month, day, and year) Dec 29, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edward Thornton

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Minnie Thornton

(Address) 2209 Lynnbrook Ave

15 Filed 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-26- 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-26- , 1925, to 11-2- , 1925, that I last saw him alive on 11-2- , 1925, and that death occurred, on the date stated above, at 9:50 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver & primary -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) W F Bongard, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	Nov 6 1925

20 UNDERTAKER W M Cook

ADDRESS 502 E North Ave

Spec. 1-10-21 M&T 1500 Bks.

E 03410

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03410

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Edmondson Ave ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Walter.

(a) RESIDENCE No. 1604 Edmondson Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine L. Walter.

6 DATE OF BIRTH (month, day, and year) Apr 18, 1855.

7 AGE. Years	Months	Days	If LESS than 1 day, hrs or min.
70	6.	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Tobacco Co

(c) Name of employer F. O. Brecht Co

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER John Walter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Katherine L Walter

(Address) 1604 Edmondson Ave

15 Filed 7-1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1925.

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1925, to Nov. 4, 1925.

that I last saw him alive on Nov 3, 1925.

and that death occurred, on the date stated above, at 1245 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo E. Shannon, M. D.

, 19 (Address) 700 W. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov 7 1925
20 UNDERTAKER	ADDRESS
William Cook	501 E Madison

Spec.—1-10-21—M&T—1500 Bks.

E 03411 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03411

CERTIFICATE OF DEATH. 78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 25th Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Snyder

(a) RESIDENCE NO. Mt Hope Retreat St., 25th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married -

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Snyder

6 DATE OF BIRTH (month, day, and year) Dec 3rd 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Col	69	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farming -

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland (?)

PARENTS

10 NAME OF FATHER Daniel Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Margaret Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md

14 Informant (Address) Records of Mt Hope Retreat Mt Hope Md

15 Filed ... 1925 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4th 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 29 1925 to Nov 4th 1925, that I last saw deceased alive on Nov 3rd 1925, and that death occurred, on the date stated above, at 3 A.M. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

abt (duration) 39 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Epileptic Psychosis - abt (duration) 8 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Gaithersburg Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery M. D.

Nov 4, 1925 (Address) Mt Hope Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	Nov 7 1925

20 UNDERTAKER ADDRESS

" Cook 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

E 03412 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03412

CERTIFICATE OF DEATH. 106-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5300 Tippett Ave ST. 27-2 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Cecelia Hohmann

(a) RESIDENCE NO. 5300 Tippett Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Widow

5a If married, widowed, or divorced) HUSBAND of (or) WIFE of John Hahmann

6 DATE OF BIRTH (month, day, and year) Oct 23, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Chas Wittal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fr[illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant — Minnie Hahmann (Address) 5300 Tippett Ave

15 Filed . 19 Registrar

4-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-29 , 1925 , to 11-2 , 1925.

that I last saw h[illegible] alive on 11-2 , 1925,

and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac arthritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? N Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Geo. C. Schaffer, M. D.

11-3 , 1925 (Address) 3902 Gaelard Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL 6 1925

20 UNDERTAKER Wm Cook ADDRESS 5322 Belair Ave

Spec.—1-10-21—M&T—1500 Bks.

E 03413

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03413

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 E Eager ST. 7-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Souders

(a) RESIDENCE NO. 2101 E Eager ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Souders

6 DATE OF BIRTH (month, day, and year) Aug 15. 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md.

PARENTS

10 NAME OF FATHER Alexander Cullum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Whitman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John Souders

(Address) 2101 E. Eager St

15 Filed ....., 19.....

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1925

17

I HEREBY CERTIFY, That I attended deceased from June 1 1925 to Nov 2 1925

that I last saw h.. alive on Nov 2 1925

and that death occurred, on the date stated above, at 1.10 m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis (Auricular fibrillation) acute Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H-J-T Robert Barnhardt M. D.

19 (Address) 2000 Bank St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL? Parkwood Cem DATE OF BURIAL Nov 5 1925

20 UNDERTAKER W. M. Cook ADDRESS 502 E Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

03414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03414

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 N. Broadway ST.; 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Constance

(Residence in Baltimore: No. 1737 N. Broadway St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) (Day) 1866 (Year)

7-AGE, 59 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Theodore Constance

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Nancy Reely

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Constance

(Address) 1737 N. Broadway

15-

Filed ....., 191.....

Robert P. Harrison, Registrar.

1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 3, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1920, to Nov 3 1925, that I saw h.er alive on Sept 26 1925, and that death occurred, on the date stated above, at 4.45 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(Duration) 5 + yrs. mos. ds.

CONTRIBUTORY (Secondary) Ac. Dilatation of Heart

(Duration) yrs. 1 mos. ds.

(Signed) Herbert C. Knapp M. D.

Nov. 3, 1925 (Address) 1716 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Baltimore Md.

DATE OF BURIAL, Nov. 5, 1925.

20-UNDERTAKER W. M. Cook

ADDRESS 3032 Nat'l Ave

Spec.—1-10-21 M&T 1500 Blks.

(Josephine . Drzymala)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03415

CERTIFICATE OF DEATH.

11-00 E 03415

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospt. ST. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Drzymala

(a) RESIDENCE NO. 28 N Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 10 - 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	10	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Peter Drzymala

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Lucy Dlo.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Mrs Peter Drzymala

(Address) 27 N Curley St

15 Filed ____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 29, 1925, to Nov 4, 1925,

that I last saw her alive on Nov 1, 1925,

and that death occurred, on the date stated above, at 1020 A. m.

The CAUSE OF DEATH* was as follows:

Mitro cardial Insufficiency.

Preceded by Hemorrhagic (Influenza)

(of 12 duration)

(duration) yrs. mos 3 da.

CONTRIBUTORY (Secondary) Influenza infection Age -

(duration) yrs. mos. 10 da.

18 Where was disease contracted if not at place of death? At Residence.

Duration 2 wks.

Did an operation precede death? Date of Nov 1 -

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James H. Nelson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus cem	Nov 7 1925
20 UNDERTAKER	ADDRESS
John H Weber	803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

E 03416

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 86 1001 03416

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Myrtle Ave ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Elizabeth Smith

(a) RESIDENCE NO. 1317 Myrtle Av ST., WARD Wash. D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal.	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Wash. D.C.

PARENTS

10 NAME OF FATHER Thos E Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Baldwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thos E Smith
(Address) 1317 Myrtle ave

15 Filed ....., 19.... Robert F. Garrison, Registrar

1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 4, 1925, to Nov, 1925; that I last saw her alive on Nov 1, 1925, and that death occurred, on the date stated above, at 1230 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Abscess
following Otitis Media

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? "

What test confirmed diagnosis?

(Signed) W. F. Staughes, M. D.

11/4, 1925 (Address) 825 N. Fremont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	11/5/1925
20 UNDERTAKER	ADDRESS
Lemuel Easton	916 Gemma ave

Refer to any important instruction on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Dr Vogel, Monument + Linwood Ave

E 03417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03417

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 208 North Luzerne Ave ST., 6-3 WARD)

REGISTERED NO. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert H. Applegrath

(a) RESIDENCE NO. 208 N. Luzerne Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Applegrath

6 DATE OF BIRTH (month, day, and year) June 9 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .. min.
	69	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Philips Bros

9 BIRTHPLACE (City or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Lauren Applegrath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maryann Miskimen

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant Mamie Applegrath (Address) 208 N Luzerne Ave.

15 Filed ..... 19 ..... Robert C. Harrison, Registrar

16 Burial Permit Clerk

1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to Nov 4, 1925, that I last saw him alive on Nov 3, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. m. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Louis Tofel, M. D.

11/4 1925 (Address) 1001 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Nov 6 1925

20 UNDERTAKER	ADDRESS
Wm Cook	502 E Northern

Cor.—1-12-23—M&T—100 Bks.

E 03418

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03418

CERTIFICATE OF DEATH.

167-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 N. Lexington ST., 4-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mellaine Wilson

(a) RESIDENCE No. 522 N. Bals ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Wilson

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1894

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	1	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lunch room
(b) General nature of industry, business, or establishment in which employed (or employer) Self.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10 NAME OF FATHER William B. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER Annie O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant Harry Wilson (Address) 522 N. Bals

15 Filed Nov 5 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide

Ill. Gas Poisoning—

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) As Physician

(duration) ... yrs. ... mos. ... ds.

(Signed) G. C. Gladden, M. D.

Nov 5 1925 (Address) 1436 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Nov. 7 1925

20 UNDERTAKER Charles City Mort. ADDRESS Hanover Md

Spec.—1-10-21—M&T—1500 Bks.

E 03419

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03419

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S. Chester St. ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hennessy.

(a) RESIDENCE NO. 107 S. Chester St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hennessy.

6 DATE OF BIRTH (month, day, and year) June 21 - 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 886

(b) General nature of Industry, business, or establishment in which employed (or employer) Standard Oil Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Michael Hennessy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary McNamara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Catherine Hennessy Wife (Address) 107 S. Chester St

15 Filed Nov 4 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1924, to Nov. 2, 1925, that I last saw him alive on Oct 31, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of throat

(duration) 1 1/2 yrs. mos ds.

CONTRIBUTORY (Secondary) " " "

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Findings

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Nov. 5th 1925

20 UNDERTAKER Lilly & Zirkin ADDRESS 403 S. Wolfe St.

FOR IS very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 03420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03420

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3416 Foster ave ST. 26-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth R Lightner

(a) RESIDENCE NO. 3415 Foster ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Williard Lightner

6 DATE OF BIRTH (month, day, and year) 24 July 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) Bald City
(State or country)

PARENTS

10 NAME OF FATHER Geo Pfeifer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Susan Kuhn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Anna Wimbrett
(Address) 3416 Foster ave

15 Filed ..... 192 .....
Robert P. Harrison
Burial Permit Clerk
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Parenchymatous nephritis
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Cardiac insufficiency
(duration) yrs. mos. ds.

(Signed) James M Hinton, M. D.
(Coroner.)
Nov 3, 1925 (Address) 1001 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Holy Redeemer Cem.	Nov. 5 1925
20 UNDERTAKER	ADDRESS
Selby and Zeile	403 S. Wolfe St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03421

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03421

CERTIFICATE OF DEATH.

74-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 32 S Fulton Ave St. 19-1 Ward)

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

2-FULL NAME. William T. Hoye

(a) Residence No. 32 S Fulton Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Barbara A. Hoye

6-DATE OF BIRTH (month, day and year) July 18, 1848

7-AGE. 77 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Paymaster

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER. Thomas Hoye

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Lorraine

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Mrs. Leonard F. Whittle

(Address) 32 S. Fulton Ave

15- Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925 to Nov 2, 1925 that I last saw him alive on Nov 2, 1925 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) James L. Kemp M. D.

11/4, 1925 (Address) 17 W Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov 5, 1925

20-UNDERTAKER, Harry H Metzke — ADDRESS 153 W Lombard St

Burial Permit Issued

Spec—6-9-19—H. P. Co.—1000 Blks.

E 03422

HEALTH DEPARTMENT—CITY OF BALTIMORE

44

E 03422

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (a) NO. 1019 Peach al ST. 23-1 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Mc. Slotten

(a) RESIDENCE. NO. 1019 Peach al ST. 23 WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Mc Slotten

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Private House
(c) Name of employer Forsch

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Frederick Mc Slotten 1019 Peach al

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 / 1 / 25

17 I HEREBY CERTIFY, That I attended deceased from 10/8/25 to 11/1/25, that I last saw her alive on 10/21/25, and that death occurred, on the date stated above, at 12 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach
unknown (duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) unknown (Personal Knowledge)
? (duration) yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? ud

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Jno Bowley, M. D.

11/1, 19 25 (Address) Post Office Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hanover Va.

DATE OF BURIAL: Nov 5 1925

20 UNDERTAKER: R L. Parham

ADDRESS: 906 Leadenhall St

NOV 5 1925 HENRY F. HARRIS Clerk.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03423

CERTIFICATE OF DEATH.

4-001

E 03423

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Rogers Ave. St. Washington WARD) 27-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth Pippen,

(a) RESIDENCE NO. Rogers Ave Mt Wash ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Henry Pippen

6 DATE OF BIRTH (month, day, and year) August 5, 1833

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or min.
92	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Edgecombe Co. No. Car.

PARENTS

10 NAME OF FATHER Timothy R. Cherry

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary George

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Ryland O. Sadler

(Address) 2316 N. Charles St

15 Filed NOV 5 - 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/5/25 19

17

I HEREBY CERTIFY, That I attended deceased from 10/29/25, 19 ..., to 11/5/25, 19 ...,

that I last saw h[illegible] alive on 11/5/25, 19 ...,

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M D Coe, M. D.

Nov 5, 19 25 (Address) Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Enfield, N. C. DATE OF BURIAL Nov 5 1925

20 UNDERTAKER Henry H. Jenkins & Son ADDRESS McCulloh & 33rd Orchard

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03424

CERTIFICATE OF DEATH.

118 E 03424

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital St., 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Sater

(a) RESIDENCE NO 3347 Cedar ave ST., 13 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	73.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER Thomas Sater

11 BIRTHPLACE OF FATHER (city or town) Balto Co
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

PARENTS

14 Informant Paul E Chenoweth
(Address) 3617 Clarkson Ave.

Filed NOV 5 - 1925, 192 ROBERT B. KRAUTER, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or Inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestenal Obstruction

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Monroe, M. D.
(Coroner.)

Nov 3 1925 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Herford Balto Co	Nov 5 1925
20 UNDERTAKER	ADDRESS
Chenoweth & Son	861 Lee

Cor.—1-12-23—M&T—100 Bks.

E 03425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03425

1285

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 27-S WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Samuel W. Frock.

(a) RESIDENCE NO 206 Oakley Ave. Pimlico ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 10 mos. 11 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced, HUSBAND of Josephine Frock.

6 DATE OF BIRTH (month, day, and year) December 23, 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER George Frock.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sophia C. Wenzell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant John S. Frock. (brother)
(Address) 206 Oakley Ave. Pimlico.

15 Filed NOV 5 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 3, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Parotiditis.
(operation)
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Uraemia.
(duration) ... yrs. 1 mos. ... ds.

(Signature) Otto M. Leinhardt. (Coroner.) M. D.

Nov. 5, 1925. (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?
206 Oakley Ave. Pimlico.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Park Cemetery	Nov 6 1925
20 UNDERTAKER	ADDRESS
Ehrenfeldt & Son.	3415 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 03426

CERTIFICATE OF DEATH.

E 03426

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1810 Light St. 23 ward) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Tepper

(a) RESIDENCE NO. 1810 Light St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Tepper

6 DATE OF BIRTH (month, day, and year) Aug 20 1853

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Augusta C Tepper 1810 Light st.

15 Filed ..... 19 ..... Registrar

ROBERT R. ARMSTEAD, Burial Permit Clerk

NOV 5 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 30th, 1925, to Nov 3rd, 1925, that I last saw h= alive on Nov 3 - 1925, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dropsy

(duration) 5 yrs. 2 mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Brights

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Hollyday Lee, M. D.

, 19 (Address) 1340 S Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Nov 6 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 03427

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 44

E 03427

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Union Memorial Hospital 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Edward Taylor

(a) Residence No. Frostburg Md St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 8 1875

7-AGE. 50 9 26
.....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Transportation Supt.

(b) General nature of industry, business, or establishment in which employed (or employer). C & O

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS:

10-NAME OF FATHER, James Taylor

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER, Mary Jeffries

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

11- (Informant) Union Memorial Hospital

(Address) 33rd & Calvert St.

15- Filed NOV 5 - 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 4 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 26th, 19.25, to Nov 4th, 19.25,

that I last saw h. alive on Nov 4th, 19.25,

and that death occurred, on the date stated above, at 8.35 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach 6 mos.?

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Adynamic ileus

Post Operative General Peritonitis (Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 28th

Was there an autopsy? Yes

What test confirmed diagnosis? Micros Section

(Signed) Charles O'Donovan Jr. M. D

, 19 (Address) UMH

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Frostburg Md	Nov 5, 1925

20-UNDERTAKER.	ADDRESS
Joseiah Lepper & Son	Frostburg Md

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03428

CERTIFICATE OF DEATH.

31 ✓ E 03428

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Dunalwood ST. 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E Dillman

(a) RESIDENCE. No. 2103 N. Dunalwood St WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 28 1893.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	5 6	5 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Milk Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Dillman

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER J. Johnson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Sweeden

14 Informant John Eugene Dillman
(Address) 2103 Dunalwood St

15 Filed ..., 19 ... Registrar

NOV 5 - 1925 ROBERT R. KRAUTER Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1925, to Nov 3, 1925, that I last saw him alive on Nov 3, 1925, and that death occurred, on the date stated above, at 2-45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E Jules Wheeler, M. D.

Nov 5, 1925 (Address) 2429 N Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	Nov 6 1925

20 UNDERTAKER Joseph Syfer

ADDRESS 1607 W Baltimore

Spec.—1-10-21—M&T 1500 Bks.

E 03429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162

E 03429

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST., 6-2 WARD)

2-FULL NAME Baby Boy Kadis

(a) RESIDENCE No. 2010 E. Baltimore ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Nov 4, 1925

7 AGE: Years — Months — Days — If LESS than 1 day, 6 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Kadis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mina Hurwitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Kadis
(Address) 2010 E. Balto.

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1925, to Nov. 4, 1925, that I last saw h(er) alive on Nov. 4, 1925, and that death occurred, on the date stated above, at 5:15 P.m.

The CAUSE OF DEATH* was as follows:

Congenital
Atelectasis

.....(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clin.

(Signed) Samuel X. Fuegel, M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Woodmen Circle, Mt. Carmel — 11-5-1925

20 UNDERTAKER — ADDRESS

Jos Lewis, 1899 E. Balto

Cor.—1-12-23—M&T—100 Bks.

E 03430

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 03430

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Oak ST. 12-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hella M. Johnson

(a) RESIDENCE No. 2009 Oak St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	C.	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 15/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9 8	18 12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Stanley Shorter

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Leola Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Leola Johnson
(Address) 2003 Oak St

15 Filed NOV 5 1925 ROBERT R. KRAMER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.)
find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) John Morrison M. D.
(Coroner.)

Oct 4 1925 (Address) 2032 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	11/9/25 192

20 UNDERTAKER Mark G. Elliott ADDRESS 1724 Eutaw Pl

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03431

CERTIFICATE OF DEATH.

129 ✓

E 03431

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1206 Lamers St. (St.) 15-13 (Ward)

2-FULL NAME Annie M. Leighman

(a) RESIDENCE No. 1206 Lamers St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer): 870

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

PARENTS

10 NAME OF FATHER: Jos. Bolden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Fanny Murry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Md.

14 Informant: Mollie Cockrell

(Address) 1206 Lamers St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-1- 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-28- 1925 to 11-1- 1925, that I last saw h- alive on 10-31- 1925, and that death occurred, on the date stated above, at 5.40 p. m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

about

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) George C. Box, M. D.

19 (Address) 1806 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem.	Nov 5 1925
20 UNDERTAKER: Samuel Tinsley	ADDRESS: 1078 Mad

HOW IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 03432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 03432

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 W. Spring ave, ST. Rackburg 774 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Christian Albrecht

(a) RESIDENCE NO. 4 W. Spring ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 11 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Albrecht

6 DATE OF BIRTH (month, day, and year) Nov 26 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer Penna R.R.

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Frederick Albrecht

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Kunigunda Eckard

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Otto Albrecht
(Address) 4 W. Spring ave.

15 Filed ....., 19 ..... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Nov 3, 1925, that I last saw h[illegible] alive on Nov 3, 1925, and that death occurred, on the date stated above, at 3-40 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cholelithiasis

(duration) yrs. 1 mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Oct 5th 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Edw H Bruns, M. D.

Nov 4, 1925 (Address) Oakland Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Matthews Cemetery	Nov 6 1925
20 UNDERTAKER	ADDRESS
Chas. S. Black	742 W. Northern

Spec.—1-10-21—M&T—1500 Blks.

E 03433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03433

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 W. 23 d ST. 12-V WARD)

2-FULL NAME M. Anna Wolf

(a) RESIDENCE NO. 412 W. 23 d ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 9-1850.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	74	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Michael Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Seibert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Kunigunda Wolf

(Address) 245 W. Preston

15 Filed NOV 5 - 1925, 19 ROBERT B. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/3/1925

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1925, to Nov 3, 1925.

that I last saw her alive on Nov 3, 1925.

and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Post Symptoms

(Signed) I F Ruth, M. D.

, 19 (Address). 451 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Nov. 6 1925

20 UNDERTAKER J. C. Windfeld

ADDRESS 914 Gramont Ave

THIS IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03434

CERTIFICATE OF DEATH.

74-001

E 03434

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Greenmount Ave STREET 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bella Bates

(a) RESIDENCE No. 1008 Greenmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John H. Bates

6 DATE OF BIRTH (month, day, and year): Oct 2-1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	56	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Balt

PARENTS

10 NAME OF FATHER: Jos McCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Sophia Gisriel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: John H. Bates

(Address): 1008 E Greenmount Ave

15 Filed ..... 19 ..... Registrar

NOV 5 - 1925 ROBERT R. KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 4 - 1925

17 I HEREBY CERTIFY, That I attended deceased from October 1 - , 1925 , to Nov. 4 - , 1925 , that I last saw her alive on November 4, 1925 and that death occurred, on the date stated above, at — 12 — m.

The CAUSE OF DEATH* was as follows:

Right Hemiplegia
due to hemorrhage

(duration) — yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) Uncertain yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

Nov 5 1925 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Nov 7 1925

20 UNDERTAKER: J. C. Wedefeld — ADDRESS: 914 Greenmount Ave

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03435 E 03435

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH 10½ Anthony Ave Belair Rd 3 REGISTERED NO.

CITY OF BALTIMORE: (No. 101/2 Anthony Ave ST. 76-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Stahl

(a) RESIDENCE NO. 501 N.Climton St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Stahl

6 DATE OF BIRTH (month, day, and year) May 23-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Storekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Marcus Stahl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rosa Stahl
(Address) 501 N. Clinton St

15 Filed NOV 5 - 1925, 192 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Chronic Myocarditis

(Reported "heart trouble & dropsy")

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

(Signed) J. Scott Fuller, M. D.
(Coroner.)

11-4-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	11-6 1925
20 UNDERTAKER William Cook	ADDRESS 502 E North

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

03436

CERTIFICATE OF DEATH.

160E 03436

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 S. High ST. 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Grenawicke

(a) RESIDENCE. No. 101 S. High ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 8 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	7	26 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14
Informant
(Address)

15
Filed , 19
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1926

17
I HEREBY CERTIFY, That I attended deceased from Oct 27 , 19 26 , to Nov 4 , 19 26 ,
that I last saw h alive on Nov 2 , 19 26 ,
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(duration) yrs. mos. da.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov 5 1926
20 UNDERTAKER	ADDRESS
Mary Grebliauckas	425 S Paca St.

Burial Permit No.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03437

CERTIFICATE OF DEATH.

100-001 E 03437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3041 O'Donnell ST., 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Krusniewska

(a) RESIDENCE NO. 3041 O'Donnell ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 9, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
			26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Benjamin Krusniewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hazelton, Pa.

12 MAIDEN NAME OF MOTHER Agnes Bolewicka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Dr. B. Krusniewski
(Address) 3041 O'Donnell St.

15 Filed ....., 19 ROBERT A. KRAUTER, Registrar

NOV 5 - 1925 Vital Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-4-25 19

17

I HEREBY CERTIFY, That I attended deceased from 11-1- , 19 25 , to 11-4- , 19 25 .

that I last saw her alive on 11-4- , 19 25 .

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronushas, M. D.

11-/12-25 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem.	Nov 5 1925

20 UNDERTAKER John McWeber ADDRESS 1803 Bank St

HOW IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03438

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03438

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Green St., 8-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Gorsuch

(a) Residence No. 1717 Rutland ave Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 10-1884

7-AGE, 41 yrs. 4 mos. 23 30 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffer

(b) General nature of Industry, business, or establishment in which employed (or employer) 23

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Gorsuch

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Jennie Lloyd

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Oscar E. Gorsuch

(Address) 1717 N. Rutland ave

15- Filed NOV 5 - 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 3-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 28, 1925, to Nov 3, 1925, that I last saw h. alive on Nov. 3, 1925, and that death occurred, on the date stated above, at 10:20 P.M.

The CAUSE OF DEATH* was as follows:

Suppurative
Cerebral Paresis
Syph. Cardio Vasc. Disease

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Malaria

(Duration) yrs. 8 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) H B Boyd, M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park — DATE OF BURIAL, Nov. 6, 1925

20-UNDERTAKER, J Henry Lutz — ADDRESS 1203 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03439

E 03439

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Md. 16-5 45 REGISTERED NO.

CITY OF BALTIMORE: (No. 612 N Payson ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M Hanson

(a) RESIDENCE NO. 612 N Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~ ~~Married~~, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-22-1857

7 AGE Years 67 Months 10 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Sebastin Stoffl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Addie Sinclair (Address) 612 N Payson St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1925, to Nov 5, 1925, that I last saw her alive on Nov 5, 1925, and that death occurred, on the date stated above, at 1 20 P m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction, 5

Carcinoma Coecum?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia 5

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

10/5, 1925 (Signed) Guy D Culley M. D.

(Address) 406 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Manchester Md

DATE OF BURIAL Nov 6 1925

20 UNDERTAKER W M Roukon

ADDRESS 22-38 N Smith.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03440

CERTIFICATE OF DEATH.

90 E 03440

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4103 Walnut Ave (St.) 20-1 (Ward)

2-FULL NAME Theresia Goetel

(a) RESIDENCE No. 4103 Walnut Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ferdinand Goetel

6 DATE OF BIRTH (month, day, and year) Jany 17/1854

7 AGE — Years: 71 | Months: 9 | Days: 18 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER Matthias Dunder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Anna Burger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John Wetzler
(Address) 4114 Augusta Ave

15 Filed NOV 5 - 1925, 19.. ROBERT R. KRAUTER, Vital Records Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4— 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 29— 1925 to Nov 4 1925, that I last saw him alive on Nov 4 1925, and that death occurred, on the date stated above, at 1.06 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis; Arteriosclerosis (Hypertension).

Senile Infirmities

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation Pulmonary Ordema (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Robert C Fetsch, M. D.

11/4, 1925 (Address) 2151 Hilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Nov 7 1925

20 UNDERTAKER: Harry N Amacat — ADDRESS: 4204 Ridgewood Ave

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

03441

HEALTH DEPARTMENT—CITY OF BALTIMORE

03441

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1503 Eastern Ave ST., 3-4 WARD)

2-FULL NAME Mary Beasley

(a) RESIDENCE NO. 1503 Eastern Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colord	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Beasley

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C

PARENTS

10 NAME OF FATHER George Janca

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C

12 MAIDEN NAME OF MOTHER Laura Dancy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C

14 Informant William Beasley
(Address) 1503 eastern ave

15 Filed NOV 5 1925, 19.. ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1925, to Nov 3, 1925, that I last saw her alive on Nov. 2, 1925, and that death occurred, on the date stated above, at 7:30 A.m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) 1 yrs. mos. 29 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum Test

(Signed) B. N. Hatcher M. D.

11/3, 1925 (Address) 1725 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel cemetery	nov 6 1925
20 UNDERTAKER Edward Bryan	ADDRESS 1691 orleans

FROM is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03442

E 03442

REGISTERED NO.

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 17-2 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Edward R. Dyer

(a) RESIDENCE NO. St. Marys Seminary ST., WARD
(Usual place of abode) Baltimore Md.
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 4-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	6	29	

8 OCCUPATION OF DECEASED Roman Catholic Priest

(a) Trade, profession or particular kind of work Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer) R/C

(c) Name of employer

9 BIRTHPLACE (city or town) Washington
(State or country) D.C.

PARENTS

10 NAME OF FATHER Do not Know

11 BIRTHPLACE OF FATHER (city or town) "
(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant Rev Carroll Milholland
(Address) St. Mary's Seminary

15 Filed NOV 5 - 1925, 19 ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1925, to Nov. 3, 1925, that I last saw him alive on Nov. 3, 1925, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis
myocardial Insufficiency
(acute cardiac dilatation with Pulmonary Edema)
(duration) 2 yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo D. Lipsey, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Seminary Cemetery

DATE OF BURIAL 11-6 1925

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Calvert St.

Spec.—6-3-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03443

CERTIFICATE OF DEATH.

113 E 03443

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. 1316 Sargeant St ST. 21-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Harding

(a) RESIDENCE. NO. 1316 Sargeant ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 31, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Guy Harding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick

12 MAIDEN NAME OF MOTHER Emma Glanville

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Childs mother
(Address) 1316 Sargeant St

15 Filed . 19 ROBERT R. KRAUTER, Registrar
NOV 5 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 4, 19 25, to Nov 4, 19 25.

that I last saw h[illegible] alive on Nov 4, 19 25.

and that death occurred, on the date stated above, at 8 15 a.m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Indigestion 8 hours

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. A. Kelly M.D. M. D.

. 19 (Address) 3517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 7, 1925
20 UNDERTAKER	ADDRESS
Mr & Mrs N. S. Finks	1737 W Baltimore St

Instructions on back of certificates. See that all items are complete. Important.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03444

CERTIFICATE OF DEATH.

E 03444

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1941 Booth. St. ST. 20-5 WARD)

REGISTERED NO. 128

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura AmandaRich

(a) RESIDENCE NO. 1941 Booth. St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elbridge Rich.

6 DATE OF BIRTH (month, day, and year) 8-4-1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mollie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Elbridge Rich(Husband)

(Address) 1941 Booth St.

15 Filed NOV 5 - 1925 Registrar ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3rd. Nov. 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20th, 1925 to Nov. 3rd., 1925

that I last saw her alive on Nov. 2nd. 1925

and that death occurred, on the date stated above, at 1.05a m.

The CAUSE OF DEATH* was as follows:

Acct. Parenchamatous Nephritis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinalysis

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Nov 6th 1925

20 UNDERTAKER A. Jones

ADDRESS 11 & Gilmor

Note very important—See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 03445

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03445

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 765 WARD)

REGISTERED NO.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L. Gray

(a) RESIDENCE NO. 3231 Fleet St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 5y. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gray.

6 DATE OF BIRTH (month, day, and year) August 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	3 2		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Founder
(b) General nature of industry, business, or establishment in which employed (or employer) Sheppard Iron Foundry
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. T. Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm T. Gray (Son)
(Address) 3231 Fleet St

15 Filed NOV 5 - 1925 192 ROBERT R. KRAUTER, Registrar

BURIAL PERMIT ISSUED

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Fractured Skull at base
Fell down stairs at residence
(Accident)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr. Nephritis (Hospital report)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Bacon, M. D. (Coroner)

11-4-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem. Md	Nov 5th 192 5
20 UNDERTAKER Lilly & Fiden	ADDRESS 503 S Wolfe St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03446

E 03446

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Eastern av ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Miccivlo

(a) RESIDENCE No. 1010 Eastern av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Duly Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed NOV 5 - 1925 By ROBERT R. KRAUTER Registrar

THE MORGAN PRINT CO.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to Dea death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) James McKenton, M. D. (Coroner.)

Nov 1, 1925 (Address) 1007 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL NOV 5 - 1925

20 UNDERTAKER — ADDRESS

Commissioner of Health.

JOHNS HOPKINS HOSPITAL

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03447

E 03447

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Spalding Ave ST. 27-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Bowman,

(a) RESIDENCE NO. 212 Spalding Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12 - 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Frank Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant (Address): Elizabeth Donovan 212 Spalding ave

15 Filed NOV 5 - 1925 Burial Permit Issued ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 - 1925

17

I HEREBY CERTIFY, That I attended deceased (from June 1, 1925 to Nov. 4, 1925 that I last saw her alive on Nov. 3, 1925 and that death occurred, on the date stated above, at 7 30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) E. L. Cassagno, M. D.

Nov. 4, 1925 (Address) 517 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 11/7 1925

20 UNDERTAKER: Chas. S. Crane & Son

ADDRESS: 1150 W. Lexington

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Monck

03448

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 45 E 03448

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen 16-3 ST., 11th WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Monck

(a) RESIDENCE No. Newton Square, East ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal.

4 COLOR OR RACE: WHITE

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Christina Munch

6 DATE OF BIRTH (month, day, and year): June 15 - 1844

7 AGE: Years 76 Months 4 6 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer): Unemployed

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: J. Andrew Munch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary S. Schaumberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Leo Christle

(Address) 2746 Riggs ave

15 Filed NOV 5 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1925 to Nov. 4 1925, that I last saw h alive on Nov 4, 1925, and that death occurred, on the date stated above, at 8:15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of small intestine with metastasis to adjacent organs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 10-15-25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) J. Marsh, M. D.

(Address) West Baltimore Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Nov 6. 1925

20 UNDERTAKER: Robt J Turner Son — ADDRESS: 1942 N Broadway

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03449

CERTIFICATE OF DEATH.

57 E 03449

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 7500 Euston St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Sauer

(a) Residence No. 7500 E. Euston St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~yrs.~~ 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE W

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Herbert Wm Sauer

6-DATE OF BIRTH (month, day and year) Aug 13 1863

7-AGE. 61 yrs. 2 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. John Gaufman

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Dorothea Kunz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Lenie Wiedeller

(Address) 2502 E. Euston

15- Filed NOV 5 - 1925 19 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 4/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 19 25 to Nov 4 19 25, that I last saw her alive on Nov. 4 19 25, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ernest L. Levy M. D.

Nov 4 19 25 (Address) 625 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer DATE OF BURIAL. Nov 7, 1925

20-UNDERTAKER. Robt Thaner ADDRESS 1714 E. Biddle

Spec.—1-10-21—M&T—1500 Blks.

E 03450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 03450

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1371 Whatcoat ST., 15-13 WARD)

2-FULL NAME Julius Waters

(a) RESIDENCE NO. 1371 Whatcoat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Apr. 26, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Frank Waters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md. Calvert Co.

12 MAIDEN NAME OF MOTHER Mated Mathews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Frank Waters (Address) 1371 Whatcoat St

15 Filed NOV 5 - 1925 Registrar

ROBERT R. KRAUSE

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 11, 1925, to Nov. 3, 1925, that I last saw him alive on Nov. 3, 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 6? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

11/4. 1925 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cheney's Stn Md.	Nov 7 1925
20 UNDERTAKER mrs Jas. H. Dennis - Rep H. B. Nelson.	ADDRESS 1303 Presstman St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 03451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03451

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5003 Woodlawn ave ST., 26-2 WARD)

REGISTERED NO. 41

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Rosebury

2-FULL NAME Frank S. Wagner

(a) RESIDENCE NO. 5003 Woodlawn ave ST., 26th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Wagner

6 DATE OF BIRTH (month, day, and year): Nov 23-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Albert Wagner.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Katie Bixler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant: Mrs. Emma Wagner

(Address) 5003 Woodlawn ave

15 Filed ....., 19 ..... Registrar

1925 Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 3, 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 29th, 1925, to Nov. 3rd, 1925,

that I last saw him alive on Nov. 3rd, 1925,

and that death occurred, on the date stated above, at 11.45 a. m.

The CAUSE OF DEATH* was as follows:

General Sepsis following a throat infection, cause not determined (duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) yrs. mos. 4 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

11/9, 1925 (Address) Rosebury, Balt., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov. 6, 1925

20 UNDERTAKER: Jos. J. Herr — ADDRESS: 156 N. Luzerne ave

SECTION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03452

CERTIFICATE OF DEATH.

E 03452

101-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 13 N. 4th St. (ST.) 25-7 (WARD)

2-FULL NAME Robt M. Eader

(a) RESIDENCE. No. 13 N. 4th St. ST., 25 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Eader

6 DATE OF BIRTH (month, day, and year) March 8/1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	26 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) R. R 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Robt Eader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER McLucas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Mrs Lucy Eader (Address) 13-N-4th St.

15 Filed Nov 3 1925 . 19 Robert F. Harrison, Registrar

Burial Permit Sent

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1925, to Nov 2, 1925, that I last saw h[e] alive on Nov 3, 1925, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Decay 2

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Campbell M. D.

Nov 26 B. 1925 (Address) 1644 Halcon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Bluff Annapolis	Nov 6 1925
20 UNDERTAKER	ADDRESS
B L Hopping	Annapolis Md

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 03453 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03453

74-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 4-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ward Leonard

(a) RESIDENCE No. 203 N. Fremont Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Leonard

6 DATE OF BIRTH (month, day, and year) Sept 19, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Book keeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York State

PARENTS

10 NAME OF FATHER Isarael Leonard,

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York state

12 MAIDEN NAME OF MOTHER Emmaline Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York state

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 Filed 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1925, to Nov 2, 1925, that I last saw h. alive on Nov 2, 1925, and that death occurred, on the date stated above, at 11.30 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Myocardial Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, generalized

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings.

(Signed) Mary Leonard M. D.

11/2/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ~~Loudon Park~~ Baltimore Cemetery

DATE OF BURIAL 11/13 1925

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.- 1-10-21- M&T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03454

CERTIFICATE OF DEATH.

31 E 03454

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 N. Bradford ST. 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Jindra

(a) RESIDENCE No. 908 N. Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., If of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Jindra

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Abt.	69	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Mary Jindra (Address) 908 N. Bradford St.

15 Filed 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 19 25, to Nov 3, 19 25.

that I last saw he alive on Nov 2 19 25

and that death occurred on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
Miliary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Fred Jamison M. D.

19 25 (Address) 808 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Nov. 6 1925

20 UNDERTAKER Frank E. Vaeth Son — ADDRESS 1906 Eastern Ave.

Burial Permit Clerk.

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 03455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03455

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 S Ann ST. 21 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Novak

(a) RESIDENCE NO. 140 S Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Novak

6 DATE OF BIRTH (month, day, and year) Nov 2 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24		2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer my

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Henry Malechi

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mrs William Nowak
(Address) 140 S Ann St

15 Filed Nov 5, 1925 Robert P. Harrison,
Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Hunter, M. D.
Coroner.

Nov 6 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Nov 6 1925
20 UNDERTAKER	ADDRESS
John Mallon	1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

1925 03456

HEALTH DEPARTMENT—CITY OF BALTIMORE E 03456

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 7-1 ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarice Chester

(a) RESIDENCE NO. 1609 Mellinan St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 12 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	/	—	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ..... Maryland
(State or country)

PARENTS

10 NAME OF FATHER Andrew Chester

11 BIRTHPLACE OF FATHER (city or town) Del.
(State or country)

12 MAIDEN NAME OF MOTHER Elinor Jones

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Parents

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

5-1925 Robert F. Harrison

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1925, to Nov 4, 1925, that I last saw he alive on Nov 4, 1925 and that death occurred, on the date stated above, at 5:20 m.

The CAUSE OF DEATH* was as follows:

Meningitis, Pneumococcus 3 hrs
Pneumonia, acute Lobar 2 days
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Geo Jacobson M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	11/7th 1925
20 UNDERTAKER	ADDRESS
Jas. M. Skinner	1600 E. Mad st

TION is very important. See instructions on back of ... k of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 03457 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03457

CERTIFICATE OF DEATH. X 171

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST., 26-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Elding

(a) RESIDENCE NO Middle River Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec.24.1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	53	10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Upholster
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Ludwig Elding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Henry Volz (niece)
(Address) Middle River Md

15 Filed 1925, 192 Robert P. Harrison Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aortic Aneurism

Bilateral Pulmonary Tuberculosis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) incised wound of wrist (duration) Suicidal attempt Spread yrs. mos. ds.

(Signed) James M Fenton, M. D. (Coroner.)

Nov.4, 192 5 (Address) 700 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs., mos. 6½ ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Middle River

Former or usual residence Middle River

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Nov.6. 192 5

20 UNDERTAKER Hughes & Jones Inc. — ADDRESS 424 N.Brdy.

Spec.—1-10-21—M&T—1500 Blks.

E 03458

HEALTH DEPARTMENT—CITY OF BALTIMORE

100E 03458

CERTIFICATE OF DEATH

1-PLACE OF DEATH West Balto. Genl. Hos. 13-2 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Kyle

(a) RESIDENCE No. 1537 S. Charles st. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Irene Kyle

6 DATE OF BIRTH (month, day, and year) July 29, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William a. Kyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk, Va.

12 MAIDEN NAME OF MOTHER Margaret V Bird

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norfolk, Va.

14 Informant (Address) Clarence Kyle 1537 S. Charles st.

15 Filed , 19 Robert P. Harrison, Registrar

1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 d. 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1925 to Nov. 4, 1925 that I last saw him alive on Nov. 4, 1925 and that death occurred, on the date stated above, at 8 10 P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis
Acute Nephritis
Common duct obstruction

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Oct. 21, 1925

Was there an autopsy? no Clinical & Laboratory

What test confirmed diagnosis? Clinical

(Signed) J. H. Wilkerson, M. D.

, 19 Address West Balto. Genl. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Louden Pk Cem	Nov. 7, 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E. Fort Ave

IMPORTANT is very important. See instructions on back of certificates. Exact statement of Occupation as property Classified.

Spec.—1-10-21—M&T—1500 Bks. CATHEINE HAINES ✓ E03459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. 91-D-2 03459

CITY OF BALTIMORE: (No.) 9 N. Eut-Ave 26-3 ST. WARD (HAINES)

2-FULL NAME Catherine Haines

(a) RESIDENCE NO. 9 N. East Ave ST. WARD

(If usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. Raw long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Theodore Haines

6 DATE OF BIRTH (month, day, and year): Dec 23-1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	81	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penn

PARENTS

10 NAME OF FATHER: Benjamin Rinehart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn

12 MAIDEN NAME OF MOTHER: Mary Ann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn.

14 Informant: William Coleman — (Address) 9 N. East Ave.

15 Filed NOV 5 1925 19 — Robert F. Harrison, Registrar (Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 3 1925 to Nov 3 1925

that I last saw he alive on Nov 3 1925

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chas

(Signed) C. Kent Jenley M. D.

19 (Address) 2538 E. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster, Md. 6 — DATE OF BURIAL: 11 26 19

20 UNDERTAKER: H. W. Cole — ADDRESS: 502 E. Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 03460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002 E 03460

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Key Ave. near Green Spring Ave (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Proctor

(a) RESIDENCE No. Key Ave. near Green Spring Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas J. Proctor

6 DATE OF BIRTH (month, day, and year): Nov. 18-1857

7 AGE — Years: 67 — Months: 11 — Days: 16 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

037

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joshua A. Phelps

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth C. Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Edna M. Brandenburg

(Address): Key Ave near Green Spring Ave.

15 Filed Nov 5 1925, 19 ... Robert F. Barton, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 3- 1925

17

I HEREBY CERTIFY, That I attended deceased from May, 1925, to Nov. 3, 1925, that I last saw h alive on Nov. 3, 1925, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral arterio sclerosis
& general arterio sclerosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Asthenia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) ... M. D.

Nov 5 1925 (Address) 3429 Cheswolde Ln

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: Nov. 6- 1925

20 UNDERTAKER: Horace P. Burgee — ADDRESS: 363 Wallis Road

ATION is very important. See instructions on back of certificates. Exact statement of OC[illegible] A-

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03461

CERTIFICATE OF DEATH.

20-43

1-PLACE OF DEATH

City of BALTIMORE: (No. 300 S. Payson St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Mary Fitzpatrick

(a) Residence No... 300 S. Payson St., Ward...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov 28, 1860

7-AGE. 64 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... None

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)... Baltimore
(State or Country),

PARENTS.

10-NAME OF FATHER, Phillip Fitzpatrick

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine Devine

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs Ellen Hart
(Address) 300 S Payson St

15- Robert E. Barrison,
Filed ...3-1-27..., 19:
Registrar.

1925 Public Parks Cem.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 3 1925

17. I HEREBY CERTIFY, That I attended deceased from Oct 29 1925, to Nov 3 1925

that I last saw her alive on Nov 2 1925

and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill M. D.

11/4, 1925 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cath. Cemetery DATE OF BURIAL. Nov. 6, 1925

20-UNDERTAKER. George L. Schwab ADDRESS Fulton & Pulaski Ave.

(Physician's or Undertaker's Certificate is very important.) See back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03462

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03462

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. Highland Ave St., 25-3 Ward) Married part

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Robert G. Leitag

(a) Residence No. Highland Ave. Roland Park Ward.....
(Usual place of above)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Margaret L. Leitag

6-DATE OF BIRTH (month, day and year) Apr. 10-1864

7-AGE, 61 yrs. 6 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Gardner

(b) General nature of industry, business, or establishment in which employed (or employer)..... 086

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Robert Leitag

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. Margaret Leitag

(Address) Highland Ave. Roland Park

15- Filed ....., 192 Robert P. Harrison, Registrar.

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 5/25

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1925 to Nov 5 1925

that I last saw him alive on Nov 5 1925

and that death occurred, on the date stated above, at 8.20 a. m.

The CAUSE OF DEATH* was as follows: Cancer of Liver

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cirrhosis Jaundice

(Duration) — yrs. — mos. 2 8 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Stomach contents

(Signed) Raymond Glass, M. D.

(Address) Fort Leonard

Nov 5, 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION or REMOVAL, London Park Cemetery Nov. 9 1925

UNDERTAKER, George L. Schwab ADDRESS 2101 Eutaw Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03463

CERTIFICATE OF DEATH.

12 E 03463

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (C.H.) ST., WARD) 6-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chester Wadman

(a) RESIDENCE NO. 315 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Henry Wadman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mattie Robertson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed NOV 6 - 1925 ROBERT P. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5, 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1925, to Nov. 5, 1925, that I last saw him alive on Nov. 5, 1925, and that death occurred, on the date stated above, at 1.50 a. m.

The CAUSE OF DEATH* was as follows:

Abscess of liver - ruptured thru diaphragm and into bronchus.

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchiectasis; myocardial failure (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) M. O. McFarland M. D.

11-5-25 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 11/7 1925

20 UNDERTAKER A. J. Thurston & Bro

ADDRESS 1127 E Balto St

TION is very important. See instructions on back of certificates. ... may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03464

CERTIFICATE OF DEATH.

74-001

74 E 03464

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 E Lombard ST. 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Schanker

(a) RESIDENCE No. 900 E Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. — mos. — ds. How long in U. S., if of foreign birth? 34 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Hurwitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Dena Mendelstone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Max Schanker

(Address) 900 E Lombard St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 5 1925

17 I HEREBY CERTIFY, That I attended deceased from about October, 1925, to Nov. 5, 1925, that I last saw her alive on Nov. 5th, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) 5 yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? 6 High St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Louis Abramowitz M.D., M. D.

11/5, 1925 (Address) 1705-7 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel Rd — DATE OF BURIAL 11/6 1925

20 UNDERTAKER D Ferenson Bro — ADDRESS 1127 E Balto St

NOV 6 1925 ROBERT N. KRAUTER, Clerk of Permit Court

TION is very important. See instructions on back of certificates. ...that it may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03465

CERTIFICATE OF DEATH.

12-5-90

E 03465

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home for Incurables ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carmen Camacho deVasseau

(a) RESIDENCE No. Home for Incurables ST., 12 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 47 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pedro deVasseau

6 DATE OF BIRTH (month, day, and year) About 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	About 70	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Matanza (State or country) Cuba

PARENTS

10 NAME OF FATHER Ignacio Camacho

11 BIRTHPLACE OF FATHER (city or town) Caracas (State or country) Venezuela

12 MAIDEN NAME OF MOTHER Felipa Herrera

13 BIRTHPLACE OF MOTHER (city or town) Caracas (State or country) Venezuela

14 Informant Lino J. Jimenez, (nephew)

(Address) 2101-N-Calvert-St., City

15 Filed NOV 6 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1920, to Nov 4, 1925.

that I last saw h[illegible] alive on Nov 4, 1925.

and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Thyrocarditis

over 3 yrs. — mos. — ds.

(duration)

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) [illegible], M. D.

Nov 4 1925 (Address) Latrobe Apts. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL LOUDON PARK CEMETERY

DATE OF BURIAL Nov-6-25

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. net. of OCCUPA-

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 03466

CERTIFICATE OF DEATH.

E 03466

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2850 Clifton Ave St., 28-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret J. Nicholson

(a) RESIDENCE NO. 4606 Maine Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: James A. Nicholson

6 DATE OF BIRTH (month, day, and year): August 5, 1843

7 AGE — Years: 82 — Months: 2 — Days: 29 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Cecil Co (State or country) Md.

PARENTS

10 NAME OF FATHER Rev. Saml Logan

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Sarah Perkins

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Mr. Saml L. Nicholson (Address) 2213 Elsmore Ave.

15 Filed NOV 6 - 1925, 19.... ROBERT N. KRAUTER, Burial Permit Clerk. Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1925 to Nov 4, 1925

that I last saw h alive on Nov 4, 1925

and that death occurred, on the date stated above, at 3.40 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) A. C. Brunn, M. D.

1925 (Address) 4509 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Nov 6 1925

20 UNDERTAKER: Wm J Fickus Sons

ADDRESS: North Ave

TION is very important. See instructions on back of certificates. ...ing the property classified. Exact statement of OCCUPA-

K O D A K

Spec.—1-10-21—M&T—1500 Blks.

E 03467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-901 E 03467

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST. 15-7 WARD)

2-FULL NAME Mr. G. Henry Krentzer.

(a) RESIDENCE No. 1802 Poplar Grove st. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Name) (Surname) Mrs. Henry Krentzer

6 DATE OF BIRTH (month, day, and year) March 3, 1851.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68 years	7 8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 469

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unknown.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Georg Krentzer

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Salmia Kaufer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mr. Henry Krentzer
(Address) 1802 Poplar Grove St.

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 28 1925 to Nov 4 1925, that I last saw him alive on Nov 4 1925, and that death occurred, on the date stated above, at 11 45 A.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Nov 7 1925

20 UNDERTAKER Wm. J. Tickner & Sons — ADDRESS Norfolk Va

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03468

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 03468

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., 11-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fulton Kelly Charles H. Fulton Kelly

(a) Residence No. Hanover Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced. HUSBAND of (or) WIFE of Nettie Kelly

6-DATE OF BIRTH (month, day and year) Nov 11 1868

7-AGE. 56 - 11 - 23 — 66 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Md. (State or Country)

PARENTS.

10-NAME OF FATHER. Chas. J. Kelly

11-BIRTHPLACE OF FATHER (city or town) Md (State or Country).

12-MAIDEN NAME OF MOTHER. Mary Hannon

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country).

14- (Informant) Nettie Kelly

(Address) Hanover Md

15- Filed NOV 6 - 1925 19.. ROBERT A. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 4 25

17- I HEREBY CERTIFY, That I attended deceased from Oct 30th 1925 to Nov 4th 1925 that I last saw h. alive on Nov 4th 1925 and that death occurred, on the date stated above, at 5.05 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(Duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) Jas Bayly, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Friendship Cemetery

DATE OF BURIAL. Nov 6 1925

UNDERTAKER. J. Fred Tedrow Sons

ADDRESS Hanover

Instructions on back of certificates.

Answer every question. Accuracy of DATE OF DEATH and CAUSE OF DEATH is very important. See

Spec.—1-10-21—M&T—1500 Bks.

E 03469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03469

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Hopkins Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 15-9 WARD)

2-FULL NAME Mr. Edward ~~Elwood~~ Bruce.

(a) RESIDENCE NO. 2827 W. North Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Bruce

6 DATE OF BIRTH (month, day, and year) July 10 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk 009

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John Bruce

11 BIRTHPLACE OF FATHER (city or town) England
(State or country)

12 MAIDEN NAME OF MOTHER Julia Ray

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Arthur Bruce
(Address) 2827 W North Ave

15 Filed NOV 6 1925, 19 ..... HUBERT R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 19 25

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 19 25, to Nov 5, 19 25.

that I last saw him alive on Nov 5, 19 25

and that death occurred, on the date stated above, at 11.50 m.

The CAUSE OF DEATH* was as follows:

Cerebral Chronic Myocarditis

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage.

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Regis Canfield, M. D.

, 19 (Address) Franklin Square Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Nov 7 1925

20 UNDERTAKER H. S. Wirtner & Son — ADDRESS Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03470

CERTIFICATE OF DEATH.

66 E 03470

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 738 W. Lee St. (ST.) 4-1 (WARD)

2-FULL NAME Harry McComas

(a) RESIDENCE NO. 738 W. Lee (ST.) (WARD)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or Divorced (~~Write the word~~)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lina McComas

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Robert Brooks
(Address) 17 S Calhoun st

15 Filed NOV 6 - 1925, 192 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mc Alcoholism

CONTRIBUTORY (Secondary) Pneumonia (duration) 1 yrs. mos. 1 ds.

(duration) yrs. mos. ds.

(Signed) G C Hodges, M. D.

Nov 5 192 (Address) 1430 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL 11-6-1925

20 UNDERTAKER Robert Brooks & Son — ADDRESS Calhoun & Hollins sts

IMPORTANT. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 03471

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 03471

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1058 N. Bacto ST. 18-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winfield S. Miller

(a) RESIDENCE NO. 1058 N. Bacto ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 50		—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) Baeto
(State or country)

PARENTS

10 NAME OF FATHER Wm Miller

11 BIRTHPLACE OF FATHER (city or town) Baeto
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Charles Miller
(Address) 1058 N. Baeto St.

15 Filed ....., 192.... ROBERT P. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 - 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and/or Inquiry (Inquest and/or Inquiry.) thereon and from the evidence obtained by said Inquest and/or Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) 2 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. ds.

(Signed) Thos. B. Norton M. D.
(Coroner.)

Nov. 5 - 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	11-6-1925

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun and Mulberry Sts

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--1-12-23—M&T—500 Bks.

E 03472

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 03472

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bruce'

CITY OF BALTIMORE: (No. 255 N- Bond ST., 19-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earnest Curry

(a) RESIDENCE No. 255 N- Bond ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 2 - 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	21	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer NHO

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Casting

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER William Curry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lucy Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Lucy Jones (mother) (Address) 255 N. Bond St

15 NOV 6 1925 HUBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 - 3 1925

17 Oct 28

I HEREBY CERTIFY, That I attended deceased from ..... 19 .., to Nov 3 19 25,

that I last saw h.. alive on Nov 3 19 25,

and that death occurred, on the date stated above, at 10 AM p.m.

The CAUSE OF DEATH* was as follows:

Shot - Homicide

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of

Was there an autopsy? Coroner

What test confirmed diagnosis?

(Signed) Walter D. Lucas, M. D.

, 19 (Address) 631 W. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chesterbrook, Va.

DATE OF BURIAL Nov. 7, 1925

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

IMPORTANT See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03473

CERTIFICATE OF DEATH.

161 E 001 03473

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 S Glover ST., 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Crosseblea

(a) RESIDENCE No. 805 S Glover ST., WARD 13
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 11-6-1925

7 AGE: Years ... Months ... Days ... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt City Md

PARENTS

10 NAME OF FATHER: Walter Crosse

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scranton Pa

12 MAIDEN NAME OF MOTHER: Marie Deller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt.

14 Informant: Walter Crosse
(Address): 805 S Glover

15 Filed ... 19... Registrar: ROBERT R. KRAUTER

NOV 6 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/6 1925

17

I HEREBY CERTIFY, That I attended deceased from 11/6 .1925. to 11/6 .1925.

that I last saw him alive on 11/0 .1925.

and that death occurred, on the date stated above, at 5-a m.

The CAUSE OF DEATH* was as follows:

Premature Infant
2 c
26 Weeks
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? By autopsy

(Signed) Leonard A Buchbinder, M. D.

. 19 2 (Address) 3325 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary.

DATE OF BURIAL: Nov 6 1925

20 UNDERTAKER: F.W. Ozazewski

ADDRESS: 1780 Eastern Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Greida Ulrich

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03474

60-001

E 03474

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Md Gen Hospt St. 26-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Irma Ulrich

(a) RESIDENCE NO. 3218 Eastern Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE: Years 18; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer): 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto - Md

PARENTS

10 NAME OF FATHER: Andrew Ulrich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Rubinsin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Freda Ulrich

(Address): 321 Eastern Ave

15 Filed NOV 6 1920, 19 ROBERT A. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-4-20

17

I HEREBY CERTIFY, That I attended deceased from 10-28-20 to 11-4-20, 19

that I last saw h alive on 11-4-20, 19

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Staphylococcic Sepsis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Puerperal Abscess

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 11-4-20

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Thompkins M. D.

, 19 (Address) Md Gen Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Sown Cem

DATE OF BURIAL: Nov 8 19 20

20 UNDERTAKER: Louis Heerman

ADDRESS: 325 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03475

CERTIFICATE OF DEATH.

118-002

118 E 03475

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 17-2 Ward)

2-FULL NAME.... Emma Washington

(a) Residence No. 707 N. Fremont Ave St., ... Ward .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1864

7-AGE. 61 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... 670

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Kent Co Md

PARENTS.

10-NAME OF FATHER Benjamin Warren

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Angeline Warren

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Dorothy Washington

(Address) 707 N. Fremont Ave.

15- Filed NOV 6 - 1925 192 ROBERT R. KRAUTER, Registrar

Public Records Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1925 to Nov. 3, 1925

that I last saw h[illegible] alive on Nov. 3, 1925

and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Complete Intestinal Obstruction

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 3, 1925

Was there an autopsy? No

What test confirmed diagnosis? Physical exam and Operation

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem DATE OF BURIAL, Nov. 6, 1925

20-UNDERTAKER: Samuel D Smedley ADDRESS: 1118 E Baltimore St

Instructions on back of certificates. Exact statement of OCCUPATION is very important. See

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03476

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 W. Lombard St.: 19-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Corrilla Dean Hood

(a) RESIDENCE. No. 1802 W. Lombard ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Hood

6 DATE OF BIRTH (month, day, and year) Mar. 30, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife at 037

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Charles H. Gosnell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co. Maryland

12 MAIDEN NAME OF MOTHER: Sarah J. Mercer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mrs. Sarah J. Gosnell 1802 W. Lombard Street

15 Filed NOV 6 1925, 19 ROBERT N. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Nov 5, 1925, (that I last saw her alive on Nov 5, 1925, and that death occurred, on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis
& Colorados Heart disease
uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What (est confirmed diagnosis? Uremia & Nephritis

(Signed) Paul A. Kelly, M. D.

Nov 5, 1925 (Address) 57 E Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 7 1925

20 UNDERTAKER: Jos Block

ADDRESS: 1003 W Balto

IT may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03477 — 15-2-87 — E 03477

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3507 Callaway Ave. ST., | WARD)

2-FULL NAME Catherine J. Widerman

(a) RESIDENCE NO. 3507 Callaway Avenue. WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 4 Weeks. yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 18, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	58	6	17 (16)	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home, [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Subock

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Schaible

13 BIRTHPLACE OF MOTHER (city or town) Balto. County
(State or country) Maryland

14 Informant Philip F. Zimmerman
(Address) 3507 Callaway Ave. Balto.

15 Filed ..... 19 ..... ROBERT F. KNAUER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1925, to Nov 4, 1925, that I last saw h[illegible] alive on Nov 3, 1925, and that death occurred, on the date stated above, at 9.30 P.m.

The CAUSE OF DEATH* was as follows:

Tumor of Brain (Ons)

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) A. C. Smith M. D.
11-5-25 (Address) 4509 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Mt Olive Roslyn — DATE OF BURIAL Nov. 7 1925

20 UNDERTAKER J. B. Cook — ADDRESS 1003 W. Balto

TION is very important See instructions on back of certificates. Exact statement of OCCUPA- ... it may be properly classified. ... should state ... so that it may ...

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03478

CERTIFICATE OF DEATH.

129 E 03478

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST. BALTIMORE CITY HOSPITALS WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Anderson Tawina

(a) RESIDENCE NO. 402 Lawrence ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	39 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia (State or country)

PARENTS

10 NAME OF FATHER Fert. Day

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed NOV 6 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1925, to Nov. 2, 1925, that I last saw her alive on Nov 2, 1925, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure. (History)

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Willis. M. D.

11/3, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL Nov. 6th 1925

20 UNDERTAKER Joseph A Farrell — ADDRESS 2919 Division

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03479

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03479

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1618 Madison ave St., 11-1 WARD)

REGISTERED NO. 32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margarit Le Cato

(a) RESIDENCE No. 1618 Madison ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 13th 25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
		5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Walter Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Mildred Cato

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Margarit Le Cato

(Address) 1618 Madison ave

15 Filed NOV 6 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 29, 1925, to Nov. 5, 1925, that I last saw h alive on Nov 9, 1925, and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. 1 (9) mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H R Stigler, M. D.

11/5 1925 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL Nov 7th 1925

20 UNDERTAKER Clarence E Smith

ADDRESS 3864 Reisterstown

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. ... should be stated EXACTLY. PHYSICIANS should state

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

03480 — 89 — E 03480

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1327 Mt Royal Ave St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence W. Miller

(a) Residence No. 1327 Mt Royal Ave St., Ward Annapolis
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 60 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of S. N. Miller.

6-DATE OF BIRTH (month, day and year) 9/10/60

7-AGE, 65 yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired 000
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nathaniel Shudy.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Cordelia Snader

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-(Informant) Lucile Winterson
(Address) 1327 Mt Royal Ave

15-Filed NOV 6 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11/3/25

17- I HEREBY CERTIFY, That I attended deceased from 10/28/25, 19.. to 11/3, 19.25 that I last saw h.. alive on 11/2, 19.25 and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(Ground)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jno McGarrell M. D.

11/6/25 (Address) 633-5-3d

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Cedar Hill Cem	Nov. 6, 19.25
20-UNDERTAKER	ADDRESS
Lilly & Zeiler	1038 W. Wolfe St.

In plain terms, so that it may be properly classified. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03481

CERTIFICATE OF DEATH.

100-001

E 03481

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Troy

(a) RESIDENCE NO. 2212 Garrison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificate. ...ay be properly classified. Exact statement of OCCUPA-

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): March 30/25

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	5 6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: William D. Troy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Centerville

12 MAIDEN NAME OF MOTHER: Hilda A. Wolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ellerlie, Md

14 Informant: Wm. D. Troy
(Address): 2212 Garrison Ave

15 Filed NOV 6 - 1925, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 5/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Secondary Anemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. 2 mos. ds.

(Signed) J. H. Cullen, M. D.
(Coroner.)

11-5-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: Nov 6 192 5

20 UNDERTAKER: Jos Sourdus Sons — ADDRESS: 207 S. ...

Spec.—1-10-21—M&T—1500 Blks.

E 03482

HEALTH DEPARTMENT—CITY OF BALTIMORE

109-002

E 03482

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 8-4 ST. WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis E. Will

(a) RESIDENCE No. 2025 E. Preston St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 21, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward Will

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Edward Will

(Address) 2025 E Preston St

15 Filed ..... 19 ..... Registrar

NOV 6 - 1925 ROBERT R. KRAUTER

Burial Permit Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1925, to Nov 6, 1925, that I last saw h im alive on Nov 6, 1925, and that death occurred, on the date stated above, at 2 30 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Etiology ~~Edema~~)

(duration) yrs. mos 7 ds.

Probable CONTRIBUTORY (Secondary) acute rhino-pharyngitis.

(duration) — yrs. — mos. 15 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) Myron G Tull, M. D.

4/6. 1925 (Address) Sydenham Hospital Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Nov 8 1925
20 UNDERTAKER	ADDRESS
H. W. Means & Son	605 N Calvert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

03483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

E 03483

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1109 William ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma V. Kupfer

(a) RESIDENCE No. 1109 William ST., 24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J Kupfer

6 DATE OF BIRTH (month, day, and year) Feb 14 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	8	20.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Phillip Kentz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Eliza Amey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Michael J Kupfer (Address) 1109 N William St.

15 Filed NOV 6 - 1925, 19 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov - 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 19 25, to Nov 4/25, 19, that I last saw her alive on Nov 4/25, 19, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Hosp. (duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J A Kolb M. D.

(Address) 1203 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 11-7 1925

20 UNDERTAKER: E & B Harle — ADDRESS: 115 E West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

21 E 03484

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2531 W Baltd St. 70-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Kesselbach

(a) RESIDENCE NO. 2531 W Baltd St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed, or divorced ~~HUSBAND~~ WIFE of Peter Kesselbach

6 DATE OF BIRTH (month, day, and year) July 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Eduard Froesch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Berger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Peter Kesselbach

(Address) 2531 W. Baltimore St.

15 Filed NOV 6 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1925, to Nov 4 1925, that I last saw h alive on Nov. 3, 1925, and that death occurred, on the date stated above, at 3 a, m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

1 (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Wm Kennard M. D.

Nov. 19 26 (Address) 2701 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Nov 7 1925

20 UNDERTAKER Harry H. Witzke

ADDRESS 1531 N Smallwood St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

E 03485 — 5-2-179 — E 03485

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 5 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alton Johnson

(a) RESIDENCE NO. 1418 McElderry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred five yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Oct 29/1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	0	5 6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Clarence Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Julia Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Julia Johnson
(Address): 1418 McElderry St.

15 Filed NOV 6 - 1925, 192 ROBERT F. KRAUSER, Burial Permit Clerk, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 4-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
2nd degrre burns ove upper part of body. While burnung paper with 3 other children, clothing caught fire.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Paul, M. D.
(Coroner)

11-6-25. 192 (Address) 508 E. Borth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 11/6 1925

20 UNDERTAKER: Mrs R. A. Elliott — ADDRESS: 1325 Ashland Av.

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03486

CERTIFICATE OF DEATH.

38 E 03486

21-2

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1442 Ward St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Moore

(a) Residence No. 1442 Ward St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write this word.)
Female	Black	~~Married~~

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6-DATE OF BIRTH (month, day and year) June 26, 1900

7-AGE.	If LESS than 1 day.
25 yrs. 4 mos. 8 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife 37

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Skinner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Annie Mollock

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Md

11 (Informant) John Wolock

(Address) 1442 Ward St.

15 Filed NOV 6 - 1925 Act. ROBERT P. KRAUTH Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct. 20 25 to Nov. 2, 1925 19

that I last saw her alive on Nov. 2, 1925 19

and that death occurred, on the date stated above, at 8.45 A.M.

The CAUSE OF DEATH* was as follows:

Aortic Insuff.

(over)

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W. Schwarzenberg, M.D.

, 19 (Address) 1126 W. Cross St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Albion Cem.	11/6 1925

20-UNDERTAKER. Walter B. Spriggs

ADDRESS 139 W. Hamburg St.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks. Gwynnuth Wooden ✓

E 03487

HEALTH DEPARTMENT CITY OF BALTIMORE

E 03487

CERTIFICATE OF DEATH.

144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp. ST. 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Gwynnuth Woodruff

(a) RESIDENCE NO. 607 Linwood Sr ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Wh.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Waldon B Woodruff

6 DATE OF BIRTH (month, day, and year) 7-11-1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Albert Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizzie Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant (Address) Mrs Gwynnuth Woodruff 607 Linwood Sr

15 Filed 6-1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11.5.25

17

I HEREBY CERTIFY, That I attended deceased from 11.4.25, 19 , to 11.5.25, 19 ,

that I last saw h alive on 11.5.25, 19 ,

and that death occurred, on the date stated above, at 1 Sep m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory Influenza

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Postpartum Sepsis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11.5.25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm A Tompkins, M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Nov 7 1925

20 UNDERTAKER Stewart & Moore Company — ADDRESS 1080 N Mt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificates.

Spec.—1-10 21 – M&T – 1500 Blks.

E 03488

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03488

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1513 Mosher ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Smith

(a) RESIDENCE No. 1513 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Smith

6 DATE OF BIRTH (month, day, and year) Harlesmun 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Apt. House

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) a. a. Co. Md.

PARENTS

10 NAME OF FATHER George Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rosa C. Smith

(Address) 1513 Mosher St

15 Filed 6-1925, 19 Albert P. Barrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 19 25

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 19 25 to Nov 6, 19 25

that I last saw h[illegible]ive on Nov 5, 19 25

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) B. N. Hatcher M. D.

11/6, 1925 (Address) 1225 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem. DATE OF BURIAL Nov 8 1925

20 UNDERTAKER Sam'l W. Chase & Son ADDRESS 1400 Mosher

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 03489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 03489

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Davenport

(a) RESIDENCE NO. 827 N. Caroline St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Nov 1/25

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER James Davenport

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Hopkins Hospital
(Address)

15 Filed 6 1925, 192 Robert P. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. B. Carr (Coroner.), M. D.

11-4-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	192
20 UNDERTAKER Commissioner Health,	ADDRESS NOV 6 - 192

...TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03490

CERTIFICATE OF DEATH.

E 03490

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Franklin Sq Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zerean E. Durvall

(a) RESIDENCE No. 1406 Harlem Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Richey Durvall

6 DATE OF BIRTH (month, day, and year) Sept 5-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	1	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm T. Durvall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Hunrichouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Charles T. Durvall
(Address) 16 Ronaldson Ave Hamilton

15 Filed ... 192 ... Registrar

6-1925 Burial Permit Cl...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4th 1925

I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the date stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) At and

CONTRIBUTORY (Secondary) Auto accident

(duration) yrs. mos. ds.

(Signed) Thos. B. Morton, M. D.
(Coroner.)

Nov 5th, 1925 (Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem. Frederick Md	Nov 7 1925

20 UNDERTAKER George J. Smith — ADDRESS 1532 Hollins

TION is very important. See instructions on back of certificate.

that it may be properly classified. Exact statement of OCCUPA-

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03491

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03491

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women's Home St.; 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A. McElvey

(a) RESIDENCE. NO. 1400 W Lexington St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 2, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William McElvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ella B. Jones

(Address) 1400 W Lexington

15 Filed ....., 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1925, to Nov 6, 1925, that I last saw h alive on Nov 5, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

7 hours

(duration) yrs. mos. ds.

Influenza

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Norwood, M. D.

Nov 6, 1925 (Address) 937 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Tracey's Landing Md Anne Arundel County	Nov 7 1925
20 UNDERTAKER George J. Smith	ADDRESS 153 Hollins

CAUSE OF DEATH should be stated EXACTLY. PHYSICIAN should be correctly supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03492

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03492

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 Ilchester ave ST. 12-4 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma J. Harris

(a) RESIDENCE NO. 431 Ilchester ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Harris

6 DATE OF BIRTH (month, day, and year) May 18. 1847

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78.	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER James Pettitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Mary Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs Wm Readman
(Address) 431 Ilchester ave

15 Filed ..... 19 ..... Registrar

6-1925 Robert F. Herlihy, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr ....., 19 25, to Nov 4th, 19 25, that I last saw her alive on Nov 4th 19 25 and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows:

Nephritis and Myocarditis

(duration) 5 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Edema

(duration) 6 yrs. 2 mos. 2 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Wm Thos Grant M. D.

Nov 5 19 25 (Address) 600 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Nov 7 1925
20 UNDERTAKER Robt J Turner Jr	ADDRESS 1492 Broadway

INSTRUCTIONS. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

E 03493

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03493

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Greenmount Ave ST. 12-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth E Evans

(a) RESIDENCE NO. 2204 Greenmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of John H. Evans

6 DATE OF BIRTH (month, day, and year) Sept 25, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Richard Regan.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER [redacted] Mooney.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant John W. Evans

(Address) 2204 Greenmount Ave.

15 Filed ....., 19.....

(Chief or Assistant Registrar)

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1925

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1925, to Nov 5, 1925, that I last saw her alive on Nov 5, 1925 and that death occurred, on the date stated above, at 6.20 p.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation
Myocardial Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis + Endocarditis

(duration) yrs. 6 mos. ds. 5

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thomas E. White M. D.

, 19 (Address) 451 E 22nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arnold Rodgers	Nov 7 1925
20 UNDERTAKER	ADDRESS
E. A. Wendefeldt Jr	501 E 22 St

INFORMATION SHOULD be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

6-1925

Burial Permit Issued [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03494 — 44 03494

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Rutland Ave ST. 7-1 WARD)

2-FULL NAME John Braywood Wheeler

(a) RESIDENCE No. 1004 Rutland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Margaret Wheeler

6 DATE OF BIRTH (month, day, and year) July 18th 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boilermaker

(b) General nature of industry, business, or establishment in which employed (or employer) Shipbuilding

(c) Name of employer Spedden Shipbuilding Co

9 BIRTHPLACE (city or town) (State or country) Cambridge / Dorchester Co Md

PARENTS

10 NAME OF FATHER Braywood Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Margaret Wheeler
(Address) 1004 Rutland Ave

15 Filed ..... 19 ..... Robert F. Carriger Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5th 19 25

17 I HEREBY CERTIFY, That I attended deceased from April 20 19 25 to Nov 5 19 25
that I last saw him alive on Nov 5th 19 25
and that death occurred, on the date stated above, at 10.15 P m.
The CAUSE OF DEATH* was as follows:

Carcinoma Pulmonalis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Nasopharynx

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? X Ray

(Signed) [illegible] M. D.

(Address) 1 W. Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 9 1925
20 UNDERTAKER Edward Toulson	ADDRESS 900 Woodbourne Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Burial Permit Clerk

Spec.—1-12-23—M&T—500 Bks.

E 03495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03495

CERTIFICATE OF DEATH.

X 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 N. Wolfe ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Weldon Clay

(a) RESIDENCE NO. 1038 N. Wolfe ST., WARD

(Usual place of abode)

(If non-resident give city or town and State) Va.

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED 040

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bethelem Steel Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Solomon Clay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maria Fay.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Manson Clay

(Address) 638 N. Wolfe St.

15 Filed ..... 19 .....

Robert P. Barroch, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/5 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/1/1925 to 11/5 1925.

that I last saw him alive on 11/5 1925,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Jackson M. D.

(Address) 806 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mahanican Va

DATE OF BURIAL Nov 6 1925

20 UNDERTAKER Mrs R. G. Elliott

ADDRESS 1726 Eastland Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03496

CERTIFICATE OF DEATH.

100-001

E 03496

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Lenox av ST. 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph L. Dranc

(a) RESIDENCE NO. 7 Lenox ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Langermann.

6 DATE OF BIRTH (month, day, and year) Nov 9 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Painter 050

(c) Name of employer U S Government

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Richard Dranc.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Ann Berthen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mary Dranc

(Address) 7 Lenox ave

15 Filed ....., 19.... Robert J. Willson, Registrar

NOV 6 - 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1925, to Nov 4, 1925.

that I last saw him alive on Nov 4, 1925.

and that death occurred, on the date stated above, at 1200 p. m.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Blood stream infection (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Brunk, M. D.

Nov 5, 1925 (Address) 1710 Eutaw pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	11/7/1925

20 UNDERTAKER E. J. Finnerty & Son. ADDRESS 1938 E Lafayette.

CAUTION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should inform-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03497

CERTIFICATE OF DEATH.

46

E 03497

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 S Sharp ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Browther

(a) RESIDENCE NO. 1001 S Sharp st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo W Browther

6 DATE OF BIRTH (month, day, and year) 9-4-63

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm Lefevre

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Geo W Browther

(Address) 1001 S Sharp St

15 Filed NOV 6 1925, 19 Roscoe F. Harrison, Registrar

Burial Permit Mar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from March 30th, 1925, to Nov. 5th, 1925.

that I last saw h[illegible] alive on Nov. 5th, 1925.

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the uterus

(duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No tion?

What test confirmed diagnosis? X ray & other examina

(Signed) Harry Bleibel M. D.

11/6, 1925 (Address) 124 E Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Hill Ave	Nov 7 1925
20 UNDERTAKER	**ADDRESS**
W M Poulson	2235 N Wolfe

information should be carefully supplied. AGE should be stated EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

E 03498 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03498

CERTIFICATE OF DEATH. X 90

1-PLACE OF DEATH CITY OF BALTIMORE (No. 680-W. Fayette ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas J. M. Intosh

(a) RESIDENCE NO. 680 W. Fayette ST., WARD Phila Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Stella Potts

6 DATE OF BIRTH (month, day, and year) Feb 2nd 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	9	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Race Courses
(c) Name of employer

9 BIRTHPLACE (city or town) Phila Pa
(State or country)

PARENTS

10 NAME OF FATHER Wm MacIntosh

11 BIRTHPLACE OF FATHER (city or town) Phila.
(State or country) Pa.

12 MAIDEN NAME OF MOTHER A. Gilkeson

13 BIRTHPLACE OF MOTHER (city or town) Phila.
(State or country) Pa.

14 Informant John MacIntosh
(Address) 322 Beaks ave Cheltenham Pa

15 Filed 1-7-1925, 192 Robert P. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) Exhaustion yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

(Signed) G. L. Rader, M. D.

(Corner) Nov 6 1925, 192 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .. yrs., .. mos., .. ds. In the State yrs., .. mos., .. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Philadelphia Pa	11-7 1925
20 UNDERTAKER Henry H. Jenkins Sons Co	ADDRESS McCulloh Orchard Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 03499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03499

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5306 Park Heights Av. WARD) 27 2

2-FULL NAME Agnes Vennea Ohm

(a) RESIDENCE No. 5306 Park Heights ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of William Ohm

6 DATE OF BIRTH (month, day, and year) April 11 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7 6	— 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Richmond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Henry W. Ohm
(Address) 3400 Edmondson

15 Filed ..... 19 .....
Registrar

V 7-1925

Robert F. Harrison,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Nov 5, 1925,

that I last saw her alive on Nov 5, 1925,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (acute)

D/K Coroner J Morrissey

(duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Injury fm fall accidental

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of No

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Charles L Mills, M. D.

, 19 (Address) 5242 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem — DATE OF BURIAL Nov 7 1925

20 UNDERTAKER H M Rowton — ADDRESS 2238 N North

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03500

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Mosher ST. 16-6 WARD)

2-FULL NAME Curtis Emanuel Fauntleroy

(a) RESIDENCE No. 1404 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Geo Fauntleroy

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Blackwell

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Geo Fauntleroy
(Address) 1202 Mosher St

15 Filed ..... 19 ..... Registrar

NOV 7 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1925, to Nov. 5, 1925, that I last saw her alive on Nov. 4, 1925 and that death occurred, on the date stated above, at 1.20 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(Primary)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

11/5, 1925 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery — DATE OF BURIAL: Nov 7 1925

20 UNDERTAKER: Mrs Sarah H. Dennis per T. E. Nelson — ADDRESS: 1303 Pressman St

Burial Permit Issued

Robert F. Harrison

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-1-23—M&T—100 Bks.

E 03501

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03501

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 W Saratoga St. ST., 4-2 WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecilia B. Lussier

(a) RESIDENCE NO. 138 W Saratoga. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word)

married, widowed, or divorced HUSBAND of (or) WIFE of John Single

E OF BIRTH (month, day, and year) July 17. 1851

Years	Months	Days	If LESS than 1 day, hrs. or min.
74.	3	18	

ATION OF DECEASED
ade, profession or
ler kind of work Housewife
neral nature of industry,
s, or establishment in
employed (or employer)

e of employer

ACE (city or town) Baltimore Md
ountry)

OF FATHER John Lussier

LACE OF FATHER (city or town)
ountry) Germany

NAME OF MOTHER Not Known

CE OF MOTHER (city or town)
try) Germany

Emma Quinton
Mrs. Theophile Quinton

192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1925

17 I HEREBY ~~CERTIFY~~, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) E Laurence mos. ds.

CONTRIBUTORY (Secondary) (duration) 6 hrs. mos. ds.

(Signed) Nov 6/25 192 J C Sades, M. D.

(Coroner) (Address) 1423 N Broadway

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov 7 192 9
20 UNDERTAKER Kendall Zippel	ADDRESS 31 S Smallwood

Cor.—1-12-23—M&T—100 Bks.

E 03502

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03502

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 311 Fonthill av ST. 26-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1.)

2-FULL NAME Louis F. Tarun

(a) RESIDENCE NO. 311 Fonthill av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Tarun

6 DATE OF BIRTH (month, day, and year) Feb 4 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or, min.
	56	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) 013
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm F. Tarun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary E. Tarun (Address) 311 Fonthill ave

15 Filed NOV 7 1925, 192 Registrar

No. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully answered. If any information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 14 yrs. 11 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) M. D. (Coroner)

Nov 5 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Nov 7 1925

20 UNDERTAKER Nelson E. Stiles

ADDRESS 325 Md. ave Westport

Spec.—1-10-21—M&T—1500 Blks.

E 03503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03503

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 669 Stirling (ST.) 5-W (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Parker

1a) RESIDENCE NO. 669 Stirling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Abbie Parker

6 DATE OF BIRTH (month, day, and year) June 15 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ....min.
	45	4	20 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of Industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Miles Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Va

12 MAIDEN NAME OF MOTHER Harriett Koons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Leonard Town Md

14 Informant Abbie Parker

(Address) 669 Stirling St

15 Filed ..... 19 ..... Registrar

NOV 7 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5. 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20th 1925 to Nov 5th 1925, that I last saw him alive on Nov 4, 1925, and that death occurred, on the date stated above, at 2:40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) mild attack of Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) A. Ln Ellis, M. D.

11-5-1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	11/7/1925
20 UNDERTAKER	ADDRESS 916
Daniel Forbes	Bene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 03504

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03504

CERTIFICATE OF DEATH.

90 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 837 Rebecca ST. 18-1 WARD)

2-FULL NAME Henrietta Clark

(a) RESIDENCE NO. 837 Rebecca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Jennie Clark
(Address) 837 Rebecca St

15 Filed NOV 7 1925, 192 Robert P. Garrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

Duration yrs. mos. ds.

(Signed) G. C. Blades, M. D.
(Coroner)

Nov 5/25 192 (Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	11/7/1925
20 UNDERTAKER Daniel Easter	ADDRESS 916 Pa Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it TION is very important. See instructions on

NOV 7 1925

Cor.—1-12-23—M&T—100 Bks.

E 03505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03505

CERTIFICATE OF DEATH.

1925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Vincent ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank H. Burgess

(a) RESIDENCE No. 616 Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N.B.—WRITE PLAINLY, WITH UNFADING INK. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O+O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know

14 Informant Mary Jones (Address) 616 Vincent St

15 Filed ....., 192 Robert P. Harrison, Registrar

NOV 7 - 1925 Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Bullet Gunshot
2 Homicide Gunshot Wound
3
4

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) C. Glade, M. D.

Nov 5 1925 (Address) 1439 Bolton (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National	11/7/1925
20 UNDERTAKER	ADDRESS
Daniel Easton	946 Bank

Spec.—1-12-23—M&T—500 Bks.

E 03506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03506

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 5 Mallow Hill Ave ST. 38-5 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Owen Hartlove

(a) RESIDENCE NO. 5 Mallow Hill Ave. Catonsville ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian V. Hartlove

6 DATE OF BIRTH (month, day, and year) Jan 19th 1877

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER O. J. Hartlove

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Jane Dyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Lillian V. Hartlove (Address) 5 Mallow Hill Ave

15 Filed NOV 7 1925, 19 Robert P. Harrison, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1925, to Nov 5, 1925, that I last saw him alive on Nov 5, 1925 and that death occurred, on the date stated above, at 3 A. m

The CAUSE OF DEATH* was as follows:

Myocarditis

Obesity

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 6 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Francis A. Ellis, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 11-7-1925

20 UNDERTAKER H S Brannigan Son

ADDRESS 517 N Schroeder St

N. B.—WRITE PLAINLY, WITH UNFADING INK—This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 03507

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03507

CERTIFICATE OF DEATH.

188-007

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen'l Hosp. ST. 13-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Floyd Day

(a) RESIDENCE NO. 2016 W 39 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Bertha E Day

6 DATE OF BIRTH (month, day, and year) Jan 19 1897

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	9	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Soldier
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER David Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Howard F Follet
(Address) 2016 W 39th St

15 Filed ..... 192 Robert P. Harrison, Registrar

NOV 7 1925 Burial Permit Clerk

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be stated EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1925

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:* Motor Cycle Accident Thrown from same, Cerebral Concussion

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Shock

(duration) ... yrs. ... mos. 2 ds.

(Signed) G. C. Blades, M. D. (Coroner.)

Nov 5th, 192 (Address) 1437 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Nov 7 1925
20 UNDERTAKER	ADDRESS
Chenoweth & Son	617 Chestnut St

Cor.—1-12-23—M&T—100 Bks.

E 03508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03508

CERTIFICATE OF DEATH.

X

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Station ST. 27-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry L. Weiler.

(a) RESIDENCE NO. 22 E. Hamilton Ave. ST., WARD New York.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced, HUSBAND of Katherine R. Weiler.

6 DATE OF BIRTH (month, day, and year) January 19, 1876.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	9	17 16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) New York.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Katherine R. Weiler. (wife)
(Address) 22 E. Hamilton Ave.

15 Filed NOV 7 1925 192 Robert F. Carrigan
Registrar

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
TION is very important. See Instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 5, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signature) Otto M. Reinhardt, M. D.
(Coroner.)

Nov. 8, 1925 192 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	11 7 1925
20 UNDERTAKER	ADDRESS
George J. Ruth	1735 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

(Ritz)

E 03509 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03509

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hosp

CITY OF BALTIMORE: (No. ..... ST., 8-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary C. Ritz

(a) RESIDENCE No. 1427 North Gay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Ritz

6 DATE OF BIRTH (month, day, and year) Dec. 9, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George A. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis Md.

12 MAIDEN NAME OF MOTHER Mary Seibel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles F. Ritz
(Address) 1427 N. Gay St

15 Filed ..... 19 ..... Registrar

Robert P. Harrison

NOV 7 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 19 25

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1925, to Nov 5, 1925, that I last saw her alive on Nov. 5, 1925, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Dr. ..... M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov 9 1925
20 UNDERTAKER	**ADDRESS**
Frank A. Fink	916 N. Gay St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03510

CERTIFICATE OF DEATH.

X 100-001

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Eden ST. 5-2 WARD)

2-FULL NAME Jeanette Moore

(a) RESIDENCE NO. 521 N. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

New Jersey

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Trenton N J
(State or country)

PARENTS

10 NAME OF FATHER Walter Moore

11 BIRTHPLACE OF FATHER (city or town) Trenton N J
(State or country)

12 MAIDEN NAME OF MOTHER Carrie Jackson

13 BIRTHPLACE OF MOTHER (city or town) Trenton N J
(State or country)

14 Informant Carrie Jackson Moore
(Address) 521 N. Eden St

15 Filed NOV 7 1925, 19 Robert P. Bartlett
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 5, 1925, to Nov 5, 1925,

that I last saw her alive on Nov 5, 1925,

and that death occurred, on the date stated above, at 10 PM m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Geo. I. Dallam M. D.

19 25 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem.	Oct. 7 1925
20 UNDERTAKER Mrs J. G. Locks	ADDRESS 1358 Jefferson

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Dr Horn St Paul & 25

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03511 E 03511

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 325 W. Lanvale ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Pietsch

(a) RESIDENCE NO. 526 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Eva Pietsch

6 DATE OF BIRTH (month, day, and year): Oct 9, 1847

7 AGE: Years 78 | Months 0 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Jewelry

(b) General nature of industry, business, or establishment in which employed (or employer): Store 038

(c) Name of employer: Himself

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Pietsch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary A. Fisher

(Address): 1708 Westwood Ave

15 Filed , 19 Robert P. Harrison, Registrar

NOV 7 - 1925 Asst. Vital Statistics Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1921, to Nov 5, 1925, that I last saw him alive on Nov 5th, 1925 and that death occurred, on the date stated above, at 1.40 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mel

(duration) 1 yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Carcinoma of Rectum

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 526 W. Franklin

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chem. & Micr.

(Signed) August Horn, M. D.

, 19 (Address) 2808 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 11/7 1925

20 UNDERTAKER: William Cook — ADDRESS: 502 E Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE sh CAUSE OF DEATH in plain terms, so that it m TION is very important. See instructions on ba

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03512

CERTIFICATE OF DEATH.

161-001

E 03512

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Dallas St. 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Premature Rice

(a) RESIDENCE. No. 1317 Dallas St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10/24/ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) 11/5/25

7 AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Louis Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Myrtle Kosh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Myrtle Kosh (Address) 1317 Dallas St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-6 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-5, 1926, to 11-6, 1925, that I last saw h— alive on 11-5, 1925, and that death occurred, on the date stated above, at 4 1 m.

The CAUSE OF DEATH* was as follows:

Premature gestation

(duration) yrs. mos. 1/24 ds.

CONTRIBUTORY (Secondary) Multiple Pregnancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C. F. Campbell, M. D.

11/6, 19 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health. — ADDRESS

NOV 7 - 1925

Per. Wm. E. WOODALL

NOV 7 - 1925 Robert J. Harrison Registrar

Buried Parish Clerk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec. 3-10-21—M&T—1500 Bks.

1859 90

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 03513

CERTIFICATE OF DEATH.

101-001513

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jimmie Johnson

(a) RESIDENCE NO. 904 Dooley Court ST., WARD S.C.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Beatrice Johnson

6 DATE OF BIRTH (month, day, and year): 1898

7 AGE: Years 27; Months; Days; If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country): S.C

PARENTS

10 NAME OF FATHER: B. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

12 MAIDEN NAME OF MOTHER: Seith Lumadi

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga.

14 Informant: Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 5th 19 25

17

I HEREBY CERTIFY, That I attended deceased from Oct. 28th, 19 25, to Nov. 5th, 19 25, that I last saw h[illegible] alive on Nov. 6th, 19 25, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Sputum examination and blood culture

(Signed) E Cowles Andrus, M. D.

Nov 6, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trenton S.C — DATE OF BURIAL: nov 7 1925

20 UNDERTAKER: Edward Bryan — ADDRESS 1691 Orleans St

NOV 7 - 1925

Robert P. Harrison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03514

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Maryland Ave. ST., 19-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hunsichorne

(a) RESIDENCE NO. 2020 Maryland Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it TION is very important. See instructions on

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years — Months — Days — If LESS than 1 day, 7 hrs. or 40 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Walter E. Hunsichorne

11 BIRTHPLACE OF FATHER (city or town) (State or country): Shepherdstown, W. Va

12 MAIDEN NAME OF MOTHER: Pauline M. Seis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cleveland, Ohio

14 Informant (Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1925 to Nov. 5 1925, that I last saw him alive on Nov. 5 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical signs

(Signed) Frank H. Martin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner Health.

NOV 7 1925 Burial Permit Clerk

NOV 10 1925

Pd. for E. Wecom.

Spec.—1-10-21—M&T—1500 Blks.

03515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 03515

REGISTERED NO.

1-PLACE OF DEATH Baltimore, Md.

CITY OF BALTIMORE: (No. 718 Linden Avenue ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Smith Turner

(a) RESIDENCE NO. 718 Linden Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John Turner

6 DATE OF BIRTH (month, day, and year) Feb. ? 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8 9	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles Tibbs

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Galloway

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mollie Askew
(Address) 718 Linden Ave

15 Filed NOV 7 1925 By (Roberta E. Harrison) Registrar
(Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1925, to Nov. 4, 1925, that I last saw her alive on Nov. 4, 1925, and that death occurred, on the date stated above, at 9:50 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

, 19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	11/12/25

20 UNDERTAKER ADDRESS

Mrs. Geo. H. Holland 1631 Druid Hill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03516

CERTIFICATE OF DEATH.

113 E 03516

1-PLACE OF DEATH

Registered No. .....

City of BALTIMORE: (No. 1115 N. Potomac St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... John J. Proper

(a) Residence No. 1115 N. Potomac St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of None

6-DATE OF BIRTH (month, day and year) 10-17-1924

7-AGE. 1 yrs. — mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS

10-NAME OF FATHER. John J. Proper

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Bertha Rayner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

14- (Informant)..... Jno. J. Proper

(Address)..... 1115 N. Potomac St.

15- Filed Nov 7 1925 19.... Robert P. Harrison, Registrar.

Burial Permit Mark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 6th. 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1925 to Nov 6th 1925, that I last saw h[illegible] alive on November 6th. 1925, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH* was as follows:

Enterocolitis

(Duration)..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) —

(Duration)..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) DW Jones M. D

19 (Address) 1011 N. Ellwood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carroll Cemetery — DATE OF BURIAL. 11-9 1925

20-UNDERTAKER. Jno. A. Brown — ADDRESS 3000 E. Baltimore St.

* 8.—WHITE CLERICAL WORK should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 - M&T - 1500 Blks.

E 03517

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03517

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. BALTIMORE CITY HOSPITALS ST. 141 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Kirby

(a) RESIDENCE NO. 1402 Druid Hill Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Kirby

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	60 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ..... 19 ..... Registrar Robert P. Harrison

NOV 7 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1925, to Nov. 4, 1925, that I last saw him alive on Nov. 4, 1925, and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Right hemiplegia (cerebral hemorrhage)

(duration) yrs. mos. (Nursing) ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) yrs. ? mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller. M. D.

11/6, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion DATE OF BURIAL Nov 7 1925

20 UNDERTAKER Edward D. Kinsley ADDRESS Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement o... TION is very important. See instructions on back of certificates. OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03518

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 18-3 178

City of BALTIMORE: (No. 931 w. Lombard St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Henry Knepp

(a) Residence No. 931 w. Lombard St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 1 1868

7-AGE. 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Butcher
(b) General nature of Industry, business, or establishment in which employed (or employer). Stores. 086
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.
10-NAME OF FATHER Charles Knepp.
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany
12-MAIDEN NAME OF MOTHER, Unknown.
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mr Maurice Bahlweg
(Address) 931 w Lombard St

15- Filed NOV 7 1925 19 Robert P. Harrison, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 4 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1925 to Nov 4 1925
that I last saw h[illegible] alive on 11/4/25 19
and that death occurred, on the date stated above, at 4:30 P. m.
The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. 4 mos. ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) [illegible] M. D.
, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov 7, 19 25
UNDERTAKER Bernard Lowman	ADDRESS 901 Hollins

Dr.

N. B.—WRITE PLAINLY. Words should be spelled EXACTLY. PHYSICIANS should state CAUSE OF DEATH so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be carefully supplied. In plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03519

CERTIFICATE OF DEATH.

X 13

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospl ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Elliott Jr -

(a) RESIDENCE NO. 17 E. Hill. ST., WARD Annapolis

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Annapolis Md

PARENTS

10 NAME OF FATHER William Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Leslie Ritchie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Winchester Md

14 Informant Mrs Elliott

(Address) 17 W Hill st

15 Filed NOV 7 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 6, 1925, to Nov 6, 1925, that I last saw h[illegible] alive on Nov 6, 1925 and that death occurred, on the date stated above, at 1200 midnight a.m.

The CAUSE OF DEATH* was as follows:

Gastro - Enteritis - (Toxemia)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Mal Nutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy? none.

What test confirmed diagnosis? —

(Signed) James E Nelson, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Garrison home Cemetery Baco md — DATE OF BURIAL Nov 8 1925

20 UNDERTAKER John T Denny — ADDRESS 715 L, St

N. B.—WRITE PLAINLY, WITH UNFADING INK—AGE should be stated EXACTLY. PHYSICIANS should mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

194592

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03520

CERTIFICATE OF DEATH.

90 E 03520

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 715 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Baumann

(a) RESIDENCE No. 106 Poplar St. Curtis Bay ST., WARD F.
(Usual place of abode) Balto MD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Mrs. Elsie P. Baumann

6 DATE OF BIRTH (month, day, and year) Oct 22 1879

7 AGE Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
46	0	14 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 109

(b) General nature of industry, business, or establishment in which employed (or employer) Davison Chem Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio.

PARENTS

10 NAME OF FATHER Michael Baumann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant (Address) Johns Hopkins Hospital

15 Filed NOV 7 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/6/ 19 25

17 I HEREBY CERTIFY, That I attended deceased from 7/4/25, 19..... to 11/6/25, 19 ., that I last saw him alive on 11/6/25, 19 ., and that death occurred, on the date stated above, at 6 25 p m.

The CAUSE OF DEATH* was as follows:

Subacute bacterial endocarditis, Strep. Viridans
Mitral stenosis, aortic insufficiency
myocardial failure, Septicaemia
(duration) yrs. 4 mos + ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy + blood cultures

(Signed) Louis E. Martin, M. D.

, 19 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Md (Via Auto) — DATE OF BURIAL: Nov 10 1925

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1860 79

E 03521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03521

CERTIFICATE OF DEATH. + 84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wayne Smith

(a) RESIDENCE NO. 96 Phillips Room + Co ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian S.

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager 086

(b) General nature of industry, business, or establishment in which employed (or employer) Automobile

(c) Name of employer Gardner

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Chas. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Elizabeth White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 8 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Thur. 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2d, 1925, to Nov. 7th, 1925, that I last saw him alive on Nov. 7th, 1925, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor Benign, Adenoma of Pituitary

Several Years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov. 2, '25

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy & Oper

(Signed) Julian D. Hart M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C. DATE OF BURIAL Nov 7 1925

20 UNDERTAKER A. Baker ADDRESS 1611 E Oliver

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03522

CERTIFICATE OF DEATH.

X44 E 03522

1-PLACE OF DEATH Union Memorial Hospital Registered No.....

City of BALTIMORE: (No. 33rd Calvert St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. James E. Dempsey

(a) Residence No. 305 Pennsylvania Ave. Towson Md Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~Single~~ Married ~~Widowed, or Divorced,~~ (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~her~~ WIFE of Mamie E. Dempsey

6-DATE OF BIRTH (month, day and year) Sept 20, 1848

7-AGE. 77 yrs. 1 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer.....

009

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS

10-NAME OF FATHER, Richard J. Dempsey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Elizabeth Bowen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14-Informant Mrs James E. Dempsey

(Address) 305 Penn. Ave Towson

15-Filed NOV 8 - 1925 ROBERT R. KRAUSER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 6-25

17- I HEREBY CERTIFY, That I attended deceased from Oct. 28 1925 to Nov. 6 1925

that I last saw him alive on Nov 6 1925

and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

From history (Duration) 3 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

1 (Duration) yrs. mos. 8 Days

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 4, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Edwin G. Farrell M. D.

, 19 (Address) 11 W. Mt.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Prospect Hill DATE OF BURIAL. Nov. 9 1925

20-UNDERTAKER. John Burns Sons ADDRESS Towson Md

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 49 E 03523

Registered No.....

1-PLACE OF DEATH Univ Hospital

City of BALTIMORE: (No. Lombard & Greene St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Peterson

(a) Residence No. Locustville, Md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Jenny Peterson

6-DATE OF BIRTH (month, day and year) July 19-1863

7-AGE, 62 yrs. 3 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Guard Mail

(b) General nature of industry, business, or establishment in which employed (or employer) Invalid 30 yrs

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Harford Co. Md

PARENTS.

10-NAME OF FATHER, Thomas Peterson

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Harford Co. Md

12-MAIDEN NAME OF MOTHER, Sarah Cowell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Harford Co Md

14- (Informant) Mrs Peterson

(Address) 907 N. Gay St

Filed NOV 8 - 1925, 192 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11-7-25

17- I HEREBY CERTIFY, That I attended deceased from 7-21-25, 19 to 11-7-25, 19

that I last saw him alive on Nov 7, 19 25,

and that death occurred, on the date stated above, at 3:5 A.M.

The CAUSE OF DEATH* was as follows:

Post Operative Pneumonia

Following Prostatectomy

for Malignant Prostate (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Suppression Uremia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov 5th

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos J Corcoran, M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loc. M. E. Ch. DATE OF BURIAL, Nov 10 19 25

20-UNDERTAKER, W. C. Brooks ADDRESS Sparks

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

Leuffer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03525

CERTIFICATE OF DEATH.

E 03525

1-PLACE OF DEATH Ford's Harber on

CITY OF BALTIMORE: (No. Fort & Fell ST. 14-1 WARD) 182

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawson N Duffin

(a) RESIDENCE NO. 15-21 15'21 Druid Hill ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Duffin

6 DATE OF BIRTH (month, day, and year) 1876 Unascertained

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) For Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER John Duffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lizzie Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary Shields Duffin
(Address) 15'21 Druid Hill Ave

15 Filed NOV 8 - 1925 ROBERT R. KRAUTER Registrar
Burial Permit

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Unascertained (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning (Coroner)

(duration) ..... yrs. Sudden mos. ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James McFeeley, M. D. (Coroner.)

Nov 6, 1925 (Address) 700 Court

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 15'21 Druid Hill

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL Nov 8 1925

20 UNDERTAKER Samuel J Lemley

ADDRESS 578 N Eddy

over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03524

CERTIFICATE OF DEATH.

E 03524

1-PLACE OF DEATH In Garage on Potter Ave

CITY OF BALTIMORE: (No. 20-1 ST. ..... WARD)

REGISTERED NO. 181-0

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm R. Dougherty

(a) RESIDENCE NO. 4130 Mallard Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Dougherty

6 DATE OF BIRTH (month, day, and year) Oct 15th 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	-	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Marine Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto,

PARENTS

10 NAME OF FATHER Patrick Dougherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McHugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Francis P. Dougherty
(Address) 407 Warren Ave

15 Filed NOV 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Monoxide Gas Poisoning

(duration) ... yrs. mos ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. mos. ds.

(Signed) Wm. B. Norton, M. D. (Coroner.)

Nov. 6th, 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional items.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Nov. 10 1925
20 UNDERTAKER Margaret L. Flynn	ADDRESS 1422 Light

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 03526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH Mt Clare Shops B&O RR

CITY OF BALTIMORE: (No. Pratt St & Arlington Ave. WARD) 9-16

2-FULL NAME John Rensen Onderdonk

(a) RESIDENCE No. 2436 Eutaw Place WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 129 E 03526

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Alexandrina S. Onderdonk

6 DATE OF BIRTH (month, day, and year) Oct 15 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	—	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer of Tests
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B&O RR

9 BIRTHPLACE (city or town) (State or country) N.J.

PARENTS

10 NAME OF FATHER John R. Onderdonk

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Rosina Jacobs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.J.

14 Informant A. J. Garselon
(Address) Severna Park - M.G.C.R.R.

15 Filed NOV 8 - 1925 ROBERT F. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 @ 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation at once (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) One yrs. — mos. — ds.

(Signed) Thos B. Horton (Coroner.) M. D.

Nov. 7th, 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Nov 10 1925

20 UNDERTAKER Chas G. Black ADDRESS 742 W. Fayette St.

BEFORE SIGNING BE CERTAIN ALL ITEMS ARE ANSWERED. ANSWER "UNKNOWN" WHERE INFORMATION CANNOT BE OBTAINED. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 03527

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 03527

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gladys Burnett

(a) RESIDENCE NO. 1622 W. Lexington ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	22	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Liverdale Florida

PARENTS

10 NAME OF FATHER Jos. McCutchins

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Lula Fields

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Liverdale, Florida

14 Informant Ozia Burnett

(Address) 1622 W Lexington st

15 Filed 1622 W. Lexington st Registrar

NOV 8 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/5 1925

17

I HEREBY CERTIFY, That I attended deceased from 11/1 1925, to 11/5 1925,

that I last saw h alive on 11/5 1925,

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jos. Hulet Williamson, M. D.

, 19 (Address) West Baltimore Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Liverdale, Florida

DATE OF BURIAL 11/9 1925

20 UNDERTAKER A. Jones

ADDRESS 111 S. Eden St

A. B. White's should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03528 187-001E 03528

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Munsey Building.

CITY OF BALTIMORE: (No. Fayette & Calvert Sts. ST. 12-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter J.Patterson.

(a) RESIDENCE No 503 E.21st.St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced, HUSBAND of Sarah A.Patterson.

6 DATE OF BIRTH (month, day, and year) November 8, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	11	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Equitable Trust Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Owen Patterson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Feeney.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Sarah M.Patterson.(wife)
(Address) 503 E.21st.St.

15 Filed NOV 6 1925 192 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 6, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, crushed about the chest, Internal injuries, caught between elevator and shaft, Accidental Death.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Leinhardt M. D.
(Coroner)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	11/9 1925
20 UNDERTAKER Chas F. Wood & Son	ADDRESS 11 Bond St Royal Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-25—M&T—100 Bks.

E 03529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 E 03529

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hospital 23 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel O'Neill

(a) RESIDENCE No. 2731 N Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced (a) HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/4/1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 23
(b) General nature of industry, business, or establishment in which employed (or employer) Gatman
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Owen O'Neill

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Byrne

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant John O'Neill
(Address) 2731 N. Charles

15 Filed NOV 8 - 1925, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Embolism

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ex Pneumonia

(duration) yrs. mos. ds.

(Signed) J. C. Wades, M. D.
(Coroner)

Nov 8 1925 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethlehem Cem

DATE OF BURIAL 11/4 1925

UNDERTAKER J. Fahey Sons

ADDRESS 1318 E Lafay Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

See letter in file from Dr Bezdek MD Coroner 12-4-25

E 03530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03530

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 619 Fremont Ave. (ST.) 15-12 (WARD)

2-FULL NAME Julia H. Hunter.

(a) RESIDENCE No. 619 Fremont Ave. ST., WARD Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown. Deputy

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	H	H	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER H H

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER H

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ralph Bruce (Address) 619 Fremont Ave

15 Filed NOV 8 - 1925 192 ROBERT J. KRAUTER, Registrar
Burial Permit issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Fall
Fracture of Nose
Cerebral Hemorrhage
(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. ds.

(Signed) J. C. Hodel, M. D.
(Coroner.)

Nov 8 25, 192 (Address) 1433 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington Md. Lot

DATE OF BURIAL 11/10 192

20 UNDERTAKER A. J. Lebherz ADDRESS W 2006 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03531

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hollins Ferry Road Lakeland. 25-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace E. Messerschmidt.

(a) RESIDENCE. No. Hollins Ferry Road, Lakeland WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John G. Messerschmidt

6 DATE OF BIRTH (month, day, and year) March 23, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Eva Ditzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant (Address) Mr. John A. Forester Hollins Ferry Rd. Lakeland

15 Filed NOV 9 - 1925 ROBERT R. KRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 19 25, to Nov 6, 19 25, that I last saw her alive on Nov 6, 19 25, and that death occurred, on the date stated above, at 6. 40 P.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. S. Mitchell, M. D.

Nov 7, 19 25 (Address) 2320 Hall Blvd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov. 9 1925

20 UNDERTAKER Nelson E. Stiles

ADDRESS 320 Md Ave Westport

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

E 03532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

160

E 03532

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 532 W. Hoffman St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Snotum Wilson

(Residence in Baltimore: No. 532 W. Hoffman St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colord	Single

6-DATE OF BIRTH. Oct 13 1925
(Month) (Day) (Year)

7-AGE. .....yrs. .....mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work nn
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country) Balto City md

PARENTS.

10-NAME OF FATHER. William Wilson

11-BIRTHPLACE OF FATHER. (State or Country) Va

12-MAIDEN NAME OF MOTHER. Dorthia Cryer

13-BIRTHPLACE OF MOTHER. (State or Country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Wilson

(Address) 532 W. Hoffman St.

15- NOV 9 - 1925

Filed ..... 192. ROBERT B. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 6 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Hes death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) yrs..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs..... mos. 1 ds.

(Signed) G. C. Radcliffe M. D.

Nov 8 1925 (Coroner) (Address) 143 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn Cem	11/9/1925
20-UNDERTAKER.	ADDRESS
Dennis Carton	Cem

N. B.—Every item of information should be carefully supplied. Read instructions carefully, so that it may be properly classified. Exact statement of OCCUPATION state CAUSE OF DEATH in plain terms, so that it is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13-5-129

E 03533

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2568 Mc Culloh St. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Woodbridge

(a) Residence No. 2568 Mc Culloh St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of David Woodbridge

6-DATE OF BIRTH (month, day and year) June 20 1856

7-AGE. 15

69 yrs. 4 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Va

PARENTS.

10-NAME OF FATHER. Calvert Howard

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va

12-MAIDEN NAME OF MOTHER. Martha Hamer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va

14- (Informant) Father Woodbridge

(Address) 2568 Mc Culloh St

15- Filed ..... 192.. ROBERT P. KRAUSE, Registrar.

NOV 9 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 5-1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 4 19.25 to Nov 5 19.25

that I last saw her alive on Nov 5 1925

and that death occurred, on the date stated above, at 3.20 P.m.

The CAUSE OF DEATH* was as follows>

Chronic Interstitial Nephritis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pelletreau M. D.

, 19 (Address) 817 Hamilton Terr

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. Nov. 9, 1925

20-UNDERTAKER. Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St.

should be carefully supplied. AGE should be stated EXACTLY in years, months and days if less than one year. If unknown, this fact should be stated. Exact statement of OCCUPATION is very important. See In plain terms, so that it may be properly classified. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03534

CERTIFICATE OF DEATH.

X 12 3 ✓ E 03534

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home + Infirmary ST., ... WARD .....

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Edythe W. Dellinger

(a) RESIDENCE NO. Lonaconing, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Harry W Dellinger

6 DATE OF BIRTH (month, day, and year) Oct 26 1875

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
50	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Chas. H. Webb

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Katherine Mooney

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

14 Informant Mrs R. S. Cunningham

(Address) 3701 Tivoli Ave

15 Filed NOV 9 - 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1925, to Nov. 7, 1925, that I last saw h.r alive on Nov. 7, 1925, and that death occurred, on the date stated above, at 1.45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis 1a
with cholelithiasis 1b

(duration) ? yrs. ? mos ..... ds.

CONTRIBUTORY (Secondary) Purpura hemorrhagica (duration) ..... yrs. ..... mos. ? ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) George B Brice, M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore (Cedar)	Nov 9 1925

20 UNDERTAKER Henry J Keukis & Son

ADDRESS Orchard & McCulloh

N. B.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HUBERT F. KRAUTER BALTO. PRINT. CO.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03535

101-001 E 03535

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospl ST., (or) WARD)

2-FULL NAME Philip Glodek.

(a) RESIDENCE NO. 6th St Brooklyn Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia Glodek.

6 DATE OF BIRTH (month, day, and year) Feb 15 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	43.	8	21 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Moulder. 47

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Curtis Bay Coal Ship. Poland.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Cecelia Glodek. (Address) 6th Street Brooklyn Md

15 Filed ..... 19 ..... Registrar

NOV 9 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 19 25, to Nov 7, 19 25, that I last saw him alive on Nov 7, 19 25, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

(a) Acute Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Double Lobar Pneumonia.

(duration) yrs. mos. 5. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? Date of .....

Was there an autopsy? None.

What test confirmed diagnosis?

(Signed) James Whelan M. D.

, 19 (Address) 1213 Seglet St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross C & C	Nov 10 19 25
20 UNDERTAKER George A Weber	ADDRESS 2205 Bank

NOTE.—Information should be carefully supplied. AGE, OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

TYPE

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03536 E 03536

CERTIFICATE OF DEATH.

Registered No. 26-3 89

1-PLACE OF DEATH

City of BALTIMORE: (No. 318-N-Pulaski-St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME HERBERT ALTON KINSLEY Sr.

(a) Residence No. 318-N-Pulaski-St. St., Ward (Resident)
(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 47 yrs. 0 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: MALE

4-COLOR OR RACE: WHITE

5-Single, Married, Widowed or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Kinsley

6-DATE OF BIRTH (month, day and year) Oct-21-1878

7-AGE: 47 yrs. 0 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.? 16

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Foreman for the

(b) General nature of industry, business, or establishment in which employed (or employer): New Method Laundry Co.

(c) Name of employer:

9-BIRTHPLACE (city or town): Kendon
(State or Country): Mass.

PARENTS.

10-NAME OF FATHER: William Kinsley

11-BIRTHPLACE OF FATHER (city or town): not known
(State or Country): Massachusetts

12-MAIDEN NAME OF MOTHER: Franees Gassett

13-BIRTHPLACE OF MOTHER (city or town): not known
(State or Country): Massachusetts.

14- (Informant): Mrs. Carrie Kinsley (wife)
(Address): 318-N-Pulaski-St. City.

15- Filed, ..., 192.... ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 7/925

17- I HEREBY CERTIFY, That I attended deceased from March 11 1925 to Nov 7 1925 that I last saw him alive on Nov 6 1925 and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical

(Signed) H. Thomas M. D.

Nov 9 1925 (Address) 1228 E Cary St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: PROVIDENCE, R.I.

DATE OF BURIAL: Nov-9-25 19....

20-UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Exact statement of OCC... In plain terms, so that it may be properly classified. Exact instructions on back of certificates. Should be carefully supplied. Note shown on...

DAKS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03537

CERTIFICATE OF DEATH.

91-002 E 03537

1-PLACE OF DEATH

City of BALTIMORE: (No. TODOR HALL APTS. St. 12-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME WILLIAM LINCOLN SWAN

(a) Residence No. Tudor Hall Apts. St., Ward Oyster Bay, N.Y.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ? mos. ? ds. How long in U. S., If of foreign birth? 78 yrs. 5 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel T. Swan

6-DATE OF BIRTH (month, day and year) May-28-1847

7-AGE, 78 yrs. 5 mos. 11 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Law (self)

(c) Name of employer

9-BIRTHPLACE (city or town) New York
(State or Country) New York

PARENTS.

10-NAME OF FATHER, Benj. L. Swan

11-BIRTHPLACE OF FATHER (city or town) New York
(State or Country) New York

12-MAIDEN NAME OF MOTHER, Caroline Post

13-BIRTHPLACE OF MOTHER (city or town) New York
(State or Country) New York

14- (Informant) Mrs. Isabel T. Swan (wife)
(Address) Tudor Hall Apts., City.

15- Filed ....., 192.... Registrar.

NOV 3 1925 ROBERT L. KRAUTER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 8-25

17- I HEREBY CERTIFY, That I attended deceased from July 31, 1925, to Nov 8, 1925, that I last saw him alive on Nov 7th, 1925, and that death occurred, on the date stated above, at 7.15A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

do not know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Interpatio Jaundice (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) L. L. Wyatt, M. D.

, 19 (Address) Wyatt Worth Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, NEW YORK CITY, N.Y. DATE OF BURIAL, Nov-10-25

20-UNDERTAKER, STEWART & HOWEN COMPANY (WILLIAM F. HOWEN, Successor) ADDRESS 108 W. NORTH AVE.

Exact statement of OCCUPA ... important. See ... should be carefully supplied. ... in plain terms, so that it may be properly classified. Exa... instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03538

CERTIFICATE OF DEATH.

31 E 03538

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2343 Jno Elderg ST., 7-3 WARD)

2-FULL NAME Emma Mag. Bittle

(a) RESIDENCE NO. 2343 Mc Elderg ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George Bittle

6 DATE OF BIRTH (month, day, and year) Dec 14 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER Casper Lippert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Hinniger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: George Bittle
(Address) 2343 Mc Elderg St

15 Filed NOV 9 1925, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1925, to Nov 5, 1925, that I last saw h[illegible] alive on Nov 5, 1925 and that death occurred, on the date stated above, at 5.30 Pm

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum Test

(Signed) John H. Ommen M.D.

Nov 6, 1925 (Address) 35-N Potomac St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Balto	Nov 9 1925

20 UNDERTAKER: Jas C. Miller & Son ADDRESS 2334 Jefferson St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should take
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 03539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 03539

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1509 Mapleway ST., 19-2 WARD)

2-FULL NAME Ida M. Cooper

(a) RESIDENCE NO. 1509 Mapleway St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 29-1869

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56.		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER John A Munday

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mahala Britton

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14

Informant Chas Cooper
(Address) 1507 McHenry St

15

Filed . 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1920

17

I HEREBY CERTIFY, That I attended deceased from June, 1924, to Nov. 5, 1920, that I last saw h alive on Nov 4, 1920, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis 3 yrs
Diabetes Mellitus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Edward Neuvelaine M. D.

11/9/20 (Address) 2411 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 9 1920
20 UNDERTAKER	ADDRESS
Enoch Lefler	1600 W North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03540

CERTIFICATE OF DEATH.

REGISTERED NO. D 13540

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Francis Flaharty

(a) RESIDENCE NO. 941 Forrest st ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Yodel Flaharty

6 DATE OF BIRTH (month, day, and year) [illegible] 1875 (?)

7 AGE about	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 (?)	8	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Monotype operator

(b) General nature of Industry, business, or establishment in which employed (or employer) 163

(c) Name of employer The Baltimore Sun Balto, Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John E Flaharty

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Catherine Kelly

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Charles F Flaharty

(Address) 941 Forrest st

15 Filed ....., 19 ..... Registrar

ROBERT A. KRAUTER Registrar of Vital Statistics

NOV 9 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 6, 1925, to Nov 7, 1925, that I last saw him alive on Nov 7, 1925, and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Perforated Gastric Ulcer
Peritonitis, general

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Nov 6

Was there an autopsy? Yes

What test confirmed diagnosis? operation

(Signed) Walter Eagle, M. D.

Nov 7, 1925 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov 11 1925
20 UNDERTAKER	**ADDRESS**
Henry Hoeck Son	1316 E Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 03541

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 952 N. Eden ST., 10 WARD)

2-FULL NAME Francis Dressel

(a) RESIDENCE NO. 952 N. Eden ST. 10 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Car Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) Jr B & O. R.R. 03

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER John G Dressel

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Barbara Grey

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mr. Lewis D. Jacob
(Address) 952 N Eden st

15 Filed ..... 19 ..... Registrar

NOV 8 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 11th, 1925, to Nov 7th, 1925, that I last saw him alive on Nov 7th, 1925, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Signs

(Signed) L. Vine Parker, M. D.

Nov 8th, 1925 (Address) 1114 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov. 11 1925

20 UNDERTAKER Henry Hoeck Son ADDRESS 1301 E Eager st

NOTE—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S name and address should be plainly written. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03542

CERTIFICATE OF DEATH.

100-007

Registered No. 12-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 3012 St. Paul St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip S. Lassell

(a) Residence No. 3012 St. Paul St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec. 22, 1874

7-AGE, 50 yrs. 10 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Manufacturers Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Catonsville City Md.

PARENTS.

10-NAME OF FATHER, James Thomas Lassell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Charlestown Md

12-MAIDEN NAME OF MOTHER, Julia Anne Sanderson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N Carolina

14- (Informant), Marcella L. Scott

(Address) 3110 Presbury St.

15- Filed ....., 192.. ....., Registrar.

NOV 9 - 1925 Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 7 1925

17- I HEREBY CERTIFY, That I attended deceased from ..... 19.25 to Nov 7 19.25

that I last saw h. alive on November 7 19.25

and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(Duration) ....yrs. ....mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. M. Lytle M. D.

11/8 1925 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or if death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge — DATE OF BURIAL, Nov 9 1925

20-UNDERTAKER, George J. Smith — ADDRESS 1532 Pennsylvania Ave

Exact statement of OCCUPATION is very important. See instructions on back of certificates. Answer all questions in plain terms, so that it may be properly classified.

Spec.—1-12-23—M&T—500 Bks.

E 03543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03543

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3411 Mondawmin Ave (St.) 15-5 (Ward)

2-FULL NAME John W. Tarmon

(a) RESIDENCE No. 3411 Mondawmin Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Laura Tarman

6 DATE OF BIRTH (month, day, and year) Sept 24 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	93	8 7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Centerville Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Centerville Md

12 MAIDEN NAME OF MOTHER Laura Tolson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Centerville Md

14 Informant Bertha Tarman

(Address) 3411 Mondawmin Ave

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-6-1925

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1920, to Oct 6th, 1925, that I last saw him alive on Oct 6th, 1925, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

cerebral apoplexy

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility ?

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) Maurice E. Abramson M. D.

11/7, 1925 (Address) 3300 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chesterfield Cem. Centerville Md

DATE OF BURIAL 11-10-1925

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 7 1925 HUBERT R. KRAUTER Registrar Vital Statistics

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03544

CERTIFICATE OF DEATH.

90

E 03544

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 N Fulton ave ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George C Brown

(a) RESIDENCE No. 1013 N Fulton ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred? Sixteen yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Brown

6 DATE OF BIRTH (month, day, and year) July 26 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) 011

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co Md

PARENTS

10 NAME OF FATHER John J Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Middletown Va

12 MAIDEN NAME OF MOTHER Clara Kinnaird

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Brown

(Address) 1013 N Fulton ave

15 Filed NOV 5 - 1925, 19... HUBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8. 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1925 to Nov 8, 1925.

that I last saw h— alive on Nov 7, 1925

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Acute Uraemia as result of long standing Cardio-renal disease.

(duration) ... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Mitral insufficiency and Kidney Complication (duration) ... yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

11/8, 1925 (Signed) Bernard L. Faust, M. D. (Address) 1707 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	11-11 1925
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun Holliday

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 03545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 65-001 E 03545

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Carey ST. 14-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvador Vilella

(a) RESIDENCE No. 406 N. Carey ST., WARD Porto Rico

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 24-1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	3	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Mayaguez Porto Rico

PARENTS

10 NAME OF FATHER Luis Vilella

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lares Porto Rico

12 MAIDEN NAME OF MOTHER Mercedes Suau

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mayaguez Porto Rico

14 Informant (Address) Dr. F.M.Vilella 406 N.Carey St.

15 Filed ..., 19 ... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE OF BIRTH is very important See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1925, to Nov. 6, 1925, that I last saw h~~im~~ alive on Nov. 6, 1925 and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia

(duration) ... yrs. 3 mos ... ds.

CONTRIBUTORY (Secondary) anemia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Porto Rico

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? yes

(Signed) F. M. Vilella, M. D.

11-7-25 (Address) 406 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mayaguez, Porto Rico.

DATE OF BURIAL Nov 10 1925

20 UNDERTAKER Jos B Cook

ADDRESS 1006 N Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 03546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03546

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO. 16964

CITY OF BALTIMORE: (No. Raynor and Dukeland ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adaland May Crismer

(a) RESIDENCE NO. West Baltimore General Hospital ST., WARD Woodlawn Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 14, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	7	24 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Woodlawn
(State or country) Maryland

PARENTS

10 NAME OF FATHER Walter J. Crismer

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Bessie P. Meekins

13 BIRTHPLACE OF MOTHER (city or town) Woodlawn
(State or country) Maryland.

14 Informant Walter J. Crismer
(Address) Woodlawn, Maryland

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/8 19 25

17 I HEREBY CERTIFY, That I attended deceased from 11/2, 19 25 to 11/8, 19 25,
that I last saw h alive on 11/8, 19 25,
and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus peritonitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jos Hurst, Medical Examiner, M. D.

11-8-25 (Address) West Baltimore Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Roslyn Rd | DATE OF BURIAL Nov 10 1925

20 UNDERTAKER Jos B Cook | ADDRESS 1003 N Gilmor St

mation should be carefully supplied. Avoid abbreviations. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03547 — 101-806 — E 03547

1-PLACE OF DEATH: Mercy Hospital — 8-2 — REGISTERED NO.

CITY OF BALTIMORE: (No.) 806 N. Dallas St. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Grant

(a) RESIDENCE NO. 806 N Dallas St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Grant.

6 DATE OF BIRTH (month, day, and year): Feb 18, 1892

7 AGE: 33 Years | Months 9 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist — 031

(b) General nature of industry, business, or establishment in which employed (or employer): B & O.

(c) Name of employer: B. & O.

9 BIRTHPLACE (city or town) (State or country): Bald.

PARENTS

10 NAME OF FATHER: Peter J. Grant.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bald.

14 Informant: Mrs Alice Grant. (Address) 1536 N. Dallas St

15 Filed NOV 9 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-7-1925

17 I HEREBY CERTIFY, That I attended deceased from 11-6-1925, to 11-7-1925, that I last saw him alive on 11-7-1925, and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia.

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) H. Bogardt. M. D.

. 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County. — DATE OF BURIAL: Nov 11. 1925

20 UNDERTAKER: Geo. A. Rutter. — ADDRESS: 735 Hanover.

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

23 .003 1539 E 03548

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 27-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Toner (infant)

(a) Residence No. 218 Ridgecroft Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lif yrs. 3 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) July 13, 1925

7-AGE. yrs. 3 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jos. E. Toner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Gladys E. Raabe

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Jos. Esther Toner

(Address) 218 Ridgecroft Road

15- Filed NOV 9 - 1925 19 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11/7/25

17- I HEREBY CERTIFY, That I attended deceased from 9/30/ 1925 to 11/9/ 1925

that I last saw h. (alive) on 11/7/25 19

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Inanition, dehydration, progressive weakness of cardiovasc. apparatus due to a probable congenital pyloric stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Same hosp.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinically.

(Signed) S. Glick, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cemetery DATE OF BURIAL. Nov. 11 1925

20-UNDERTAKER. George L. Ruth ADDRESS 735 Harford Ave

in plain terms, so that it may be properly classified. Exact statement of occupations is very important. Use instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Vopel.

E 03549

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 03549

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Union Hospital

City of BALTIMORE: (No. Lombard & Greene St., 21-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Frederick Vopel

(a) Residence No. 1263 Wash. Blvd. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White.

5-~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Vopel

6-DATE OF BIRTH (month, day and year) Dec. 6. 1865

7-AGE, 59 60 yrs. 11 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)..... Watch

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Frederick Vopel

11-BIRTHPLACE OF FATHER (city or town). (State or Country). German

12-MAIDEN NAME OF MOTHER, Gusta Fisher

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Germany

14- (Informant) Lena Vopel

(Address) 1263 ~~Hopel~~ Wash Blvd

15- Filed ..... 192 ..... Registrar.

NOV 9 - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11 7 25

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 ....., 1925, to Nov 7 1925

that I last saw h~~im~~er alive on Nov 7 ....., 1925

and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Bladder

Hydronephrosis. Septic Kidney.

Cystoscopy prior to Death. Embolism?

..... (Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock 0 0 1

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Nov 7

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Thos J Boman, M. D.

, 19 (Address) Cumberland Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cemetery. DATE OF BURIAL, Nov 10 1925

20-UNDERTAKER, George J. Ruth ADDRESS 1735 Harford Ave

In plain terms, so that it may be properly classified. Exact statements of cause of death required. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 03550

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Kopenhauser

(a) RESIDENCE NO. 1621 Eager St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, ~~Married~~, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE Years 58 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer) Sindell & Mitchell

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Christian Kopenhauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline ? Kopenhauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Kathern Bauer

(Address) 1621 E. Eager St

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-31-, 1925, to 11-4-, 1925, that I last saw him alive on Nov. 4, 1925, and that death occurred, on the date stated above, at 9.30 p.m. The CAUSE OF DEATH* was as follows:

Primary Sarcoma of the neck with metastasis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Signs. Section

(Signed) Dr. C. E. Champe, M. D.

(Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery. DATE OF BURIAL 11/9 1925

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Avenue

mation should be correctly supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03551

CERTIFICATE OF DEATH.

66 E 03551

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Shannah

(a) RESIDENCE NO. 26 S High ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kansas city Mo

PARENTS

10 NAME OF FATHER Shannon

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Rev. O. B. Johnson
(Address) 1426 Eutaw Ave

15 Filed , 192 ROBERT R. KRAUTER Registrar

NOV 3 - 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Alcoholism

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fowler, M. D. (Coroner.)

Nov 8, 192 5 (Address) Fort Chard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? 26 S High St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincents Cem	11/10 25
20 UNDERTAKER	ADDRESS
Wm J Fisher Sons	Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificate.
TION is very important.

Spec.—1-12-23—M&T—500 Blks.

E 03552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

REGISTERED NO. E 03552

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 624 Edgewood ST. 16 (WARD)

2-FULL NAME Mary Frances Stevens

(a) RESIDENCE No. 624 Edgewood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: John W. Stevens

6 DATE OF BIRTH (month, day, and year): Jan 11 1859

7 AGE — Years: 66 Months: 9 Days: 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lucella King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Miss Ethel Stevens

(Address): 624 Edgewood St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1925, to Nov 6, 1925, that I last saw her alive on Nov 6, 1925, and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis and Secondary anemia

(duration) 3 yrs. + mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) S. Lloyd Johnson, M. D.

, 19 (Address) Frederick & Augusta.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Nov. 9 1925

20 UNDERTAKER: W. Fickner Sons. — ADDRESS: Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. See back of certificates.
TION is very important. See instructions on back o

Cor.—1-12-23—M&T—100 Bks.

E 03553

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003

E 03553

CERTIFICATE OF DEATH:

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem Hospital ST. 12-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis John Lederer

(a) RESIDENCE No University Apt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Lederer

6 DATE OF BIRTH (month, day, and year) June 14 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	4	23 24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grain Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) 045
(c) Name of employer L & M

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Lederer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kunigunda Strunck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Harriet Lederer
(Address) University Apts

15 Filed ..... 192 ..... Registrar

ROBERT R. KRAUTER
Vital Records Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ her death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

Automobile accident

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J Mooney, M. D.
(Coroner.)

Nov 7, 1925 (Address) 363 W Dudley

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mns., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mt Cem	Nov 9 1925
20 UNDERTAKER	**ADDRESS**
Wm J Sudbury Son	Monument

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 03554 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-04 E 03554

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 3240 Frederick Ave Balto Md 20-2 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Glick

(a) RESIDENCE NO. 3240 Frederick Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced (H)USBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
84				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchants

(b) General nature of industry, business, or establishment in which employed (or employer) Produce

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Glick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Mofsowitz

(Address) 3240 Frederick Ave.

15 Filed , 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Nov 8, 1925, that I last saw him alive on Nov 8, 1925 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

9 (duration) yrs. mos days

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Tests & Physical Exam

(Signed) Fred T. Kyper M. D.

, 19 (Address) 3321 Fredericks Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mutual Assn	11/9 19 25
20 UNDERTAKER Loch Levin	ADDRESS 1439 E Eager St

CAUSE OF DEATH should be plainly written, so that it may be properly classified. See instructions on back of certificates. TION is very important

Spec.—1-10-21—M&T—1500 Bks.

E 03555

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03555

99-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 East 29th ST., 9-3 WARD)

2-FULL NAME Margaret S Hawkins

(a) RESIDENCE No. 608 E. 29th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Harry L Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Katherine Barnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Harry L Hawkins
(Address) 608 E 29th St

15 Filed NOV 9 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1925, to Nov 8, 1925, that I last saw him alive on Nov 7, 1925 and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pneumonia.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H Bernard Keech M. D.

Nov 8, 1925 (Address) 305 N Collington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Nov 9 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03556 CERTIFICATE OF DEATH. 03556

1-PLACE OF DEATH University Hospital Registered No. 51

City of BALTIMORE: (No. 6 St., H-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Rhoades

(a) Residence No. Guthrieville Md. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1874

7-AGE. 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.
10-NAME OF FATHER. Joshua Harris
11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md
12-MAIDEN NAME OF MOTHER. Rachuell Harris
13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Record University Hospital
(Address) Lombard & Greene Sts

15- Filed NOV 3 - 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 7, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct. 10th 1925 to Nov. 7th 1925, that I last saw h[illegible] alive on Nov 7th 1925, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Toxic adenoma of Thyroid gland. Chronic fibrillation

Rheumatic Endocarditis (Duration) Yrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilitation of Heart (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hereford Baltimore	11-10, 1925
20-UNDERTAKER	ADDRESS
George T. A. Gibson	1735 Druid Hill Ave

In giving testimony, see that numbers correspond with instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03557

CERTIFICATE OF DEATH.

129 E 03557

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 Shalimar ST. 27-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alva Kennedy Parks

(a) RESIDENCE NO. 5244 Main St ST., WARD

(Usual place of abode) Arlington, Md.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua E. Parks

6 DATE OF BIRTH (month, day, and year) April 30 59

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Augustus Plowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elsdandle Mott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Joshua E. Parks (Address) 5244 Main St Arlington

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25 1925, to Nov 5 1925, that I last saw h[illegible] alive on Nov 5 1925, and that death occurred, on the date stated above, at 2:15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Microscopical tests.

(Signed) Robert F. Hardesty, M. D.

19 (Address) Station E.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Nov 9 1925

20 UNDERTAKER L. P. Fussell & Son ADDRESS 2620 St Paul

Spec.—1-12-23—M&T—500 Blks.

E 03558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03558

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 84 Baden hall ST., 22-2 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Gardener

(a) RESIDENCE No. 84 Baden hall ST., 23 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/8/1899

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hyden N. C.

PARENTS

10 NAME OF FATHER James H. Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Emma Sutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Cornes H. Gardener
(Address) 84 Badenhall St.

15 Filed ..... 19 ..... Registrar

NOV 9 - 1925 ROBERT R. KRAUTER, Health Department

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/8/1925

17 I HEREBY CERTIFY, That I attended deceased from 11/7/, 1925, to 11/8/, 1925,

that I last saw him alive on 11/8/, 1925

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation.

Pulmonary Oedema

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Laborer Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Atlantic Sugar Plant

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) W. M. Brisbane, M. D.

, 19 (Address) 759 Hilary St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenville N. C.

DATE OF BURIAL Nov 9th 1925

20 UNDERTAKER L. E. Brown & Son

ADDRESS Wilmington

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03559

CERTIFICATE OF DEATH.

24 001 E 03559

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 Thame Street ST. 2-2 WARD)

2-FULL NAME John . Pruchniewski

(a) RESIDENCE NO. 1628 Thame Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Veronica. Pruchniewski

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor 940

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mrs. Wiktorya . Wyprecht
(Address) 346 S. Regester Street

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/7/25 19

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26 19 25 to Nov 7 19 25,
that I last saw h[illegible] alive on Nov 7 25
and that death occurred, on the date stated above, at 930 p m.
The CAUSE OF DEATH* was as follows:

Cerbral Hemmtage

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Cerbral Embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J Kopanek M. D.

Nov 9 19 (Address) 501 S Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	Nov 10 1925

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 03560 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03560

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 S. Dallas Street ST. 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry . Pasko

(a) RESIDENCE No. 519 S. Dallas Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 20 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John . Pasko

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Katherine Krol

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mrs. Katherine . Pasko

(Address) 519 S. Dallas Street

15 Filed NOV 9 - 1925, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/8/25

17

I HEREBY CERTIFY, That I attended deceased from Oct. 29. 1925. to Nov. 8. 1925.

that I last saw him alive on Oct. 29, 1925;

and that death occurred, on the date stated above, at 3.05 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? C. S. & S.

(Signed) John J. Kruger, M. D.

, 19 (Address) 3627 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	Nov 9 1925

20 UNDERTAKER John M. Weber ADDRESS 1803 Bank

Spec.—1-19-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03561 — 23E 03561

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 S. Potomac ST., 1-4 WARD)

2-FULL NAME Louisa Dombroski.

(a) RESIDENCE NO. 623 S. Potomac ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

CAUSE OF DEATH to print items, so that it may be read as typed. See instructions on back of certificates. TION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Dombroski.

6 DATE OF BIRTH (month, day, and year) March 16 - 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	59	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER August Lestrowski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Francisca Kalkowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rosa Dombroski.
(Address) 623 S. Potomac St.

15 Filed NOV 3 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 3 1925, to Nov 7, 1925.

that I last saw h[illegible] alive on Nov 7, 1925.

and that death occurred, on the date stated above, at a. m.

The CAUSE OF DEATH* was as follows:

Encephalitis Lethargica

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Dr. R. V. Brown M. D.

19 (Address) 1125 S. Ellwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Holy Redeemer Cem. — DATE OF BURIAL Nov. 11 1925

20 UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Wolfe St.

Cor.—1-12-23—M&T—100 Bks.

E 03562

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03562

100-001

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Parish St. 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj Jones

(a) RESIDENCE NO. 1430 Parish St. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	2	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Louis Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Lydia Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Ella Jones (Address) 1430 Parrish St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

Contributory Influenza (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Wadey, M. D.

Nov 10 1925 (Coroner) (Address) 1430 Bway

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Nov 9 1925

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1463 N Carey St

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 03563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03563

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 N Wolfe ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles G Scheuerman

(a) RESIDENCE NO. 1800 N Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie Faduma

6 DATE OF BIRTH (month, day, and year): Aug 22-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	2	16 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Piano Tuner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Paul Scheuerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine Everdale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mamie Scheuerman (Address) 1800 N Wolfe

15 Filed ... 19... Registrar

NOV 9 1925 ROBERT R. KRAUTER, Medical Examiner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 8 1925

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1925, to Nov. 8, 1925, that I last saw him alive on Nov. 7, 1925 and that death occurred, on the date stated above, at 2 17 a m

The CAUSE OF DEATH* was as follows:

Carcinoma Thyroid

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Metastasis Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 12/25

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Jacob Frisch M. D.

1925 (Address) 1823 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Am

DATE OF BURIAL: Nov 11 1925

20 UNDERTAKER: John Ulmer & Co

ADDRESS: 2008 Alcaus

TION is very important. See instructions on back of

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03564

CERTIFICATE OF DEATH.

129 E 03564

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 348 N Biddle St. (or) 11-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Wiley

(a) RESIDENCE NO. 348 N Biddle ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of George Wiley

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Talbot Co Md

9 BIRTHPLACE (city or town) (State or country) Talbot Co Md

PARENTS

10 NAME OF FATHER Alexander Flamer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Charlotte Abbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant George Wiley (Address) 348 N Biddle St

15 Filed ....., 19.....

NOV 24 1925 ROBERT R. KRAUTER, Registrar

Registry

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1925, to Nov 6th, 1925, that I last saw her alive on Nov 4th, 1925, and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (duration) — yrs. 10 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Symptoms

(Signed) Edward E Mackenzie, M. D. (Address) 1339 N Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL Nov 9 1925

20 UNDERTAKER Samuel I Hemsley ADDRESS N Bdle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of cause of death TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03565

100-001 E 03565

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 742 Waesche ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Wilson

(a) RESIDENCE NO. 742 Waesche ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Wilson

6 DATE OF BIRTH (month, day, and year) Apl 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	86	7	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick mason 40 Bricklayer (duration) — yrs — mos 7 ds.

(b) General nature of industry, business, or establishment in which employed (or employer) Russell Brick Yard

(c) Name of employer Washington Road

9 BIRTHPLACE (city or town) (State or country) Pr Geo Co Md

PARENTS

10 NAME OF FATHER Edward Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pr Geo Co Md

14 Informant (Address) Mrs Lin Young 742 Waesche St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 30th, 1925, to Nov 6th, 1925, that I last saw him alive on Nov 6th, 1925, and that death occurred, on the date stated above, at 3. P m.

The CAUSE OF DEATH* was as follows

(Duration) — yrs — mos 7 ds.

CONTRIBUTORY (Secondary) Cystitis (duration) — yrs — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Edward E. Mackenzie, M. D.

Nov 8, 1925 (Address) 1339 W North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Com. DATE OF BURIAL Nov 10, 1925

20 UNDERTAKER Samuel D Hensley ADDRESS 578 N Bdle

ROBERT R. KRAUTER, Burial Permit Clerk.

CAUSE OF DEATH to be filled in plainly. See instructions on back of certificates.
TION is very important

Spec—12-23-21—E.B.P.S.—400 Bks.

E 03566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 03566

12-3

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 2735 St. Paul St. St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Jane Curran

(a) Residence No. 2735 St. Paul St St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 0 mos. 5 ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas Fleming Curran

6-DATE OF BIRTH (month, day and year) Oct. 31 1841

7-AGE.	If LESS than 1 day.
84 yrs. 0 mos. 5 ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, Capt Joel Whitney McDonald

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Do not know

12-MAIDEN NAME OF MOTHER, Mary Rosalia Dowd

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Do not know

14- (Informant) James F. Russell
(Address) 2735 St Paul St

15- Filed ... 192 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 6 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 7, 1925 to Nov 6, 1925

That I last saw h[er] alive on Nov 6, 1925

and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? 2735 St Paul

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) F. J. Kirby M. D.

7 Nov 1925 (Address) 115 E North Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	Nov- 10, 1925

20-UNDERTAKER. Henry McMeans & Son — ADDRESS 805 N Calvert St

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 03567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 03567

1-PLACE OF DEATH Christ's Institution Hospital

CITY OF BALTIMORE: (No. 704 Ensor St ST., 7-2 WARD)

REGISTERED No. E 03567

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roosevelt Spicer

(a) RESIDENCE No. 1035 N. Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colord	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work labor 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER fortune spicer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jula Stafford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant ethel deen
(Address) 420 N. Bond St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 8 1925

17 I HEREBY CERTIFY, That I attended deceased from October 15, 1925, to Nov. 8 —, 1925, that I last saw him alive on Nov. 8 —, 1925, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 1 yrs. 3 mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Wiseman

(Signed) Dr. L. W. Kennard M. D.

11-8, 1925 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md

DATE OF BURIAL nov 9 1925

20 UNDERTAKER Edward Bryan

ADDRESS 169 N Orleans St

CAUSE OF DEATH must be plainly written, so that it can be understood on back of certificates. TION is very important. See instructions on

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03568

CERTIFICATE OF DEATH.

49 E 03568

1-PLACE OF DEATH

CITY OF BALTIMORE. No. BALTIMORE CITY HOSPITALS 15-6 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Herman

(a) RESIDENCE No. 3015 Windsor Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	74 yr.	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Case Maker 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Christian Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Baltimore City Hospitals Records (Address)

15 Filed NOV 9 - 1925, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 1925

17

I HEREBY CERTIFY, That I attended deceased from March 2, 1925, to Nov. 8, 1925.

that I last saw him alive on Nov. 8, 1925.

and that death occurred, on the date stated above, at 8:05 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cystitis; pyelitis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

11/9, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov. 10 1925
20 UNDERTAKER	ADDRESS
Mr & Mrs John H. Teufel & Son	801 W. Fayette St

CAUSE OF DEATH must be plainly stated. See instructions on back of certificates. TION is very important.

Burial Permit Clerk

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03569

CERTIFICATE OF DEATH.

E 03569

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 East st ST. 5-1 WARD)

2-FULL NAME Albert King

(a) RESIDENCE. No. 128 East ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna King

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cement worker

(b) General nature of industry, business, or establishment in which employed (or employer) Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Anna King
(Address) 128 East

15 Filed . 19 Registrar

NOV 9 - 1925 ROBERT R. KRAMER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1925, to Nov 6, 1925, that I last saw h... alive on Nov 6, 19..., and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Gastric & Intestinal Cancer

(duration) uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Hopkins

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. Clyde Burns, M. D.

11-9-25, 19 (Address) 207 232

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Nov. 10 1925

20 UNDERTAKER Mrs J. H. Locke ADDRESS 1302 Pitts

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 V E 03570

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Yellott.

(a) RESIDENCE No. Cockeysville Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov - 8 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or 15 min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — (b) General nature of industry, business, or establishment in which employed (or employer) — (c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Kinlock N. Yellott

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Gertrude Bosley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant W. E. Sisson (Address) Johns Hopkins Hospital

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov - 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 8, 1925, to Nov 8, 1925

that I last saw her alive on Nov 8, 1925

and that death occurred, on the date stated above, at 11⁰⁰ p m.

The CAUSE OF DEATH* was as follows:

Atelectasis, congenital

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W. E. Sisson M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mears Cemetery Hanford Va.	Nov. 9 1925
UNDERTAKER	ADDRESS
Henry W. Mears & Son	805 N. Calvert St.

CAUSE OF DEATH to plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Robert F. Harrison

Burial Permit Clerk

Spec.—1-19-21—M&T—1500 Bks.

E 03571

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 03571

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2055 Gough ST., 2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel D. Harrington.

(a) RESIDENCE NO. 2055 Gough ST., 2 WARD.....

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah M. Harrington

6 DATE OF BIRTH (month, day, and year) March 27 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	7	11 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Scaler

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Daniel D. Harrington

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Louise Smith

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Hannah M. Harrington.
(Address) 2055 Gough St

15 Filed ....., 19..... Registrar

9-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 7, 19 25, to Nov 7, 19 25,

that I last saw h.. alive on Nov 7, 19 25,

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ½ ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. ½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Geo Nelson MD, M. D.

8/11, 19 25 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Nov. 10 1925

20 UNDERTAKER Lilly & Zeiler ADDRESS 1038 Wash Ave

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03572

1-PLACE OF DEATH 1030 Sharp St. Registered No.....

City of BALTIMORE: (No. 1030 St., 23-1 Ward)

2-FULL NAME. (Baby Girl Johnson No 1. twin) Margaret Johnson.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1030 Sharp St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 26, 1925

7-AGE, ...yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)... Baltimore
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph Johnson

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country), Md.

12-MAIDEN NAME OF MOTHER, Sarah Bryan

13-BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or Country), Md.

14- (Informant) Sarah Johnson
(Address) 1030 Sharp St.

15-
Filed ..... 192.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 4, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 26, 1925 to Nov. 4, 1925
that I last saw h.. alive on Nov. 4th, 1925,
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:
Thrombosis colica-media artery with early gangrene of transverse colon.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hydronephrosis right — congenital
(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Exam & Autopsy

(Signed) Frederick A. Snyder M. D.
Nov 6 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL, ... 19....

20-UNDERTAKER. Commissioner Health. ADDRESS

NOV 6 1925

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03573 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03573

CERTIFICATE OF DEATH. 38

1-PLACE OF DEATH — Registered No.

City of BALTIMORE; (No. 738 Pennsylvania Ave Ward 17-2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Boy Stevenson

(a) Residence No. 738 Pennsylvania Ave Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1hr 25 min. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 6, 1925

7-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 1 hrs. 0 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer). 000

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. William Stevenson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Laura Washington

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant). Laura Stevenson

(Address). 738 Pennsylvania Ave

15- Filed ..... 19?.....

Robert T. Harrison, Registrar.

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 6 1925 to Nov. 6 1925

that I last saw him alive on Nov. 6 1925

and that death occurred, on the date stated above, at 9:10 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Maternal syphilis (Wassermann positive 10-29-25)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick M. Snyder M. D.

Nov 6, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ... 19..

20-UNDERTAKER. Commissioner Health.

ADDRESS NOV 9 1925

Per. Wm. E. Woodall

Burial Permit 888

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03574

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03574

CERTIFICATE OF DEATH.

161-001

18-1

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. University Hospital St., Lombard & Greene Sts Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby ~~Boy~~ Stevens

(a) Residence No. 948 W. Franklin St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 hrs. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 5, 1925

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 14 hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Stevens

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Ethel Miller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) James Stevens (Address) 948 W. Franklin St.

15- Filed ..... 192.... Registrar.

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 5, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1925 to Nov. 5th 1925

that I last saw h[illegible] alive on Nov. 5th 1925

and that death occurred, on the date stated above, at 7.00 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs....mos. 14 hrs

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

18-Where was disease contracted if not at place of death? 948 W. Franklin St.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) Frederick R. Snyder, M. D.

Nov. 5 1925 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL, ..., 19....

JOHNS HOPKINS HOSPITAL

20-UNDERTAKER, Commissioner Health. ADDRESS

Robert P. Hartley

NOV 5 1925

NOV 5 - 1925

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 W Lexington St., Ward 19-1) REGISTERED No. 101-001

2-FULL NAME Wm. (Wallis) Gough (Goff)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE. No. 1626 W. Lexington St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C	Mar

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Freight Handler.

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer Penn RR

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Gough
(Address) 1003 Leadenhall St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 26 1925, to Nov 9, 1925, that I last saw h[illegible] alive on Nov 9, 1925, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Norwood, M. D.

19 (Address) 939 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery Md	11/10/1925
20 UNDERTAKER Dennis Fenton	ADDRESS 916 Penn

Instructions on back of certificates. See instructions on back of certificates. Exact statement of OCCUPATION very important.

Spec.—1-12-23—M&T—500 Bks.

E 03576

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03576

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital St. 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Zeke Reed:

(a) RESIDENCE NO. 506 W. Preston St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs L.A. Reed.

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) 659

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Md

PARENTS

10 NAME OF FATHER Aubrey Reed:

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Flora Buchan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Flora Reed

(Address) 506 W. Preston St.

15 Filed ....., 19 ..... Registrar

Robert P. Harrison,

Chief Bureau Vital Records

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 8 1925

17 I HEREBY CERTIFY, That I attended deceased from November 6, 1925, to November 8, 1925, that I last saw h... alive on November 8, 1925, and that death occurred, on the date stated above, at 10 0 m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

Bronchitis (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John P. Monroe M. D.

, 19 (Address) Colonial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Knollwood Cemetery

DATE OF BURIAL 11/11/1925

20 UNDERTAKER Dennis Easton

ADDRESS 916 Cha...

Spec.—1-10-21 M&T 1500 Blks.

E 03577

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03577

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals (T 4-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene Johnson

(a) RESIDENCE NO. 772 Vine st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Chas. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Interment (Address) Hospital Records

15 Filed ..., 19 ... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1925, to Nov. 7, 1925, that I last saw her alive on Nov. 7, 1925, and that death occurred, on the date stated above, at 7.35 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D.C. McClure M. D.

11-7-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 11/10/1925

20 UNDERTAKER David Carson

ADDRESS 916 Mc

TION is very important. See instructions on back of certificates.

03578

1 PLACE OF DEATH Baltimore City
Ritter Rambler Line & Holland's Ferry Road
City Lakeland (No.) In City 5 mi (Ward)

X E03578

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 3515

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marie E. Dixon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

DATE OF BIRTH: Sept 1, 1857 (Month) (Day) (Year)

AGE: 68 yrs. 2 mos. 8 ds. If LESS than 1 day ..... hrs. or ..... min. ?

OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business, or establishment in which employed or (employer):

BIRTHPLACE (State or country): A. A. Co. Md.

PARENTS

10 NAME OF FATHER: William Scott

11 BIRTHPLACE OF FATHER (State or country): A. A. Co Md.

12 MAIDEN NAME OF MOTHER: Anna L. Sears

13 BIRTHPLACE OF MOTHER (State or country): A. A. Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Dixon

(Address) 1835 W. Crays St

Filed Nov 9 1925 192 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 9, 1925 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Sept 10 1925, to Nov 9, 1925, that I last saw her alive on Nov 8, 1925, and that death occurred on the date stated above, at 4 16 p.m.

The CAUSE OF DEATH * was as follows:

Tuberculosis of right Lung.

(Duration) 1 yrs. — mos. — ds.

Contributory
Secondary

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Raymond Glenn M. D.

Nov 9 1925 (Address) Lakeland

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... da. In the State, ... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence Annapolis Md.

19 PLACE OF BURIAL OR REMOVAL: Taylor & Sons DATE OF BURIAL: Nov 12, 1925

20 UNDERTAKER: Annapolis Md ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1.

Cor.—1-12-23—M&T—100 Bks.

E 03579

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03579

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Witt Ballou

(a) RESIDENCE NO. 914 E Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred / yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice E Ballou

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Window Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer) Washing Windows
(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Charles W. Ballou

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Judith McCraw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Nathaniel Ballou
(Address) 201 E. N. Davis St Richmond Va

15 Filed Nov 10 1925, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic alcoholism

(duration) yrs. mos. ds.

(Signed) James M Kemp, M. D.
(Coroner.)

Nov 9, 1925 (Address) 700 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Nov 10 1925

20 UNDERTAKER ADDRESS

Tom Doo 1512 E Fayette

Spec.—6-9-19—H. P. Co.—1000 Bks.

Infant Lange.

E 03580

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 03580

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Booth St. 20-3 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Leonard Lange & Wife

(a) RESIDENCE. No. 2117 Booth ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-8-25

7 AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Leonard Lange

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Lena Nick

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Leonard Lange
(Address) 2117 Booth St.

15 Filed ..... 19 .....

Registrar

Robert P. Garrison
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1925, to Nov 8, 1925, that I last saw h.. alive on Nov 8, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
6½ months
(duration) yrs. mos. ds.

CONTRIBUTORY —
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Wm. Hammond Lach, M. D.

Nov 9, 1925 (Address) Light St & Warren Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Loudon Park Cemetery Nov. 10 1925

20 UNDERTAKER — ADDRESS

George L. Schwab 1101 Bank Ave.

THIS IS VERY important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1294 E 03581

1-PLACE OF DEATH West Baltimore Genral Hospital 21-3 REGISTERED NO.

CITY OF BALTIMORE: (No. Raynor Ave. & Oakland ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Hall

(a) RESIDENCE NO. 514 W. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Hall

6 DATE OF BIRTH (month, day, and year) June 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Barber Higher W. Va

PARENTS

10 NAME OF FATHER Samuel Short

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Hannah Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant Wm Hall (Address) 514 W. Carey St

15 Filed NOV 10 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 9. 1925. to Nov 6 1925, that I last saw her alive on Nov. 5 1925, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Chronic Nephritis.
General Anemia.

(duration) — yrs. 9 mos — ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation.

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinically.

(Signed) D. Wyseur Jr. M. D.

, 19 (Address) West Baltimore Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Nov 10 1925

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03582

CERTIFICATE OF DEATH.

10-2 74-001

E 03582

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 1207 N. Eden St ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Eller

(a) RESIDENCE NO. 1207 N. Eden St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Margaret Eller

6 DATE OF BIRTH (month, day, and year) June 24-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	4 5	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Maker
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Conrad Eller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Morris W. Barrett
(Address) 1207 N. Eden St

15 Filed NOV 10 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy (Hemorrhage)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Bacon, M. D.
(Coroner.)

11-9-25 192 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetery	Nov 10 1925
20 UNDERTAKER Robt G Turner Sons	ADDRESS N 1432 Broadway

Spec.—1-12-23—M&T—500 Bks.

E 03583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 03583

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp. ST., 22-1 WARD)

2-FULL NAME Percy Williams

(a) RESIDENCE NO. 625 Paca St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) not given

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Freeman

(c) Name of employer not given.

9 BIRTHPLACE (city or town) (State or country) not given

PARENTS

10 NAME OF FATHER not given.

11 BIRTHPLACE OF FATHER (city or town) not given (State or country)

12 MAIDEN NAME OF MOTHER not given.

13 BIRTHPLACE OF MOTHER (city or town) not given (State or country)

14 Informant U.S. Marine Hospital (Address) Fleming Ave

15 Filed ....., 19 ..... Registrar

ROBERT R. KRAUTER

NOV 10 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 1925

17

I HEREBY CERTIFY, That I attended deceased from August 13, 1925, to Nov. 8, 1925, that I last saw him alive on Nov. 8, 1925, and that death occurred, on the date stated above, at 12:15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Sea.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory & Clinical

(Signed) [illegible] M.D.

11/9, 1925 (Address) U.S. Marine Hospital Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 11/10 1925

20 UNDERTAKER Sol. Levinson & Co

ADDRESS 1127 E Baltimore St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03584

CERTIFICATE OF DEATH.

188 E 03584

1-PLACE OF DEATH Penna R.R. near Monument St.

CITY OF BALTIMORE: (No. ..... ST., 9-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick F Borneman

(a) RESIDENCE NO. 1100 E. Hoffman ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 35 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb 1-1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	9	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Track Walker
(b) General nature of industry, business, or establishment in which employed (or employer) Penna R. R.
(c) Name of employer 013

9 BIRTHPLACE (city or town) (State or country) Phila. Pa.

PARENTS

10 NAME OF FATHER Adam Borneman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary A. Wolfe
(Address) 1100 E. Hoffman

15 Filed NOV 10 1925 192 ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8-25 92

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Crushed Skull(dome) and other injuries. Struck by R.R. Engine while "walking" track.(Accident)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) J S H Patterson, M. D.
(Coroner.)

11-10-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	11 11 1925

20 UNDERTAKER	ADDRESS
George J Ruth	1735 Harford Ave

Spec.—I-10-21—M&T -1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03585

CERTIFICATE OF DEATH.

90 E 03585

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 N Lexington ST. H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Juliana A. Reis

(a) RESIDENCE NO. 746 N Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Reis

6 DATE OF BIRTH (month, day, and year) May 1 1842

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER David Kalwrit

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Juliana A. Eckman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Family Record

(Address)

15 Filed NOV 10 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1925 to Nov 8 1925

that I last saw h alive on Oct 25 1925

and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

old age

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Geo. W. Kummeter M. D.

11/8, 1925 (Address) 3002 Garrison Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bethel Cem. Alexandria Va	11-10 1925

20 UNDERTAKER Wm Chas A G Rohde ADDRESS Cor. N Lexington Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 03586

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View Asylum WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin A. Wilson

(a) RESIDENCE No. #5 Cozin Hill Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Flora Wilson

6 DATE OF BIRTH (month, day, and year) 1862 Feb. 24.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Josiah Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records Balt. City Hospitals

15 Filed NOV 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to Nov 6, 1925, that I last saw him alive on Nov 6, 1925, and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Glioma of Right hemisphere resulting in left sided hemiplegia (Pre + Post Central Convolutions) (duration) yrs. 3 (three) mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov. 3-

Was there an autopsy? no

What test confirmed diagnosis? Surgical + Lab Tests

(Signed) Dr. P. Thompson Jr., M. D.

Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Nov. 10 1925

20 UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Road

ROBERT R. KRAUTER, Burial Permit Clerk

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03587

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 100 E 001 03587

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST. 13-6 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Katherine Rubin

(a) RESIDENCE NO. 2036 Park Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, widowed, or divorced (~~HUSBAND of~~ or) WIFE of Harry E. Rubin

6 DATE OF BIRTH (month, day, and year) July 29, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 37

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Cumberland (State or country) Maryland.

PARENTS

10 NAME OF FATHER Dr. Ashwell C. Brewer

11 BIRTHPLACE OF FATHER (city or town) Jone Elen (State or country) Tennessee.

12 MAIDEN NAME OF MOTHER Adele Cesana

13 BIRTHPLACE OF MOTHER (city or town) Rainsburg (State or country) Pennsylvania

14 Informant Dr. A. C. Brewer (Address) 2036 Park ave.

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 8 , 1925 , to Nov. 10 , 1925 , that I last saw her alive on Nov 10 , 1925 , and that death occurred, on the date stated above, at 8 00 a. m.

The CAUSE OF DEATH* was as follows: Broncho Meningitis and Pneumonia (Organism not determined)

(duration) ..... yrs. mos 5 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore, Maryland.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. W. Dorsey Jr , M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Nov 12 1925
20 UNDERTAKER	ADDRESS
John Oldfield Sons	Fayette

NOV 10 1925 ROBERT P. KRAMER

TION IS very important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

E 03588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 03588

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mel. Gen. Hosp ST. 15-6 WARD)

2-FULL NAME Mrs Sallie E. Miller

(a) RESIDENCE No. 3709 Springvale Ave. WARD Govans Dist.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widowed

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of David Miller

6 DATE OF BIRTH (month, day, and year) July 3, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. ppr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jacob. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret Spurrier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs W. C. Scott.

(Address) Bancroft Rd-Baltimore Md.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8, 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-2-25, 1925, to 11-8-, 1925, that I last saw her alive on 11-8-, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro-Vascular-bulbar-lesion

Squamous cell Carcinoma of Uterus

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Jno A. Kemp Kerr M. D.

, 19 (Address) Md General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Nov 10 1925

UNDERTAKER John O'Mulchall

ADDRESS 1210 E. Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 03589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 03589

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 725-E. La Fayette ST., 8-2 WARD)

2-FULL NAME Marie Corinne Cullender

(a) RESIDENCE NO. 725-E. La Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond L.

6 DATE OF BIRTH (month, day, and year) Sept 6-1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	27	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Stone 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER Joseph Boschiran

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Raymond Cullender (Address) 725-E. La Fayette

15 Filed ..... 19 ..... Registrar

NOV 10 1925 ROBERT R. WRAUTES, Health Commissioner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 15 . 1925 . to Nov 9 . 1925 .

that I last saw h e alive on Nov 9 . 1925

and that death occurred, on the date stated above, at 12-1 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W. E. Reamer M. D.

Nov 9 19 25 (Address) 1301 N Bat Rk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Nov. 11	1925
20 UNDERTAKER Wm Cook & Estate Sons.	ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 03590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 03590

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Wilson Heights Terrace ST.; WARD) 57-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Petrea Hansen

(a) RESIDENCE NO. Wilson Heights Terrace ST.; WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Isaac Hansen

6 DATE OF BIRTH (month, day, and year) May 12 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Women

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER Bjorson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Pedersen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Isaac Hansen (Address) Wilson Heights Terrace

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 5 1925 to Nov 7 1925 that I last saw h alive on Nov 7 1925 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion + Tonsilitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones, M. D.

19 (Address) 4 pm Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park bur	11/10 1925
20 UNDERTAKER J J Moran	ADDRESS 3000 E. Baltimore

KODAK

Spec.—1-12-23—M&T—500 Blks.

E 03591 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001 E 03591

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Pennsylvania ave ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Jawbson

(a) RESIDENCE NO. 807 Pennsylvania ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Jawbson

6 DATE OF BIRTH (month, day and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Simon Jawbson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Louis
(Address) 1727 E Balto St

15 Filed NOV 10 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 5th, 1925, to Nov. 8th, 1925, that I last saw him alive on Nov. 8th, 1925, and that death occurred, on the date stated above, at 21-9 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pyelonephritis.

(duration) yrs. 6 mos. 7 ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Physical signs of pneumonia, Urinalysis for kidney.

(Signed) O. H. Hoffman, M. D.

11/9, 1925 (Address) 3400 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rehsen Rosedale	Nov 12 1925

20 UNDERTAKER Jack Louis ADDRESS 1727 E Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03592 CERTIFICATE OF DEATH. * 101-30 E 03592

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. ~~No.~~ Mercy Hospital ST., 11-3 WARD)

2-FULL NAME Mr. Fred Kriegel

(a) RESIDENCE NO. Mount Airy Carroll Co. Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE W. | 5 Single, ~~Married, Widowed, or Divorced, (write the word)~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE 54. Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant
(Address)

15 Filed . 19 . ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-7-1925

17 I HEREBY CERTIFY, That I attended deceased from 11-6- , 1925 to 11-7- , 1925, that I last saw him alive on 11-7- , 1925, and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. F. Brugard. M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
JOHNS HOPKINS HOSPITAL — NOV 10 1925

20 UNDERTAKER — ADDRESS
U.S. Undertaker Dept.

Spec.—1-12-23—M&T—500 Blks.

E 03593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03593

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Appleton St. 16-5 129 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Knapp

(a) RESIDENCE NO. 607 Appleton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Knapp

6 DATE OF BIRTH (month, day, and year) Sept 28, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min
	72	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Father Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany?

12 MAIDEN NAME OF MOTHER Dorethea Goldemiller?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany?

14 Informant Mr Henry Knapp

(Address) 607 Appleton St

15 Filed ..... 19 ..... Registrar

NOV 10 1925 ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8th 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 5 1923, to Nov 8 1925,

that I last saw her alive on Nov 8 1925

and that death occurred, on the date stated above, at 10 P m

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. 2 mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 2 yrs. 2 mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam. & Laboratory

(Signed) G W Billups, M. D.

19 (Address) 222 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Nov 11 1925

20 UNDERTAKER Jos Joerdens & Son — ADDRESS 217 S Paca st

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03594

CERTIFICATE OF DEATH.

24-001 E 03594

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 31st Riversidave ST., 24-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Flora Lowry.

(a) RESIDENCE NO. 11 31st Riversidave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo H. Lowry.

6 DATE OF BIRTH (month, day, and year) 10/31/1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	59	—	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 07

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joshua Stansbury

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Stonesiffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Schier
(Address) 11 31st Riverside

15 Filed NOV 10 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 18, 1925, to Nov 7, 1925, that I last saw h.. alive on Nov 7, 1925, and that death occurred, on the date stated above, at 12.40 a. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Wheeler M. D.

11/8, 1925 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	11/10 19 25
20 UNDERTAKER	ADDRESS
J. B. Fahey & Sons	1318 Light St.

Spec. 10-21—M&T—1500 Bks.

~~Wright~~ - Knight

1855 36

E 03595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 129

E 03595

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

2-FULL NAME Charlotte Wright

(a) RESIDENCE No. Winchester Va. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sam'l B. Wright

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 37

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Pa.
(State or country)

PARENTS

10 NAME OF FATHER Chas. Pouley

11 BIRTHPLACE OF FATHER (city or town) ..... Eng.
(State or country)

12 MAIDEN NAME OF MOTHER Miller

13 BIRTHPLACE OF MOTHER (city or town) ..... Pa.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 10 1925, 19 ..... RUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10th 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 12th, 1925, to Nov. 10th, 1925.

that I last saw her alive on Nov 10th, 1925

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis (type undetermined)

..... (duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) —

..... (duration) — yrs. ..... mos. — ds.

18 Where was disease contracted if not at place of death? Winchester, Va.

Did an operation precede death? No Date of —

Was there an autopsy? No. Urine examination

What test confirmed diagnosis? Blood chemistry

(Signed) E. L. Walsh, M. D.

, 19 (Address) John Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Winchester Va.	Sept 12th 1925
20 UNDERTAKER	ADDRESS
Ed B. Hack	E. Main St.

TION is very important. See instructions on back of certificates.

E 03596

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

CERTIFICATE OF DEATH.

E 03596

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Lombard & Central Ave., St., 32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Miller

(Residence in Baltimore: No. 241 S. Eden St.; yrs. 36 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Unknown (Month) (Day) 1871 (Year)

7-AGE. 54 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Benj. Miller

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Sarah ------

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Miller

(Address) 2040 E. Fairmount Ave.

15-

Filed NOV 10 1925 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 9th (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above. (Inquest, autopsy or Inquiry.)

The CAUSE OF DEATH* was as follows:

Acut alcoholism

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(Duration) 3 yrs. ....mos. ....ds.

(Signed) James M. Hanlon M. D. (Coroner.)

Nov 10 1925 (Address) 700 E. Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Hebrew Wash. Rd. 11-12- 1925

20-UNDERTAKER. ADDRESS

Jacl Lewis, 1739 E. Oaks.

Spec.—8-24-14—M. & T.—2000 Bks.

E 03597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 03597

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Francis Academy 10-1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Pleasant.

(Residence in Baltimore: No. St. Francis Academy Chase St.; 8 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, C.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 1st (Day) 1917 (Year)

7-AGE, 8 yrs. 4 mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 000
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Pleasant

11-BIRTHPLACE OF FATHER (State or Country), Chicago Ill

12-MAIDEN NAME OF MOTHER Frances Hay

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Francis Academy

(Address) Chase & Forrest sts.

15-

Filed ....., 191.....

Robert P. Harrison, Registrar.

D 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 9. (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1924, to Nov. 9 1925, that I saw her alive on Nov. 6. 1925, and that death occurred, on the date stated above, at 4 P.m.

The CAUSE OF DEATH* was as follows:

.....;

.....Pulmonary Tuberculosis

..... (Duration)...1...yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Mary F. Voegtlen M. D.

11-9-, 1925 (Address) 1028 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Parford Rd | DATE OF BURIAL, Nov 12, 1925

20-UNDERTAKER Mrs R.G. Elliott | ADDRESS 735 Eastland Av.

Spec.—1-10-21—M&T—1500 Bks.

E 03598 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03598

CERTIFICATE OF DE...

161-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 Scott ST. 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Comer

(a) RESIDENCE No. 126 Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Sgl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or 10 min.
Still Birth			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Raymond Comer

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Hannie Farrell

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14

Informant

(Address) JOHNS

15 Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/8/25

17

I HEREBY CERTIFY, That I attended deceased from 11/8/25, to 11/8/25, 19

that I last saw h— alive on 11/8/25, 19

and that death occurred, on the date stated above, at 9.50 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(6 hrs.)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Raymond F. Terry, M. D.

11/8/25 (Address) 9 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	Nov 9 - 1925

20 UNDERTAKER Commissioner Health.

ADDRESS

Per. Nra. S. [illegible]

10

Filed 1925, 19

Robert P. Harrison,

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

E 03599

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03599

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E Montgomery ST., 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louise H. Krausch

(a) RESIDENCE NO. 15 E Montgomery ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs F. Krausch

6 DATE OF BIRTH (month, day, and year) Jan 21 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9 8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William F. Krausch

(Address) 15 E. Montgomery St

15 Filed Nov 10 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ Nov 2, 1925, to Nov 8, 1925, that I last saw her alive on Nov 7, 1925, and that death occurred, on the date stated above, at 4.00 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

from History (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Cushman, M. D.

Nov 9, 1925 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov 11 1925
20 UNDERTAKER	ADDRESS
F. A. Kilmer & Son	703 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 03600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03600

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST. 14-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Kelly

(a) RESIDENCE No. 2017 Eutaw Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
	54	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of empioyer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER William J. Kelly

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md

12 MAIDEN NAME OF MOTHER Katherine J Corcoran

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md

14 Informant Mt Hope Nurses
(Address) Mt Hope Retreat.

15 Filed ..., 19 Robert P. Harrison Registrar

0 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from May 7 1923 to Nov 10 1925, that I last saw her alive on Nov 8 1925, and that death occurred, on the date stated above, at 7.50 a m.

The CAUSE OF DEATH* was as follows:

Epileptic Convulsions.

Unknown (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

Sudden (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter P. Hall, M. D.

, 19 (Address) Mt. Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	11/11 1925
18 UNDERTAKER	ADDRESS
Chas. F. Kraus & Son	1811 N. Royal Ave

Spec.—1-12-23—M&T—500 Bks.

E 03601 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03601

CERTIFICATE OF DEATH.

91-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Forest ST. 10-1 WARD)

2-FULL NAME James King

(a) RESIDENCE NO. 925 Forest ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary J. King

6 DATE OF BIRTH (month, day, and year) 1859 June 7,

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer King on Prov. Co.

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Wife Mrs. Mary J. King 925 Forest St.

15 Filed ..... 19 ..... Registrar

0 1925 Robert P. Harrison,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 9, 1925, to Nov 9, 1925, that I last saw him alive on Nov 9, 1925 and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Acute Odema of Lungs

(duration) yrs. mos 2 hrs.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 925 Forest

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Hinton, M. D.

11/10 1925 (Address) 1002 Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov. 12 1925

20 UNDERTAKER Elmer W. Conklin ADDRESS 824 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

Dr Method - 1902 N Rockford

E 03602 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03602

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 S. Fulton Ave ST., 19-2 WARD) REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore A. Buhrman

(a) RESIDENCE No. 610 S. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 20. 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	8	19	18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Balto

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER William Buhrman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hounsfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma Cook (Address) 610 S. Fulton Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 29 1925, to Nov. 8 1925, that I last saw him alive on Nov. 4 1925 and that death occurred, on the date stated above, at 9:10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) R. C. Knetzel, M. D.

11/9 1925 (Address) 1903 W. Fayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore DATE OF BURIAL Nov 11 1925

20 UNDERTAKER Wm. Cook ADDRESS 502 E Monument

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 03603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-00E 03603

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1615 Elizabeth ST., 23 WARD)

REGISTERED NO. 23-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Mr & Mrs Geo E. Blanc

(a) RESIDENCE. NO. 1615 Elizabeth ST., 23 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 9/25

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo E. Blanc

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Grace Magee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Geo E. Blanc
(Address) 1615 Elizabeth

15 Filed ... 1925 ... 19 Robert P. Garrison, Registrar
Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1925, to Nov 9, 1925, that I last saw h... alive on Nov 9, 1925, and that death occurred, on the date stated above, at 3-30 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth
Twin
Premature Birth

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) L. K. L. Campbell, M. D.

Nov 9, 1925 (Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	NOV 10 1925

20 UNDERTAKER (Commissioner Health.) ADDRESS

Spec. 6-8-19—H. P. Co.—1000 Bks.

E 03604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-00E 03604

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1615 Elizabeth Lane ST.) 23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Mr & Mrs Geo. E. Blanc

(a) RESIDENCE NO. 1615 Elizabeth Lane ST. 23 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 9/25

7 AGE Years Months Days If LESS than 1 day 13 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Geo E. Blanc

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Grace Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Geo E. Blanc
(Address) 1615 Elizabeth Lane

15 Filed . (9 Registrar

2 1925 844

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1925, to Nov 9, 1925

that I last saw h alive on Nov 9, 1925

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
Twin 7 Mo Utero Gestation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. R. Campbell M. D.

, 19 (Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 10 19

20 UNDERTAKER

ADDRESS

Robert Harrison, Commissioner of Health.

Spec.—1-10-21—M&T—1500 Blks.

E 03605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03605

CERTIFICATE OF DEATH.

1295

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1258 Carroll ST. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Roemer

(a) RESIDENCE NO. 1258 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Roemer

6 DATE OF BIRTH (month, day, and year) March 10 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Louis B Koser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Amelia Koser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant John Roemer

(Address) 1258 Carroll St.

15 Filed ..... 19 ..... Registrar

Robert P. Harrison, Vital Statistics Clerk

1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11- 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to Nov 8, 1925, that I last saw h-- alive on Nov 8, 1925, and that death occurred, on the date stated above, at 2 45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alfred L Dann, M. D.

, 19 (Address) 1127 North 5th

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Reading Pa.	11-11 1925

20 UNDERTAKER James Dignan & Son

ADDRESS 1 [illegible]

E 03606 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03606

CERTIFICATE OF DEATH.

Registered No. C 1702

1-PLACE OF DEATH

City of BALTIMORE: (No. 1406 Madison ave St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D Stone

(Residence in Baltimore No. 1406 Madison ave St./yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH. 1893 (Month) (Day) (Year)

7-AGE. 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) 057

9-BIRTHPLACE. (State or Country). Va

PARENTS.

10-NAME OF FATHER. Dan Knox

11-BIRTHPLACE OF FATHER. (State or Country) Va

12-MAIDEN NAME OF MOTHER. Dinah Knox

13-BIRTHPLACE OF MOTHER. (State or Country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John D Stone

(Address) 1406 Madison ave

15-

Filed ... 19... (Register Harrison)

TO 1925 Issued P. Harrison

Burial Permit clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 9 25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, an (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gun Shot wound

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

(Signed) G. E. Ruder M. D. (Coroner)

Nov 9 1925 (Address) 1437 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Tolchester Md	11/11/25 19
20-UNDERTAKER. Dan Farley	ADDRESS 910 Saratoga

E 03607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03607

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C 129

City of BALTIMORE: (No. 1234 Penna ave St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucial Holton,

(Residence in Baltimore: No. 1234 Penna ave St., 29 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Femal

4-COLOR OR RACE: Colord

5-Single, Married, Widowed or Divorced. (Write the word.): Single

6-DATE OF BIRTH: (Month) (Day) 1896 (Year)

7-AGE: 29 yrs. mos. ds.

If LESS than 1 day, hrs. or mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country): N C

PARENTS.

10-NAME OF FATHER: Dnt known

11-BIRTHPLACE OF FATHER, (State or Country): Dnt known

12-MAIDEN NAME OF MOTHER: Dnt known

13-BIRTHPLACE OF MOTHER, (State or Country): Dnt known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dand Easter

(Address) 916 Pa ave

15-

Oct 1925 Robert P. Harrison,

Registrar.

[Permit Clerk]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 8 (Day) 25 (Year) 192

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nonmic Convulsions

(Duration) mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (Duration) mos. ds.

(Signed) H. C. Hodges M. D.

Nov 10 192 (Coroner) (Address) 1456 Bway

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn cem	10/11/1925 19
20-UNDERTAKER. Dand Easter	ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

E 03608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 03608

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3444 Piedmont Ave or 15th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Evans Rodgers

(a) RESIDENCE NO. 3444 Piedmont Avenue or 15th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Eleanor Worthington Rodgers

6 DATE OF BIRTH (month, day, and year) March 7, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Executive

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Hardware

(c) Name of employer Carlin & Fulton Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Henry Rodgers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Shepherd Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant I. E. Rodgers Jr.

(Address) 3444 Piedmont Avenue

NOV 11 1925

ROBERT R. KRAUTER, Registrar

~~Burial Permit Clerk.~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 6, 1925, to Nov 9, 1925, that I last saw h~~er~~ alive on Nov 8, 1925, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) about yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Acute dilatation

(duration) about yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Hall S. Hublett M. D.

Nov 9, 1925 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Nov 10 1925

20 UNDERTAKER John B. Spence

ADDRESS 1325 N. Carlton St.

Spec—12-23-21—E.B.R.S.—400 Bks.

Mosby.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03609

CERTIFICATE OF DEATH.

100-001

E 03609

1-PLACE OF DEATH Union Colored Orphanage. 11-1 Registered No.....

City of BALTIMORE: (No. 1217 Madison Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... James Mosley

(a) Residence No. 1217 Madison Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Colored

5-Single, ~~Married~~, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb. 1925

7-AGE, ... yrs. 9 mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Balto. (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Bland Mosley

11-BIRTHPLACE OF FATHER (city or town)... Balto. (State or Country),

12-MAIDEN NAME OF MOTHER, Ruth Mosby.

13-BIRTHPLACE OF MOTHER (city or town)... Balto. (State or Country),

14- (Informant) Betty Holmes

(Address)... 1217 Madison Ave.

NOV 11 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-10-25

17- I HEREBY CERTIFY, That I attended deceased from 11-3-, 1925, to 11-10, 1925, that I last saw him alive on 11-9, 1925, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. Marco Williams M. D.

11-10 1925 (Address) 1230 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion — DATE OF BURIAL, 11-11, 1925

20-UNDERTAKER, John H. Toadvine — ADDRESS 1027 Mund Heilar

Cor.—1-12-23—M&T—100 Bks.

E 03610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 03610

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1520 Madison Ave (ST.) (WARD) 14-1

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin M. Wilmer

(a) RESIDENCE No. 1520 Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin P Wilmer

6 DATE OF BIRTH (month, day, and year) Nov. 18-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	11	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Instruments
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Edwin Wilmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dec.

12 MAIDEN NAME OF MOTHER Hannah E Mosby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

PARENTS

14 Informant Florence F Wilmer
(Address) 1520 Madison Ave

NOV 11 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) J C Wades, M. D. (Coroner)

Nov 25 1925 (Address) 1426 Bway

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Port Deposit Md

DATE OF BURIAL 11/12 1925

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03611 — 90 E 03611

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2408 Barclay ST. 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leah Ann Parsons

(a) RESIDENCE NO. 2408 Barclay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 6. 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sales Lady

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Stewart & Co

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Samuel Parsons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Eliza McGee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va.

14 Informant: Chas Parsons

(Address): 2408 Barclay St

15 Filed NOV 11 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1925, to Nov 9, 1925, that I last saw h[illegible] alive on Nov 9, 1925 and that death occurred, on the date stated above, at 12.50 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. 1 hour ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No S. & Symptoms

What test confirmed diagnosis?

(Signed) Thomas J Hunter M. D.

, 19 (Address) 451 E 22nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Nov 11 1925

20 UNDERTAKER: Jos Cook — ADDRESS: 502 E North

NOV 11 1925 — [illegible] Public Health Clerk.

Spec.—6-9-19—H. P. Co.—1000 Bks. MARY E. WATERS

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03612 — CERTIFICATE OF DEATH. — 31 — E 03612

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1738 E. Dallas ST. 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Waters

(a) RESIDENCE. No. 1738 E. Dallas ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 14½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 9-1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	—	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) School girl

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Emma Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Clara Robinson

(Address) 1738 E Dallas St

15 Filed NOV 11 1925 ROBERT R. KOLLNER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1925

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1924, to Nov. 7, 1925,

that I last saw h[illegible] alive on Nov. 7, 1925,

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lamel Cemetery	Nov 11 1925
20 UNDERTAKER Franklin W Lentz	ADDRESS 709 W 33 St

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03613

CERTIFICATE OF DEATH

38

E 03613

1-PLACE OF DEATH Union Memorial Hospital — Registered No.

City of BALTIMORE: (No. 33rd St. ... St., 10-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L. Harvey

(a) Residence No. 3524 Old Frederick Rd. ... Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (~~or~~) WIFE of Gertrude Harvey

6-DATE OF BIRTH (month, day and year) Dec 13, 1871

7-AGE, 53 yrs. 10 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Accountant

(b) General nature of Industry, business, or establishment in which employed (or employer) 108

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Richard L. Harvey (d)

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Susan P. Perkins (d)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Miss.

14-

(Informant) Mrs Chas L. Harvey

(Address) 3524 Old Frederick Road

NOV 11 1925 ROBERT R. KRAUSE, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 10, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1925 to Nov. 10, 1925

that I last saw him alive on Nov. 10, 1925

and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

About (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) ? yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin B. Hood M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem — DATE OF BURIAL, Nov. 12, 1925

20-UNDERTAKER, Chas. E. Franck — ADDRESS 802 Madison Ave.

Spec.—1-10-21—M&T—1500 Blks.

03614

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 03614

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 E. Centre ST., 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Fredrick Little

(a) RESIDENCE No. 106 E. Centre ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24-1925

7 AGE — Years: — Months: 3 Days: 15

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Leroy Little

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Mable Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mable Little

(Address) 106 E Centre

Filed NOV 11 1925 ROBERT R. KRAUTER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from November 7, 1925, to November 9, 1925, that I last saw him alive on November 9, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D W Kennard M. D.

11-10 1925 (Address) 708 Enson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: Nov 11 1925

20 UNDERTAKER: S. L. Brown & Son

ADDRESS: 1518 Madison

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03615

E 03615

CERTIFICATE OF DEATH.

5-2 118-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Somerset St ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Wesley Jackson

(a) RESIDENCE NO. 715 Somerset ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ unknown

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Daisy Turner

(Address) 1017 Pine St

15 NOV 11 1925 ROBERT E. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 9 1925

17 I HEREBY CERTIFY, That I attended deceased from October 30, 1925, to November, 1925, that I last saw him alive on Nov 9, 1925, and that death occurred, on the date stated above, at 6.1 p m.

The CAUSE OF DEATH* was as follows:

1 Apnemia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Illness

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Chas S Allen, M. D.

NOV 9 1925 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
asbury cemetery	Nov 11, 1925
20 UNDERTAKER Edward Bryan	ADDRESS 1631 orleans st

Spec.—1-10-21—M&T—1500 Blks.

03616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 03616

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 951 N. Bond ST., 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. Mirschberger

(a) RESIDENCE No. 951 N. Bond ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E. Mirschberger

6 DATE OF BIRTH (month, day, and year) Feb 19th 1845

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
80	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 180

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Mirschberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna Duckeck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant John Mirschberger Jr. (Address) 951 N. Bond St

15 Filed NOV 11 1925 19.... HUBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 25th, 1925, to Nov. 9th, 1925, that I last saw him alive on Nov. 8th, 1925, and that death occurred, on the date stated above, at 12 45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) one yrs. — mos — ds.

CONTRIBUTORY (Secondary) Haemorrhage (Stomach)

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) J. J. Sebald, M. D.

, 19 (Address) 1001 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov 12 1925
20 UNDERTAKER Frank A. Fink	ADDRESS 916 N. Gay St

Spec.—1-10-21—M&T—1500 Blks.

E 03617

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 03617

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 E. Madison ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Randall

(a) RESIDENCE NO. 1202 E. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 31-1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER H. Caserway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ella Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Ella Caserway (Address) 1202 E. Madison St

15 Filed ..., 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1925, to Nov 6, 1925, that I last saw h[illegible] alive on Nov 6, 1925, and that death occurred, on the date stated above, at 1:40 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hypertention

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) A. G. Hamilton, M. D.

11/10, 19 25 (Address) 733 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Samuel Cemetery — DATE OF BURIAL Nov 12 1925

20 UNDERTAKER Robt E Millison — ADDRESS 1515 McCulloh St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03618

REGISTERED NO.

E 03618

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1940 N. Gay ST. 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Kettberg

(a) RESIDENCE NO. 1940 N. Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Kettberg

6 DATE OF BIRTH (month, day, and year) May 4th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	72	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Bollinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lena Baumann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles Kettberg

(Address) 1940 N. Gay St

15 Filed NOV 11 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 5 1925 to Nov 9 1925.

that I last saw h[illegible] alive on Nov 9 19..

and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test (confirmed diagnosis)

(Signed) Walter H. White M. D.

11/10. 1925 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Nov 12th 1925

20 UNDERTAKER George Schilling & Sons

ADDRESS 1120 E Monument St

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03619

E 03619

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Maryland General Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-5 ST., WARD)

2-FULL NAME Mr Frederick Sewell

(a) RESIDENCE NO. 2708 Roslyn Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm R. Sewell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Ann Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Self Frederick Sewell

(Address) 2708 Roslyn Ave

15 Filed NOV 11 1925, 19 RUSSELL R. MAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7, 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 28, 1925, to Nov 7, 1925, that I last saw h[illegible] alive on Nov 7, 1925, and that death occurred, on the date stated above, at 11:45 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Hypertrophy of Prostate
Arter. Sclerosis & Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Sept 28/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 11 1925
20 UNDERTAKER George J. Smith	ADDRESS 1532 Hollins

Spec.—8-24-14—M. & T.—2000 Blks.

E 03620

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 03620

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 E. 20th St.; 9-7 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Drucilla Collier

(Residence in Baltimore: No. 1711 E 30th St. St.; 50 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 9 (Day), 1844 (Year)

7-AGE. 81 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ellicott City Howard Co

PARENTS.

10-NAME OF FATHER, Richard Harden

11-BIRTHPLACE OF FATHER (State or Country) Howard County Md

12-MAIDEN NAME OF MOTHER Mary E. Talbott

13-BIRTHPLACE OF MOTHER (State or Country), Talbot County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H. Talbott

(Address) 1711 E 30th St

15- Filed NOV 11 1925, 19.. ROBERT P. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 9th (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 1925, to Nov 9 1925, that I saw her alive on Nov 8th 1925, and that death occurred, on the date stated above, at 8.20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leonard L. Brent M. D.

Nov 9, 1925 (Address) 2329 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Nov. 11, 1925

20-UNDERTAKER George J. Smith — ADDRESS 153 N Howard St

Cor.—1-12-25—M&T—100 Bks.

E 03621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-003 E 03621

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kelek

(a) RESIDENCE NO. 1515 Fleet St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 13-1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	1	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work school boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Anton Kelek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Catherine Gawrys

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Catherine G. Kelek
(Address) 1515 Fleet St

Filed ..., 192 ... ROBERT P. KRAUTER, Registrar

NOV 11 1925 BUREAU VITAL STATISTICS

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intraabdominal Hemorrhage-run over by autotruck. (Operation at Hospital. Inquest later)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos ... ds.

(Signed) Jos. P. Kelly, M. D. (Coroner)

11-11-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Nov 13 192 5
20 UNDERTAKER W. J. Kowalski	ADDRESS 1605 Eastern

Spec.—1-10-21—M&T—1500 Bks.

03622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146

REGISTERED NO. E 03622

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Johns Hopkins Hospital. ST. 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fennie Matthews

(a) RESIDENCE NO. 1152 Calhoun St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced (or) WIFE of James Matthews

6 DATE OF BIRTH (month, day, and year) Oct 12 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30		26 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) N.C.

(State or country)

14 Informant W.E. Sisson

(Address) Johns Hopkins Hospital.

15 NOV 11 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1925 to Nov. 8, 1925

that I last saw her alive on Nov. 8, 1925

and that death occurred, on the date stated above, at 6 15 a. m.

The CAUSE OF DEATH* was as follows:

Puerperal infection

Broad ligament Abscess

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W. E. Sisson M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fortunia N. C. DATE OF BURIAL Nov 11 1925

20 UNDERTAKER James Hawley ADDRESS Elder

Spec.—1-10-21 M&T - 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03623

CERTIFICATE OF DEATH.

90 E 03623

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) BALTIMORE CITY HOSPITALS ST. (1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Taylor

(a) RESIDENCE No. 868 Tyson St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
52 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed NOV 11 1925 ROBERT R. KRAMER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9 1925

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1925, to Nov 9, 1925.

that I last saw her alive on Nov 9, 1925

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

Rheumatic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. ? mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

11/10, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Nov 11 25

20 UNDERTAKER Thomas D Wheatley

ADDRESS W Balto

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03624

E 03624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Scott St. ST. 213 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen W. Horlacher

(a) RESIDENCE. No. 209 Scott St. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Horlacher

6 DATE OF BIRTH (month, day, and year) Nov. 22 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel L. Wolfenbottom

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Wilson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant William Horlacher
(Address) 209 Scott St.

15 NOV 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 6 25 to Nov 10 25

that I last saw her alive on Nov 10 1925

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Chr Nephritis

Cardiac Dil;

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jno T Edwards M D

19 (Address) 1176 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Nov 13 1925

20 UNDERTAKER Wilbur W Shriver ADDRESS 1018 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03625

CERTIFICATE OF DEATH.

90 E 03625

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 N Balto St. 20-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas Griffin Smith

(a) RESIDENCE No. 2528 N Balto St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	~~Married~~ Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2 74

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... City

(b) General nature of industry, business, or establishment in which employed (or employer) Sewer Inspector 1896

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Lynda Griffin Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Phebe A Bayne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs Phebe A Smith
(Address) 2528 N Balto St

15 Filed ..... 19 ..... Registrar

NOV 11 1925 ROBERT R. KRAUTER, Chief Vital Statistics Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-1, 1925, to 11-9, 1925, that I last saw him alive on 11-9, 1925, and that death occurred, on the date stated above, at 4 45 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) Daniel Miller, M. D.

, 19 (Address) 1400 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Bur	Nov 13 1925
20 UNDERTAKER	ADDRESS
W. M. Routson	2238 N Milton Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03626

CERTIFICATE OF DEATH.

90 E 03626

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Mt. Royal ave. 11th WARD)

2-FULL NAME Mary Helen Middleton

(a) RESIDENCE No. 1329 Mt. Royal ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female. Woman

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If ~~married, widowed,~~ or divorced HUSBAND of (or) ~~WIFE~~ of —

6 DATE OF BIRTH (month, day, and year) Oct 24 1839

7 AGE: Years 86 | Months — | Days 16 17 | If LESS than 1 day, ..hrs or ..min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charleston
(State or country) South Carolina

PARENTS

10 NAME OF FATHER John Jas Middleton

11 BIRTHPLACE OF FATHER (city or town) Charleston
(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Sarah Alston

13 BIRTHPLACE OF MOTHER (city or town) So. Ca.
(State or country) South Carolina

14 Informant Marion L. Middleton
(Address) 1329 Mt Royal ave

NOV 12 1925 ROBERT R. KRAUTER, Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1925, to Nov 10, 1925, that I last saw h[er] alive on Nov 9, 1925, and that death occurred, on the date stated above, at 9 A.M. m.

The CAUSE OF DEATH* was as follows:

Myocarditis —

(duration) Some yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No — Date of —

Was there an autopsy? No —

What test confirmed diagnosis?

(Signed) Chas. W. Garrett M. D.

Nov 12, 1925 (Address) 1327 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Nov 12 1925

20 UNDERTAKER: Henry H Jenkins Son Co — ADDRESS: Oakland Ave-Catlett St

Spec– 12-23-21–E.B.R.S.–400 Bks.

E 03627 E 03627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27-5-90

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1 Wylie av St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McGlone

(a) Residence No. 1 Wylie av St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 22, 1865

7-AGE, 60 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Horses

(c) Name of employer Self

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS:

10-NAME OF FATHER, Pat. McGlone

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-

(Informant) Eliza McGlone

(Address) 1 Wylie av.

15-

NOV 11 1925

ROBERT P. KRAUTER
Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 10-1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 10, 1924 to Nov 10 1925

that I last saw h.. alive on Oct 20 1925

and that death occurred, on the date stated above, at about 1 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Unknown

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilitation Sudden

(Duration) —yrs. —mos. —ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) Milton P. Hill M. D

. 19 (Address) Lyle av. Residence

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral — DATE OF BURIAL. Jan 13 1925

20-UNDERTAKER, Charles Staley & Son — ADDRESS 1827 N. Gilmor Ave

Spec.—1-10-21—M&T—1500 Blks.

E 03628

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-00 E 03628

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Md. Gen. Hosp. ST., 8-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Frances Smith.

(a) RESIDENCE No. 1814 N. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Emory H. Smith

6 DATE OF BIRTH (month, day, and year) Jan 8. 1896.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Vincent Zeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Mrs Frances Smith. (Address) 1814 N. Wash. St.

Filed NOV 12 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9, 1925

17

I HEREBY CERTIFY, That I attended deceased from 10-28, 1925, to 11-9, 1925,

that I last saw her alive on 11-7, 1925,

and that death occurred, on the date stated above, at 4:00 A. m.

The CAUSE OF DEATH* was as follows:

Bronchiectasis following a pulmonary abscess secondary to a tonsilectomy

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) pulmonary hemorrage lasting 5 min. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of about 12-7-20.

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Pathological

(Signed) Jno. A. Sampson, M. D.

, 19 (Address) Md Gen Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	11/12/1925
20 UNDERTAKER	**ADDRESS**
E. J. Fanning, Inc.	1938 E. Lafayette Ave

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03629

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 W Lanvale ST.; 16-7 WARD) REGISTERED NO. C 03629

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel John Gonzalez White

(Residence in Baltimore: No. 1230 W. Lanvale St. St.; 49 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, November (Month) 2 (Day), 1876 (Year)

7-AGE, 49 yrs. 0 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Accountant.
(b) General nature of industry, business, or establishment in which employed (or employer): Erlanger Bros

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Capt. Edward T. White

11-BIRTHPLACE OF FATHER (State or Country). Bermuda, W.I.

12-MAIDEN NAME OF MOTHER Lucy Bancroft

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Iva P. White

(Address) 1230 W. Lanvale

NOV 11 1925 (Date) HUBERT R. KRAUTER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 10 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1925, to November 10 1925, that I saw h I in alive on November 10 1925, and that death occurred, on the date stated above, at 12.45 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis.

(Duration) ? yrs. 8 mos. 10 ds.

CONTRIBUTORY (Secondary) General Asthenia.

(Duration) 2 yrs. 0 mos. 15 ds.

(Signed) John L. Stansbury M. D.

11/10, 1925 (Address) 1037 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	Nov 12, 1925
20-UNDERTAKER W J Gickener Sons	ADDRESS N. Y Pa

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03630

E 03630

CERTIFICATE OF DEATH.

16-4 74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 N. Monroe St. ST. WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian E. Motter

(a) RESIDENCE No. 1003 N. Monroe St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hegkeah Motter

6 DATE OF BIRTH (month, day, and year) Jan. 14, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	9	25 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Barnabas Sheely

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Katherine Coleburn

13 BIRTHPLACE OF MOTHER (city or town) Pa. (State or country)

Informant Mrs. J. E. Harvey

(Address) [illegible] Fulton Ave.

OCT 11 1925

RUPERT B. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1925, to Nov. 2, 1925, that I last saw h[illegible] alive on Nov. 2, 1925, and that death occurred, on the date stated above, at 8:10 a.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 2? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? clinical

(Signed) Edward V. Manhelm M. D.

11/4/25 (Address) 2116 W Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Nov 13, 1925

20 UNDERTAKER W. J. Tuckner & Son

ADDRESS N. Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 03631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03631

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2326 Annadale Ave (St.) 11-5 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles B. Noon

(a) RESIDENCE No. 2326 Annadale Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Sarah E. Noon

6 DATE OF BIRTH (month, day, and year): Feb. 22. 1874

7 AGE: Years 51 Months 8 Days 17/18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Piano Business

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 0 42

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Long Island

PARENTS

10 NAME OF FATHER: Charles Noon

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.Y.

12 MAIDEN NAME OF MOTHER: Millenie Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant: Mrs Sarah E. Noon

(Address) 2326 Annadale Ave.

[illegible] ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1925, to Nov. 9, 1925, that I last saw h[illegible] alive on Nov 9, 1925, and that death occurred, on the date stated above, at 8.10 P m.

The CAUSE OF DEATH* was as follows:

Thrombosis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Gall Stones Cystitis Abscess

(duration) 3 yrs. 4 mos. 20 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm F Lorenz, M. D.

11/14/25 (Address) 340 E Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Newark. N. J.

DATE OF BURIAL: Nov. 11 1925

20 UNDERTAKER: Wm Tucker & Sons

ADDRESS Norfolk

Cor.—1-12-23—M&T—100 Blks.

E 03632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001
E 03632

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lincoln Place ST. 20-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Leonard

(a) RESIDENCE NO 319 Lyndhurst ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of Lulu C. Leonard
died Aug 28 1961

DATE OF BIRTH (month, day, and year) 11-9-1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	6	11	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

BIRTHPLACE (city or town) Lynchburg Va
(State or country)

10 NAME OF FATHER Daniel Leonard

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Gorman

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

Informant Paul H. Leonard
(Address) 319 Lyndhurst Street

NOV 12 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John J Mowssen, M. D.
(Coroner.)

Nov 11, 1925 (Address) 3632 Boulevard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemtery — DATE OF BURIAL 11-12 1925

20 UNDERTAKER William Cook — ADDRESS 502 E North Ave

Spec.—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03633 162 E 03633

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1623 Eastern ave St. 22 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Adam Ermatowski

(a) Residence No. 1623 Eastern ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.)

If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 7-25

7-AGE. .....yrs. .....mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. John Ermatowski

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER. Rose Krull

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14- (Informant) John Ermatowski

(Address) 1623 Eastern ave

15- Filed ..... 192 ROBERT R. KRAUTER, Registrar.

NOV 12 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 11-25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 8 19 25 to Nov 11 19 25

that I last saw h.... alive on Nov 11 19 25

and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

a Diabetes

4

.....(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

.....(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Wilson Ryan M. D

11-29 (Address) 501 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Rosary	Nov 12, 1925
20-UNDERTAKER.	ADDRESS
A. W. Gazuski	1930 E Eastern Ave

Spec.—1-12-23—M&T—500 Blks.

E 03634

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 03634

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 Linnard St. ST. 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nani Morrell Huguenele

(a) RESIDENCE No. 635 Linnard St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20, 1840

7 AGE — Years: 85 — Months: 5 — Days: 2 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania

10 NAME OF FATHER John Huguenele

11 BIRTHPLACE OF FATHER (city or town) Philadelphia (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Martha Morrell 11-12 19 25

13 BIRTHPLACE OF MOTHER (city or town) Philadelphia (State or country) Pennsylvania

Informant: Lewis P. Adams

(Address) 635 Linnard Street

Filed DEC 12 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to Nov. 11, 1925, that I last saw her alive on Nov. 10, 1925, and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

and Chronic Arthritis

(duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) old age & Exhaustion

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas H Bullock M. D.

(Address) 1100 W. Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia, Pa.

DATE OF BURIAL: Nov. 12 19 25

20 UNDERTAKER: Joseph B Cook

ADDRESS: 1003 W Belle

Spec.—1-10-21—M&T—1500 Bks.

03635

Kurtz

HEALTH DEPARTMENT—CITY OF BALTIMORE

03635

CERTIFICATE OF DEATH.

161-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 25-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Kurtz

(a) RESIDENCE NO. 1203 Bertinat St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Female~~

4 COLOR OR RACE White

5 Single, Married, ~~Widowed, or Divorced~~, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 7 - 1925

7 AGE Years Months Days 4 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Kurtz

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Lehman

13 BIRTHPLACE OF MOTHER (city or town) Greensburg
(State or country) Pa.

14 Informant Hospital Record

(Address)

Filed NOV 12 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1925, to Nov. 11, 1925, that I last saw h alive on Nov. 11, 1925, and that death occurred, on the date stated above, at 9.40 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Extra Dural -

(duration) yrs. mos 5 - ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W Bryant, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	11/12/25
20 UNDERTAKER	ADDRESS
Leopold Finley	1610 Aisquith

Spec—12-23-21—E.B.R.S.—400 Bks.

Dow

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03636

CERTIFICATE OF DEATH.

7 F 001 E 03636

9-5

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Harriett E Dow

(a) Residence No. 2063 Kennedy ave Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 8, 1924

7-AGE. 1 yrs. 1 mos. 3 ds. If LESS than 1 day, 4 hrs. or. min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William S Dow

11-BIRTHPLACE OF FATHER (city or town). Boston (State or Country), Mass.

12-MAIDEN NAME OF MOTHER, Ora Bruner

13-BIRTHPLACE OF MOTHER (city or town). Balto (State or Country), Md.

14- (Informant) William Dow

(Address) 2063 Kennedy ave

NOV 12 1925 ROBERT P. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 12, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1925 to Nov 12, 1925 that I last saw h.. alive on Nov 12, 1925 and that death occurred, on the date stated above, at 2.15 A. m. The CAUSE OF DEATH* was as follows:

Pneumococcus meningitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles Holmes Boyd M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Woodlawn	Nov 13, 1925
20-UNDERTAKER.	ADDRESS
E LeRoy Leffler	124 E North ave

Spec.—1-10-21—M&T—1500 Blks.

E 03637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03637

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. (or B.) 37-14 3/V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Tully

(a) RESIDENCE No. Catch Quarry, Bel Air Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 82 3

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Alford Tully

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Bachler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed NOV 12 1925 ROBERT R. KRAUTER, Burial Permit Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1924, to Nov. 10, 1925, that I last saw him alive on Nov. 10, 1925, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary hemorrhage, terminal (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) H. C. McLane Jr. M. D.

11-10-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Nov 12 1925

20 UNDERTAKER: Henry Lutz — ADDRESS 1203 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

03638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-590 E 03638

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 936 S. Bouldin ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Meinhart

(a) RESIDENCE NO. 936 S. Bouldin ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. if of foreign birth? 34 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman Meinhart

6 DATE OF BIRTH (month, day, and year): July 1-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Fred. Schattner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Bertha Hartman

(Address): 936 S. Bouldin St.

15 Filed NOV 12 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1925 to Nov 10 1925 that I last saw her alive on Nov 10 1925 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

arterio Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. J. McAvoy M. D.

11/11/1925 (Address) 834 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz's Cemetery

DATE OF BURIAL: Nov 13 1925

20 UNDERTAKER: Zickler & Zickler

ADDRESS: 1739 E. Eager St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03639

E 03639

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3035 E Monument ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A. Kausler

(a) RESIDENCE NO. 3035 E Monument ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Stunnick

DATE OF BIRTH (month, day, and year) June 26 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	4	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Ho

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Charles Kausler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Gorbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Margaret Kausler

(Address) 3035 E Monument

NOV 12 1925

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1925 to Nov 10, 1925; that I last saw him alive on Nov 10, 1925; and that death occurred, on the date stated above, at 9:10 m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Fatal Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. B. Lennane, M. D.

11, 1925 (Address) 718 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Nov 12 1925

20 UNDERTAKER John Merrick

ADDRESS 2108 Eutaw

Spec—12,23-21—E.B.R.S.—400 Bks.

03640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 421 S. Chester st. St., 1-1 Ward) 90

Registered No. E 93640

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Radziewicz

(a) Residence No. 421 S Chester st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male.	White	married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Victoria Radziewicz

6-DATE OF BIRTH (month, day and year) Sept 15/1872

7-AGE. 53 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Carpenter 015

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer. [illegible] Co

9-BIRTHPLACE (city or town) (State or Country). Poland.

PARENTS.

10-NAME OF FATHER. Vicenty Radziewicz

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland.

12-MAIDEN NAME OF MOTHER. Mary Grubela.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland.

14- (Informant) Victoria Radziewicz (Address) 421 S. Chester st.

15- Filed NOV 12 1925 HELEN R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11/10/25

17- I HEREBY CERTIFY, That I attended deceased from 11/6 1925 to 11/10 1925 that I last saw h. alive on 11/10/25 1925 and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Harris Dinkins M. D.

. 19 25 (Address) 3325 Reed St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Stanislaus	Nov 14 1925
20-UNDERTAKER.	ADDRESS
George A Weber	2405 Bank st.

Spec.—1-10-21—M&T—1500 Bks.

E 03641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03641

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 594 Preston ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Morton

(a) RESIDENCE NO. 594 Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year) ~~month~~ day? 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Balto. Copper Works

9 BIRTHPLACE (city or town) (State or country): Austin Field Va

PARENTS

10 NAME OF FATHER: Moses Morton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Sarah Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown Virginia

14 Informant: Robert Easley

(Address) 594 Preston St.

15 NOV 12 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11-1925

17 I HEREBY CERTIFY, That I attended deceased from 8-20-1925, to 11-10-1925, that I last saw him alive on 11-10-1925, and that death occurred, on the date stated above, at 1:10 a m.

The CAUSE OF DEATH* was as follows:

Endo and Pericarditis

(duration) yrs. 2 mos. 20 ds.

CONTRIBUTORY (Secondary) Nephritis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at 1323 N. Calhoun

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Frank R Saunders, M. D.

, 19 (Address) 1123 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Virginia	Nov 14-25
20 UNDERTAKER	ADDRESS
Jeanne E Wright	364 N Carey

Cor.—1-12-23—M&T—100 Blks.

E 03642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 E 03642

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital ST. (or LOCATION) WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Wingfield

(a) RESIDENCE No. 2132 W. Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Wingfield

DATE OF BIRTH (month, day, and year) Oct 4 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Slag Roofer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Seiler Roofing Co

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Geo. Wingfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Louie Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Edward A. Wingfield
(Address) Richmond, Va

DEC 12 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. 1/2 hour mos. ds.

CONTRIBUTORY (Secondary) Accidentally fell out 2nd story window (duration) yrs. mos. ds.

(Signed) Thos B. Horton, M. D.
(Coroner.)

Nov 11, 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional data.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Nov 14 1925

20 UNDERTAKER Arthur Fields — ADDRESS 1200 W Lombard

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03643

CERTIFICATE OF DEATH.

161-001

E 03643

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 W Pratt ST. 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell Leroy Withers

(a) RESIDENCE No. 2106 W. Pratt ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 20/25

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			22	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country)

10 NAME OF FATHER Arthur W. Withers

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Susie Howard

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Arthur W. Withers
(Address) 2106 W. Pratt St

NOV 12 1925

ROBERT R. KRAUTER, Registrar

Burial Permit (Here)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained thereat Inquest
(Inquest, autopsy or inquiry.)
find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) — yrs. — mos. 22 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

(Signed) Thos. B. Norton M. D.
(Coroner.)

Nov 11 1925 (Address) Curtis Bay Balto, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Nov. 14 1925

20 UNDERTAKER George Schwartzwelder — ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03644

CERTIFICATE OF DEATH.

160 E 03644

1-PLACE OF DEATH Provident Hospital

REGISTERED NO.....

CITY OF BALTIMORE: (No. ..... ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rena Adkins

(a) RESIDENCE NO. 529 N. Fremont Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Alice Knox

(Address) 529 N Fremont Ave

NOV 12 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11-25

17 I HEREBY CERTIFY, That I attended deceased from 10-5-25, 19..., to 11-11-25, 19..., that I last saw her alive on 11-10-25, 19..., and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis
Terminal Pneumonia.

(duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) W B Butler, M. D.

, 19 (Address) 425 N Carlton Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	11/13/25

20 UNDERTAKER Daniel Easton

ADDRESS 966 Pa ave

Cor.—1-12-25—M&T—100 Blks. (See Letter over)

E 03645

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 03645

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 123 S Dallas ST., 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celia Jackson Annie Joyce

(a) RESIDENCE NO. 123 S Dallas ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	56			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home work
(b) General nature of industry, business, or establishment in which employed (or employer) Domestic
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Clayton Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Catherine Barber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Samuel Jackson
(Address) 123 S Dallas

Filed NOV 12 1925 ROBERT P. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Easton, M. D.
(Coroner)

Nov 11, 1925 (Address) 708 E Chase

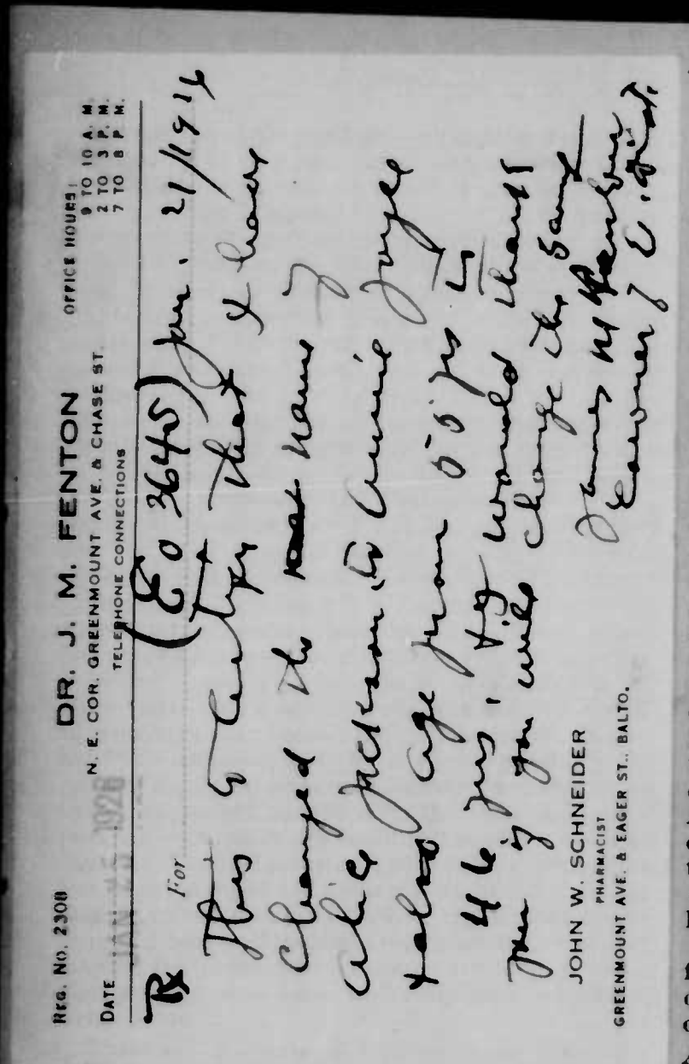
*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	11/12 1925
20 UNDERTAKER Daniel Easton	ADDRESS 716 Pennsylvania Ave


Reg. No. 2308

DR. J. M. FENTON
N. E. COR. GREENMOUNT AVE. & CHASE ST.
TELEPHONE CONNECTIONS

OFFICE HOURS
9 TO 10 A. M.
2 TO 3 P. M.
7 TO 8 P. M.

Date ....

℞ For

(E 0 3645) Jan. 21/1914
Mrs 5 children ages 1 year
Changed to name of
child Jackson, G Cumie Jones
taken age from 5 to 6 yrs
46 yrs, 4 yrs married
Jan 4 yrs with
Change the same
Jones M Henderson
Cancer of Stomach

JOHN W. SCHNEIDER
PHARMACIST
GREENMOUNT AVE. & EAGER ST., BALTO.

DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid the use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("pneumonia," unqualified, is indefinite); *Tuberculosis of the lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

Certificates will be returned for additional information which may give any of the following diseases, without explanation as the sole cause of death:

Abortion, Hemorrhage, Meningitis, Phlebitis, Cellulitis, Gangrene, Miscarriage, Pyemia, Childbirth, Gastritis, Necrosis, Septicemia, Convulsions, Erysipelas, Peritonitis, Tetanus.

The following must be referred to a Coroner:

Deaths due to accident (if criminal negligence possibly involved): *Suicides, Homicides, Abortions (if induced)*, whether death is directly or indirectly due to same.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03646

CERTIFICATE OF DEATH.

118-002

118 E 03646

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1718 McCulloh ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Holmes

(a) RESIDENCE NO. 1718 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John W. Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rebecca Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Dr. G. Page

(Address) 1816 N. Mount St

15 NOV 12 1925 ROBERT R. KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10- 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-9- 1925, to 11-10- 1925,

that I last saw h- alive on 11-10- 1925,

and that death occurred, on the date stated above, at 5-30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

Personal Knowledge 2 days

History (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Attack

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death?

Did an operation precede death? no Date of -

Was there an autopsy? no.

What test confirmed diagnosis? -

(Signed) George C. Page M. D.

, 19 (Address) 1816 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Bur — DATE OF BURIAL 11/12/1925

20 UNDERTAKER Dann Eaton — ADDRESS 916 Pa Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03647

45 E 03647

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 William St. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Eva Fritz-

(a) RESIDENCE NO. 1035 William St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Fritz

6 DATE OF BIRTH (month, day, and year): Feb 7, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Balthasar Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Andrew Fritz (Address) 1035 William St

Filed NOV 12 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1924, to Nov 10, 1925, that I last saw her alive on Nov 10, 1925 and that death occurred, on the date stated above, at 1-15 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) 11 mos. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) [illegible], M. D.

11/11, 1925 (Address) 548 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Baltimore — DATE OF BURIAL: Nov. 14 1925

20 UNDERTAKER: H. M. Cook — ADDRESS: 502 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

E 03648

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-00

E 03648

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N. Carrollton Ave St. 18-1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice L. Waidner

(Residence in Baltimore: No. 504 N. Carrollton Ave St.; 54 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) 19 (Day), 1870 (Year)

7-AGE, 54 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Louis A. Wardner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Anna M. Smelser

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis A. Waidner

(Address) 504 N. Carrollton Ave

15- Filed NOV 12 1925 ROBERT E. LAMOTTE, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 10 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1925, to Nov 10 1925, that I saw h-r alive on Nov 10 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (Duration) to my knowledge 9 yrs. ..... mos. ..... ds.

(Signed) Frances A. Carpenter M. D.

Nov 1, 1925. (Address) 2101 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, 11/13, 1925

20-UNDERTAKER Williams Cook

ADDRESS 502 E. North

Spec.—1-10-21—M&T—1500 Blks.

E 03649

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03649

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 Southern ST. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann E Baker

(a) RESIDENCE NO. 22 Southern ST. 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Baker

6 DATE OF BIRTH (month, day, and year) April-8-1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Eliza Ann Revell

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

14 Informant Henry Baker. (Address) 22 Southern Ave

15 Filed NOV 12 1925, 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 20, 1923, to Nov 10, 1925, that I last saw h[illegible] alive on Nov 10 1925, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows: Valvular disease heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm D Love, M. D.

19 (Address) Love & Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Westerly — DATE OF BURIAL Nov 14 1925

20 UNDERTAKER J. W. Cook — ADDRESS 502E North Ave

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03650

CERTIFICATE OF DEATH.

X 129 E 03650

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Sewl Hospt. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William C. Gray.

(a) RESIDENCE NO. Rock Creek a.a. Co. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 6 mos. ds. How long in U. S., If of foreign birth? 71 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret Gray.

6 DATE OF BIRTH (month, day, and year) June 14. 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	71	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer (Real Estate).

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. A. Co., Md.

PARENTS

10 NAME OF FATHER George Gray.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Margaret Gray Md.

(Address) Forrestdale

15 Filed NOV 12 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 4 1925, to Nov 10, 1925.

that I last saw h. alive on Nov 10, 1925.

and that death occurred, on the date stated above, at 11 05 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilitation of Heart. preceded by Cerebral Embolism.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis. with Endocarditis & Myocarditis.

(duration) 30 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory.

(Signed) James H. Nelson. M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Nov 14 1925

20 UNDERTAKER Wm. Cook — ADDRESS 502 S. Fulton Ave.

Spec.—1-10-21—M&T—1500 Bks.

03651 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03651

CERTIFICATE OF DEATH.

NH-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4420 Bedview ave ST. 28-1 WARD) West Arlington

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice J. Brenner

(a) RESIDENCE NO. 4420 Bedview ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or ~~town where death occurred~~ 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) ~~married~~ widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of The late Edward Brenner

6 DATE OF BIRTH (month, day, and year) Oct 17 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74		24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Henry Brock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Lydia A Koontz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md

14 Informant Rev. S. Brock

(Address) 4420 Bedview ave

15 NOV 12 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23 1925 to Nov 11 1925

that I last saw her alive on Nov 10 1925

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. A. O'Neill M. D.

11/12 1925 (Address) 108 N. Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, ~~Suicidal, or Homicidal.~~ (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 13 1925
20 UNDERTAKER Robt F Johnson Inc	ADDRESS 4 W Fayette

Cor.—1-12-25—M&T—100 Bks.

03652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03652.

CERTIFICATE OF DEATH

1-PLACE OF DEATH Pronounced dead at Franklin 168 W Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 307 So. Bruce ST. 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wittkowsky

(a) RESIDENCE NO. 307 So. Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) June 7 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant August E. Wittkowsky

(Address) 1504 W. McHenry St

NOV 12 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10th 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to his death by the means stated below. (Inquest, autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Broken neck

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hung self by neck

(duration) yrs. mos. ds.

(Signed) Thos. B. Curtis M. D.

Nov 11th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See over for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 13 1925
20 UNDERTAKER	ADDRESS
George J. Smith	Hollins St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03653

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03653

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 723 St. Paul St St., 12-1 Ward)

Registered No. 91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Zirckel

(a) Residence No. 231 Chancery Road, Guilford St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Anna Lachenmayer

6-DATE OF BIRTH (month, day and year): June 5, 1859

7-AGE: 66 yrs. 5 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Wholesale Rubber Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: William Zirckel

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Hax

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-

(Informant): Mrs Anna Zirckel

(Address): 231 Chancery Road

15-

Filed NOV 12 1925 19??

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov. 11. 25

17- I HEREBY CERTIFY, That I attended deceased from Oct. 30 1925 to Nov. 11 1925,

that I last saw him alive on Nov. 10 1925,

and that death occurred, on the date stated above, at 4:50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral arterio sclerosis.

(Duration) 5 or more yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Ernest S. Crom M. D

, 19 (Address) 1035 N. Calvert St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Nov. 13. 19. 25

20-UNDERTAKER: Henry W. Mears & Son

ADDRESS: 805 N Calvert St

Spec.—1-10-21—M&T—1500 Blks.

Minner

HEALTH DEPARTMENT—CITY OF BALTIMORE

03654

CERTIFICATE OF DEATH.

49 E 03654

1-PLACE OF DEATH

CITY OF BALTIMORE (No. BALTIMORE CITY HOSPITALS ST., 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Minner

(a) RESIDENCE NO. 7025 Wilkins Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mat Unknown

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Moses Minner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Baltimore City Hospitals Records (Address)

15 2 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1925, to Nov. 11, 1925, that I last saw her alive on Nov. 11, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Decubitus Ulcers

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

11/17, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Potter's Field Woodlawn

DATE OF BURIAL 11-12- 1925

20 UNDERTAKER Jas. F. Harrison, Funeral Home Inc.

Jack Lewis, 1429 E. Balto St.

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 03655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03655

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 N. Smallwood ST., 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Epstein

(a) RESIDENCE NO. 1615 N. Smallwood St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Nochum Epstein

DATE OF BIRTH (month, day, and year) ------1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Soloman ------

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Nochum Epstein

(Address) 1615 N. Smallwood St.

Filed 12 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 - 12 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw h.....alive on ....., 19.....,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Many (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos P. Hogan M. D.

, 19 (Address) Health Dept.

over

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Washington Road

DATE OF BURIAL: 11-12 19 25

20 UNDERTAKER: Jack Lewis 1439

ADDRESS: E. Balto. St

Spec.—1-12-23—M&T—500 Bks.

E 03656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 E 03656

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 S. Marine Hosp ST. 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert F. F. Muchow

(a) RESIDENCE NO. 912 N Lakewood Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sophia Muchow

7 DATE OF BIRTH (month, day, and year) Feb 1, 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~Last~~	73	9	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seaman

(b) General nature of industry, business, or establishment in which employed (or employer): Ship Mate

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: George Muchow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophia Zucker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): German

Informant (Address): Albert R. Muchow 512 N. Lakewood Ave

Filed ... 19 ... Registrar

2-1925

Robert F. ... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 11, 1925, to Nov. 10, 1925, that I last saw h[illegible] alive on Nov 10, 1925, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) ... yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Cerebral hemorrhage

(duration) ... yrs. mos. 1/ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. R. Keller ROH M. D.

, 19 (Address) Maine Medical

*State the Disease Causing Death, or in deaths from Violent Causes, state 1) Means and Nature of Injury, and 2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: Nov 13 1925

20 UNDERTAKER: K. Sander Sons Inc

ADDRESS: 1710 Eutaw

Spec.—1-10-21—M&T—1500 Blks. Mrs Marie Boland

E 03657 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03657

CERTIFICATE OF DEATH. X 38

1-PLACE OF DEATH Franklin Sq. Hospital REGISTERED NO. 14-1

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Barley

(a) RESIDENCE NO. Fulton Heights Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Noble J. Boland

6 DATE OF BIRTH (month, day, and year): Feb 5, 1904

7 AGE: Years 21 Months 9 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Frederick Slater

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Noble J. Boland (Address) Fulton Heights

15 Filed Nov 2 1925, 19 Robert P. Harrison, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 1, 19 25

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 19 25, to Nov 1, 19 25, that I last saw h alive on Nov 1, 19 25, and that death occurred, on the date stated above, at 2.15 m.

The CAUSE OF DEATH* was as follows:

Septicemia - puerperal

Secondary

Primary (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Miscarriage - (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Removed to Maternity Hospital

Did an operation precede death? Yes, Date of Nov. 1 placenta

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Guy Culupet, M. D.

, D (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Baltimore — DATE OF BURIAL: Nov 1X 1925

20 UNDERTAKER: Harry H. Witzke — ADDRESS: 1531 W Lanvale

Spec.—1-10-21 M&T 1500 Blks.

E 03658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03658

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. BALTIMORE CITY HOSPITALS ST., 7-1 WARD)

REGISTERED NO. 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Turpin

(a) RESIDENCE NO. 519 N. Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Turpin

6 DATE OF BIRTH (month, day, and year) 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	85yr			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Palmer Turpin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Ann Palmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 2-1925, 19 Robert F. Hartman, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to Nov. 8, 1925; that I last saw him alive on Nov. 8, 1925; and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Hindsay Miller M. D.

11/10, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL ... 19

20 UNDERTAKER Commissioner Health

ADDRESS

NOV 12 1925

Pat. Wm. E. Woods

Spec.—1-10-21—M&T—1500 Blks.

E 03659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03659

1-PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. West Baltimore General Hospital ST., 16-6 WARD)

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Johnson

(a) RESIDENCE NO. 1035 N. Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/10/25

7 AGE — Years — Months — Days — If LESS than 1 day, 5 hrs. or..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mexie Cousin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant William Johnson (Address) 1035 N Mount St

15 Filed 2-1925, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1925, to Nov 10, 1925, that I last saw him alive on Nov 10, 1925, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) Concurrent atelectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Hurst Wilkerson, M. D.

(Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner Health

NOV 12 1925

Robert P. Garrison, Registrar

OPAK

Spec.—1-10-21—M&T—1500 Blks.

E 03660

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03660

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 1-W WARD)

REGISTERED NO. 147

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Scott

(a) RESIDENCE NO. 1524 E. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8 — 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Johns Hopkins Hospital.

15 Filed 2 1925, 19 Robert F. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 — 1925

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to Nov. 10, 1925

that I last saw her alive on Nov. 10, 1925

and that death occurred, on the date stated above, at 4 30 a. m.

The CAUSE OF DEATH* was as follows:

Thrombophlebitis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Abdominal Abscess

(duration) 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) C O Peckham, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Evergreen Cemetery	Nov 13 1925
20 UNDERTAKER	ADDRESS
Mrs Chas G. Bailey	1421 Jefferson St

Spec.—1-10-21—M&T—1500 Bks.

E 03661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 03661

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 n Bruce st. ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Jones

(a) RESIDENCE No. 1402 N. Bruce st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-27-1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 0TA

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER Samuel H. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Ella Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md

14 Informant William A. Jones

(Address) 1373 n. Carey st

15 FILED 2 1925 Robert F. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10-1925

17 I HEREBY CERTIFY, That I attended deceased from 9-26-25, 19, to 11-10, 1925, that I last saw h alive on 11-9, 1925, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

From History 4 mos 7 wks

Personal Knowledge (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? ~

(Signed) George C. Page, M. D.

, 19 (Address) 816 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL 11/13 1925

20 UNDERTAKER Mrs J. H. Dennis per T. E. Nelson. — ADDRESS 1303 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03662

CERTIFICATE OF DEATH.

101 001

E 03662

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 Carlton ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Wm. Jackson

(a) RESIDENCE No. 1030 Carlton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE: Years 51; Months; Days; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer): O'Neill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Southeastern Co. Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) — Unknown.

14 Informant: Thomas E. Nelson

(Address) 1303 Presstman St

15 Filed ... 1925 19... Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1925, to Nov 11, 1925, that I last saw h[e] alive on Nov 11, 1925, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. mos 7 ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Paul Brown, M. D.

11/11, 1925 (Address) 1837 Reno Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery.

DATE OF BURIAL: Nov. 11 1925

20 UNDERTAKER: Mrs James H. Dennis per T. E. Nelson

ADDRESS 1303 Presstman St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03663 90 E 03663

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 N Carey St. 15-13 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Indiana Verges

(Residence in Baltimore: No. 1609 N. Carey St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH March 29, 1880 (Month) (Day) (Year)

7-AGE, 45 yrs. 7 mos. 12 ds. 18

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): 03

9-BIRTHPLACE, (State or Country), Fredericksburg Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Fannie Hilston

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Verges

(Address) 1609 N. Carey St

Dec 2 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 11, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 4 1925, to November 11 1925 that I saw h[illegible] alive on October 29 191..., and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Thos E Daugherty M. D.

Nov 12, 1925 (Address) 1602 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Nov 15, 1925

20-UNDERTAKER Mrs James H Dennis — ADDRESS 1303 Freedman St

Rev T. E. Hebron

Cor.—1-12-23—M&T—100 Bks.

E 03664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03664

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Brevard St. ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Shelton.(C)

(a) RESIDENCE NO 926 Brevard St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

If married, widowed, or divorced

(or) WIFE of Elijah Shelton.(C)

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant John L. Becker.

(Address) Arnolds. A.A.Co.Md.

NOV 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 11, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart & Kidneys

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.

(Coroner.)

Nov. 13, 1925 (Address) 100 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem — DATE OF BURIAL Nov 13 1925

20 UNDERTAKER Henry Hankins & Sons — ADDRESS Edmondson & McCulloh

Spec.—1-10-21—M&T—1500 Blks.

03665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Hamilton 90 E 03665

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 34 E White Ave ST. 7-11 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Kamka

(a) RESIDENCE No. 34 E. White Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widower.

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 14, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oil

(b) General nature of industry, business, or establishment in which employed (or employer) Petty Rooster

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Chas. Kamka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hoss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Gustav Kamka

(Address) 818 E Eagle St

15 NOV 13 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/11 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/9/25, 19 , to 11/11/25, 19 , that I last saw h[illegible] alive on 11/11/25, 19 , and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation (Septic)
Hypostatic Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Kyle W. Holby M. D.

, 19 (Address) 5012 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Cornell Cem — DATE OF BURIAL: Nov 14, 19 25

20 UNDERTAKER Chenowith Son — ADDRESS 3617 Chestnut

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03666 — 44 — E 03666

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital — REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., H. WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Tracey

(a) RESIDENCE NO. 115 W. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard J Tracy

6 DATE OF BIRTH (month, day, and year) Aug 15 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	73	3	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Mass.

10 NAME OF FATHER Patrick Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ire

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs J Tracy (Address) 115 W Mulberry St

FILED NOV 13 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1925, to Nov. 12, 1925, that I last saw h er alive on Nov. 11, 1925, and that death occurred, on the date stated above, at 3 1 m.

The CAUSE OF DEATH* was as follows:

Carcinoma - head of pancreas

(duration) ..... yrs. 7 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no - refused Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Geo. D. Lippy, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 11/14 1925

20 UNDERTAKER J. J. Moran — ADDRESS 3000 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E 03667

E 03667

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital (WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Conrall Jr.

(a) RESIDENCE NO. 1401 E. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. ds. How long in U. S., if of foreign birth? 18 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of ~~(or) Wife of~~ Dominnie Conrall

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager of Restaurant,

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant.

(c) Name of employer Owner

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Joseph Conrall, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Josephine Holland

(Address) 8 Chandler St.

Filed NOV 13 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1925 to Nov. 10, 1925

that I last saw him alive on Nov. 10, 1925

and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows:

Toxemia of Left Febrile with Metastases to liver and Lungs.

(duration) 1½ yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Left Orchidectomy at Hebrew Hospital about 4 wks. ago.

Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Findings.

(Signed) E. H. Rhodes, M. D.

, 19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Joseph's Cemetery	11/13 1925
20 UNDERTAKER J. J. Moran	ADDRESS 3000 E. Baltor St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03668

HEALTH DEPARTMENT—CITY OF BALTIMORE

11 2 E 03668

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1620 W. Lexington St. 19-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Rebecca Diggs

(a) Residence No. 1620 W Lexington St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	C	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb. 14. 1858

7-AGE.	If LESS than 1 day,
67 yrs. 9 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer). Housework 87

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Eastern Shore Md.

PARENTS

10-NAME OF FATHER, Chas. Sevoy

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Eastern Shore Md

12-MAIDEN NAME OF MOTHER, Eliza Butler

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country). Eastern Shore Md

14-(Informant) Emma Blackston

(Address) 1229 Filmore St

15-NOV 13 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11/11/25

17- I HEREBY CERTIFY, That I attended deceased from 11/6, 1925, to 11/11, 1925; that I last saw her alive on 11/11/25, 19....., and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

30 min

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C M Lawrence, M. D.

, 19 (Address) 1332 W. Mosher.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Bruce Hill Annapolis Md	Nov 14, 1925
20-UNDERTAKER.	**ADDRESS**
A L V Brown & Son	108 N Howard St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03669

CERTIFICATE OF DEATH.

3/ E 03669

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., (T.B.) 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Moore

(a) RESIDENCE NO. 1014 Wilcox st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Moore

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Bowersox

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Archibald

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed 19 ROBERT R. KRAUTER, Registrar

NOV 13 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1925, to Nov. 11, 1925, that I last saw her alive on Nov. 11, 1925, and that death occurred, on the date stated above, at 6.35 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. D. McFaine Jr. M. D.

11-13-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Nov 14 1925

20 UNDERTAKER Edmund W. Conklin — ADDRESS 2 & 4 E Eager St.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03670

CERTIFICATE OF DEATH.

49 E 03670

1-PLACE OF DEATH Maryland General Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST., H-V WARD)

2-FULL NAME Mrs Chin Hay See

(a) RESIDENCE NO. 201 W Mulberry ST., H WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Chinese	married

5a If married, widowed, or divorced (or) WIFE of Chin Yen Dong.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) China

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) China

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) China

14 Informant Chin Lee Dong

(Address) 202 W Mulberry St

NOV 13 1925 ROBERT T. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9-1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 7, 1925, to November 9, 1925, that I last saw h[illegible] alive on November 9, 1925, and that death occurred, on the date stated above, at 10:47 p.m.

The CAUSE OF DEATH* was as follows:

Tumor of Sub maxillary Gland
& Surrounding tissues

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Surgical Shock & Acute Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Nov 9-1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo A Campanis, M. D.

, 19 (Address) Mt Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenlawn Cemetery	Nov 14 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 03671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 E 03671

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1244 W Pratt ST. 18-3 WARD)

2-FULL NAME Trisa Markovich

(a) RESIDENCE NO. 1244 W Pratt ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Markovich

6 DATE OF BIRTH (month, day, and year) Jan 15, 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooker 015

(b) General nature of Industry, business, or establishment in which employed (or employer) Barrels

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Serbia

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know

14 Informant Katie Markovich
(Address) 1244 W Pratt st

15 Filed NOV 13 1925 RUELRI R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1925

17

I HEREBY CERTIFY, That I attended deceased from March 3, 1924 to Nov 10, 1925

that I last saw h~~i~~m alive on Nov 10, 1925

and that death occurred, on the date stated above, at 4.35 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Gynaecology

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dont know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fred C Jewett, M. D.

Nov 12 1925 (Address) 25 E Pennsa ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk	Nov 14th 1925
20 UNDERTAKER	ADDRESS
A. Jones	111 S. Gilmor st

Spec.—1-12-23—M&T—500 Bks.

Doris E. Ebbler

HEALTH DEPARTMENT—CITY OF BALTIMORE

03672

CERTIFICATE OF DEATH.

37-001 E 03672

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 861 Woodward St. ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris E. Ebbler

(a) RESIDENCE NO. 861 Woodward St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Jan. 17, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER Ernest H. Ebbler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary M. Bartholow

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

Informant Ernest H. Ebler (Father)
(Address) 861 Woodward St.

Filed NOV 13 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11, 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1925, to Nov. 11, 1925, that I last saw her alive on Nov. 11, 1925 and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(duration) yrs. 1 mos 12 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted —
If not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? Clynical

(Signed) Edward Kreckeler, M. D.

11/12/25 (Address) 24 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	11-14 1925
20 UNDERTAKER	ADDRESS
James J Degnan 1000	Hamburg 18

Cor.—1-12-25—M&T—100 Blks.

E 03673

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 03673

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Harford Ave ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula Bouldin

(a) RESIDENCE NO. 718 Harford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): May 12-1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	1 6	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: William Bouldin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Jennings

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Mary J. Bouldin
(Address) 718 Harford Ave

Filed NOV 13 1925 .19..

Burial Permit Clerk.

Registrar R. KRAUSER.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Miller, M. D.
(Coroner.)

11-13-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Nov 13 1925
20 UNDERTAKER: Mrs R. A. Elliott	ADDRESS: 1925 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03674

CERTIFICATE OF DEATH.

45 E 03674

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1943 Mosher ST. 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Caroline Fredericka Blumer

(a) RESIDENCE No. 1943 Mosher ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced,~~ (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28th, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) Coffee

(c) Name of employer Levering Coffee Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Blumer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Switzerland

12 MAIDEN NAME OF MOTHER Margaret Shafer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Miss Margaret Blumer
(Address) 1943 Mosher St.

15 Filed NOV 13 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12th, 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/10/, 1925, to 11/12/, 1925, that I last saw her alive on 11/12/25, 19, and that death occurred, on the date stated above, at 1.40 A. m.

The CAUSE OF DEATH* was as follows:

(Synovial) Carcinoma

(duration) Fifty 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Was confirmed by Dr J Dawson Ruhr

(Signed) Burns J Seng, M. D.

11/13/1925 (Address) 910 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery — DATE OF BURIAL Nov 14, 1925

20 UNDERTAKER Putnam & Sons — ADDRESS 1423 W Lanvale St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03675

CERTIFICATE OF DEATH.

90 E 03675

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Ashton St.) 20-6 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Eggleston Bentelspacher

(a) RESIDENCE. NO. 2507 Ashton ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Bentelspacher

6 DATE OF BIRTH (month, day, and year) 9 Mar 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Iron Molder

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER Carl Bentelspacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant (Address) Wm E Bentelspacher 2319 W Lafayette Ave

NOV 13 1925 ROBERT R. KRAMER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 Nov 1925

17 I HEREBY CERTIFY, That I attended deceased from 10 Nov, 1925, to 12 Nov, 1925, that I last saw h.. alive on 12 Nov, 1925, and that death occurred, on the date stated above, at 7.30 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. , mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Exam of Lungs-Phys

(Signed) J. Vance Thompson M. D.

, 19 (Address) 2565 Fredkin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 14 19 25
20 UNDERTAKER	ADDRESS
J. Peter Lutz & Co.	W. Lafayette Ave

Spec.—1-10-21—M&T—1500 Blks.

Gravicik

HEALTH DEPARTMENT—CITY OF BALTIMORE

145 1003 E 03676

03676

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary REGISTERED NO.

CITY OF BALTIMORE: (No. Broadway ST., 1-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Annie Francis

(a) RESIDENCE NO. 2406 Eager St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jerry Francick

6 DATE OF BIRTH (month, day, and year) not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
about	33	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Vasely

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Jerry Francis

(Address) 2406 Eager Ave

15 NOV 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1925 to Nov. 12, 1925

that I last saw h. alive on Nov. 12, 1925

and that death occurred, on the date stated above, at 8:07 p.m.

The CAUSE OF DEATH* was as follows:

Ruptured Uterus.

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov. 12 1925

To stop Hemorrhage

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Hiram Frank M. D.

, 19 (Address) 913 N. Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Hill	Nov. 15 1925
20 UNDERTAKER	ADDRESS
Frank Esock Son	1906 Orleans

Minossi

Spec.—1-10-21—M&T—1500 Bks.

Alphonsina

1926 M 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03677

CERTIFICATE OF DEATH.

179 E 03677

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 314 Albemarle St. 3-1 WARD)

2-FULL NAME Alphonsina Minossi

(a) RESIDENCE NO. 314 Albemarle St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 week mos. ds. How long in U. S., if of foreign birth? Intermittent mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Minossi

6 DATE OF BIRTH (month, day, and year) August 4 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Minosso

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Dmicil Dalsandro

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Michael Minossi
(Address) 314 Albemarle

15 NOV 13 1925 RUDOLF R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1925

17 I HEREBY CERTIFY, That I attended deceased from 2 November, 1925, to 10 November, 1925, that I last saw h er alive on 10 November, 1925, and that death occurred, on the date stated above, at 10 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic intestinal Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 601 S Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov 14 1925
20 UNDERTAKER	ADDRESS
Wendell Wyffelsdon	373 [illegible]

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1774 03678

1-PLACE OF DEATH

City of BALTIMORE: (No. 2136 Frederick Ave St. 20th Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Estelle Gaither

(a) Residence No. 2136 Frederick Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced—HUSBAND of (or) WIFE of Thomas J. Gaither

6-DATE OF BIRTH (month, day and year) 8/17/187[illegible]

7-AGE, 46 yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... United States
(State or Country),

PARENTS.

10-NAME OF FATHER, William C. Steett

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Clara B. Steiner

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country), Maryland

14- (Informant) T. Alvard Gaither

(Address) 2136 Frederick Ave.

15- NOV 13 1925 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 12, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 1, 19 25, to Nov. 12, 19 25, that I last saw her alive on Nov 12, 19 25, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin C. Steiner, M. D.

11-12, 25 (Address) 1520 Pollock St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	Nov. 14, 19 25
20-UNDERTAKER,	ADDRESS
Joseph B Cook	1003 W Balto St.

03679

HEALTH DEPARTMENT—CITY OF BALTIMORE

X118 E 03679

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Lee Holloway

(Residence in Baltimore: No. University Hospital St.; yrs. ..... mos. ..... 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. June 14th (Month) (Day) 1868 (Year)

7-AGE. 57 yrs. 4 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter Foreman
(b) General nature of Industry, business, or establishment in which employed (or employer): School Board Repair Shop

9-BIRTHPLACE, (State or Country). Richmond, Virginia

PARENTS.

10-NAME OF FATHER. William Holloway

11-BIRTHPLACE OF FATHER, (State or Country). Richmond, Va.

12-MAIDEN NAME OF MOTHER. Virginia Ann Gordon

13-BIRTHPLACE OF MOTHER, (State or Country). Richmond, Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Annie E. Holloway
(Address) Phoenix, Maryland.

15-
Filed. NOV 13 1925 1925 RUELL R. KRAUTER. Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 11th (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
Operation
(Duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (Secondary) Cardiac Asthenia
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. C. Blades M. D.
(Coroner.)
11-12 1925 (Address) 143 N. Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Virginia

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	Nov 14 1925

20-UNDERTAKER.	ADDRESS
Jos Block	1003 W Balto St

Spec.—1-10-21—M&T—1500 Bks.

Baran

E 03680

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 03680

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 O'Donell ST. 1-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ludwik Baran

(a) RESIDENCE NO. 2818 O'Donell ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. • mos. • ds. How long in U. S., if of foreign birth? 14 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectionery

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Baran
(Address) 2818 O'Donell St

15 NOV 13 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from November 9. 1925. to November 12 1925.
that I last saw him alive on November 12. 1925.
and that death occurred, on the date stated above, at 1-15 a m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. G. W. Kennard, M. D.

11-13. 1925 (Address) 708 Euson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	Nov-16 1925
20 UNDERTAKER	ADDRESS
Stephen Wisniewski	1000 S Kenwood Ave

Spec.—1-10-21—M&T—2500 Bks.

E 03681

1861 11 1 Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 03681

CERTIFICATE OF DEATH.

60-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. 10-2 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ada Hughes

(a) RESIDENCE No. 707 N. Spring St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write this word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josiah Hughes

6 DATE OF BIRTH (month, day, and year) [illegible] 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) H

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

PARENTS

10 NAME OF FATHER Charles Whiting

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Pinkett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1925, to Nov. 11, 1925,

that I last saw h alive on Nov. 11, 1925,

and that death occurred, on the date stated above, at 12 10 P.m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exophthalmic goitre

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? pathological section

(Signed) Chester S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	Nov 15 1925
20 UNDERTAKER Edward Bryan	ADDRESS 1691 Orleans

Cor.—1-12-23—M&T—100 Bks.

E 03682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03682

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Bond St ST. 6-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Miller

(a) RESIDENCE No. 410 N. Bond St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of James Miller

DATE OF BIRTH (month, day, and year) 1897

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Jim Hollis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cora Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Cora Jones
(Address) 410 N. Bond St

NOV 13 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Valvular Insufficiency

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Hollis (Coroner), M. D.

11-13-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel cemetery	nov 13 192 5
20 UNDERTAKER Edward Bryan	ADDRESS 1631 orleans st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03683

CERTIFICATE OF DEATH.

X 46 E 03683

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Conrad & Kelly Hosp.

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST. 14 WARD)

2-FULL NAME Josephine Florence Paine

(a) RESIDENCE NO. East Ave ST. Pittsford N.Y. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced (or) WIFE of Chester A. Paine

6 DATE OF BIRTH (month, day, and year) May 23 1851

7 AGE	Years	Months	Days 20	If LESS than 1 day, hrs. or min.
	74	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Easton Pa (State or country)

PARENTS

10 NAME OF FATHER Thomas Hilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary G. Kirk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wilmington Del

14 Informant (Address) Dr. A.H. Paine Rochester N.Y.

15 Filed NOV 13 1925 RUEBEN R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13, 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 4, 1922 to Nov 13, 1925.

that I last saw her alive on Nov 13, 1925,

and that death occurred, on the date stated above, at 6 15 A. m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma uterus

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of Nov. 7 1925

Was there an autopsy? No.

What test confirmed diagnosis? operation

(Signed) Chas Harold, M. D.

, 19 (Address) 1418 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pittsford N.Y.

DATE OF BURIAL Nov 13 1925

20 UNDERTAKER Chas. G. Black

ADDRESS 742 W. North Ave

Spec.—1-12 23—M&T—500 Blks.

03684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001

E 03684

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3723 Park Heights Ave. ST. 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Williams

(a) RESIDENCE No. 3723 Park Heights Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Emanuel ~~Richard~~ Williams

7 DATE OF BIRTH (month, day, and year): Unknown

8 AGE — Years: 66 — Months: — — Days: — — If LESS than 1 day, hrs. or min.: —

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Abraham —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Mrs Williams

(Address): 801 Woodward Ave.

Filed NOV 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-13- 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/12, 1925, to 11/13, 1925, that I last saw h[illegible] alive on 11/13, 1925, and that death occurred, on the date stated above, at 7 30 a.m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia with Partial Obstruction

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Bronchio Pneumonia (terminal)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L Zinkey, M. D.

11/13, 1925 (Address) 1806 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	11-12 1925
20 UNDERTAKER	ADDRESS
Jack Levin	1439 E. Bres

Spec.—1-10-21—M&T—1500 Blks.

E 03685

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-02

E 03685

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3033 Westwood Ave (ST.) 15-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo K. Dietrich

(a) RESIDENCE NO. 3033 Westwood ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Dietrich

6 DATE OF BIRTH (month, day, and year) June 21, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Irene Leo (Address) 3033 Westwood Ave

15 NOV 13 1925 HUELAT H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1925, to Nov 12, 1925, that I last saw him alive on Nov 12, 1925, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hemiplegia (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. M. Driver M. D.

(Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL Nov. 14 1925

20 UNDERTAKER Harry W. Ehlen ADDRESS 1944 W. North Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

E 03686 E 03686

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Binney ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Sporl

(a) RESIDENCE. No. 1113 Binney ST., 1 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Sporl.

6 DATE OF BIRTH (month, day, and year) March 3- 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER John Daig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant Barbara Spiegel-Walter

(Address) 1113 S. Binney St

NOV 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1925, to Nov. 12th, 1925, that I last saw h. alive on , 1925, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis and Coma

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L Weiner, M. D.

11-12, 1925 (Address) 30 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Nov. 14 1925

20 UNDERTAKER Lilly & Julia 403 S. Wolfe St.

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Blks.

MARYANNA KOLODZIEJSKA.

E 03687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001 E 03687

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No 618 So Wolfe St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Maryanna Kolodziejska

(a) Residence No. 618 So Wolfe St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, ~~Married~~, Widowed or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Kolodziejski

6-DATE OF BIRTH (month, day and year) Feb 2 1852

7-AGE, 73 yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Poland

14- (Informant) Joseph Kolodziejski

(Address) 618 S. Wolfe St.

NOV 13 1925 ROBERT R. KRAUTER, Registrar.

Deputy Registrar Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) November 25

17- I HEREBY CERTIFY, That I attended deceased from ~~November~~ 6 19 25 to November 19 25

that I last saw h.r alive on November 19 19 25

and that death occurred, on the date stated above, at 11.6 m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia.

(Duration) yrs. about 7 mos. ds.

CONTRIBUTORY (Secondary) old age,

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Jno. A. Valentine D M. D.

Nov 12, 1925 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Rosary. DATE OF BURIAL, Nov. 14 " 1925.

20-UNDERTAKER, M. F. Sadowski. ADDRESS 705 S. Ann St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03688 — 74 E 03688

1-PLACE OF DEATH

CITY OF BALTIMORE. No. BALTIMORE CITY HOSPITALS 12-2 ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Baxter

(a) RESIDENCE No. 403 Glen Edward Ave ST., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Baxter

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
5 6 4 yr.	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington, D.C.
(State or country)

PARENTS

10 NAME OF FATHER Woolsey Baxter

11 BIRTHPLACE OF FATHER (city or town) D.C.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Dodd

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

NOV 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1925, to Nov. 12, 1925, that I last saw him alive on Nov. 12, 1925, and that death occurred, on the date stated above, at 6:45 a m.

The CAUSE OF DEATH* was as follows:

Rt. hemiplegia (cerebral hemorrhage)

(duration) yrs. 3 (History) mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure and decubitus ulcers (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

11/12 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mrs Carlyle — DATE OF BURIAL 11/14/25

20 UNDERTAKER Ellis Cook — ADDRESS 58 N E. Lovel

Spec.—1-10-21—M&T—1500 Blks.

E 03689 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03689

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Heck Jr.

(a) RESIDENCE NO. 428 N Patterson Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Late Marie Heck

6 DATE OF BIRTH (month, day, and year) Feb 21/83

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coach

(b) General nature of industry, business, or establishment in which employed (or employer) Painter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Gustav W. Heck Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret P. Armentt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harry Heck (Address) 3515 E Balto St

15 Filed NOV 13 1925 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1925, to Nov 11, 1925, that I last saw h[illegible] alive on Nov 11, 1925, and that death occurred, on the date stated above, at 10 20 P. m.

The CAUSE OF DEATH* was as follows:

[redacted] [redacted]

Broncho-pneumonia

(duration) 0 yrs. 0 mos 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Edem. (2)

[redacted] (duration) 0 yrs. 0 mos. 1[illegible] ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ——

Was there an autopsy? Yes

What test confirmed diagnosis? Clin Signs - Symp

(Signed) R. Victor Selig, M. D.

11/11/1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 11/14 1925

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03690

90 E 03690

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1320 Baker Rd ST. 27-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adala Graib (Grieb)

(a) RESIDENCE NO. 1320 Baker Rd ST. WARD 27

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: C. H. Graib (Grieb)

6 DATE OF BIRTH (month, day, and year) 6/6/1870

7 AGE Years 55 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Lutzenrath

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rebecca Maguca

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): C. H. Frank (Grieb) 1320 Belair Rd

15 Filed NOV 13 1925 HUBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to Nov 12, 1925, that I last saw her alive on Nov 12, 1925, and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH was as follows:

(a) Chronic Gastritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Natural diseases of old

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. D. Corse, M. D.

(Address) Corse & Southern, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Nov 16 1925

20 UNDERTAKER: George F. Ruth — ADDRESS: 1735 Harford Ave

Spec.—1-10,21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03691

E 03691

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3522 Phli. Road ST., No-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward V. Welsh

(a) RESIDENCE No. 3522 Phli Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late. Ann Welsh

6 DATE OF BIRTH (month, day, and year) Feb 4 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas Welsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Ellen Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Ann E. Curran

(Address) 3522 Phli. Road

Filed NOV 13 1925 RUDOLPH R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12- 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 10-25, 19.. to Nov 12- , 1925.

that I last saw him alive on Nov 12- , 1925

and that death occurred, on the date stated above, at 12'30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Allen Greenbaum, M. D.

11-14, 1925 (Address) 3439 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery. DATE OF BURIAL: Nov 14 1925

20 UNDERTAKER: George J. Ruth. ADDRESS: 1705 Harford Av

Cor.- 1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03692

CERTIFICATE OF DEATH.

5-193 E 03692

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Lamana.

(a) RESIDENCE NO Levering House 100 N. Front St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) August 15, 1886.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	2	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Stefano Lamana.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Marie Palombo.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

Informant Anthony Jeppi. (brotherinlaw)
(Address) 807 Aisquith St.

NOV 13 1925
MORGUE

HUBERT R. KRAUTER
Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 8, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Vericose Ulcer. Hemorrhage.

Circulatory shock.

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt (Coroner), M. D.

Nov. 13, 1925 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

100 N. Front St. Nov. 8 1925.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 11/14/25 192

20 UNDERTAKER Geo. J. Duffy — ADDRESS 1925 Hanford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 03693

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03693

1-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Mary Hospital ST. 136 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Irvin Ostendorf

(a) RESIDENCE No. Park View Apts ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, ~~Married, Widowed, or Divorced~~, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Feb. 2 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) Guaranty Co. 109

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER John G. Ostendorf.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary C. Dieter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balti. Md

14 Informant John G. Ostendorf

(Address) Park View Apts

3 1925 .19 Robert P. Harrison, Registrar

~~Burial Permit Clerk.~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-12 1925

17

I HEREBY CERTIFY, That I attended deceased from 11-4- .1925 . to 11-12- .1925.

that I last saw him alive on 11-12- .1925,

and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Intestinal Hemorrhage

(duration) yrs. mos. 5 hrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Bryant, M. D.

.19 (Address) Mary Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Nov. 14 1925
20 UNDERTAKER	ADDRESS
Chas. E. Franck	502 Madison Ave

E 03694 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03694

CERTIFICATE OF DEATH. 71-001

1-PLACE OF DEATH Union Mem Hosp. 9-7 Registered No. C.....

City of BALTIMORE. (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Lyno

(Residence in Baltimore: No. 1503 Central. St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F. | 4-COLOR OR RACE, W | 5-Single, Married, Widowed, or Divorced, (Write the word.) M.

6-DATE OF BIRTH, —
(Month) (Day) (Year)

7-AGE. 4 mo. If LESS than 1 day ....hrs. or. ....min.
....yrs. ....mos. ....ds.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), —

10-NAME OF FATHER, —

11-BIRTHPLACE OF FATHER, (State or Country), —

12-MAIDEN NAME OF MOTHER, —

13-BIRTHPLACE OF MOTHER, (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- NOV 3 1925 192.... Robert P. Harrison Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 11 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis Autopsy

(Duration) .... yrs. .... mos. 2 da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) .... yrs. .... mos. .... ds.

(Signed) G. E. Radcliffe M. D.
(Coroner)

Nov 13 192.. (Address) 1438 Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. HOPKINS HOSPITAL DATE OF BURIAL. NOV 12 1925

20-UNDERTAKER, Commissioner Health ADDRESS

THE MORGUE

E 03695

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03695

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~819~~ 819 N. Franklin St., 7-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney Hayes.

(Residence in Baltimore: No. 819 N. Franklin St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE, C

5 Single, Married, Widowed, or Divorced, (Write the word.) M.

6-DATE OF BIRTH, —

....., 1.....
(Month) (Day) (Year)

7-AGE, — 40 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), —

PARENTS.

10-NAME OF FATHER, —

11-BIRTHPLACE OF FATHER, (State or Country). —

12-MAIDEN NAME OF MOTHER, —

13-BIRTHPLACE OF MOTHER, (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Robert F. Garrison,

Nov 13 1925, 192.....

Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 9- 25
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 1 yrs. mos. ds.

(Signed) J. C. Wades M. D.
(Coroner)

Nov 12/25 (Address) 143 W. Barney

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL — DATE OF BURIAL, 11-13 1925

Interred and Buried in Laurel Cemetery 19....

20-UNDERTAKER, Burial Easton 9/6 Pd. — ADDRESS Commissioner Health.

NOV 13 1925

THE MORGUE

For Wm. H. Welch

E 03696

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03696

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 568 Walnut Alley St. 17-V Ward)

Registered No. C. 66

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Not Known

(Residence in Baltimore: No. 568 Walnut Alley St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	B.	Widower

6-DATE OF BIRTH. —

(Month) (Day) 1 (Year)

7-AGE. 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) —

PARENTS.

10-NAME OF FATHER, —

11-BIRTHPLACE OF FATHER, (State or Country), —

12-MAIDEN NAME OF MOTHER, —

13-BIRTHPLACE OF MOTHER, (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- Filed NOV 13 1925 192 Registrar.

Robert P. Harrison, Burial Permit Clerk

JOHNS

THE MORGUE

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 5 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Alcoholism

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G. C. Hales M. D.
(Coroner)

Nov 17 1925 (Address) 423 N. Bond

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL DATE OF BURIAL, NOV 13 1925

20-UNDERTAKER. ADDRESS

Commissioner Health.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03697 E 03697

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4795 Reistertown Road. ST. 27-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Mullen

(a) RESIDENCE NO. 4795 Reistertown Road. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Martin Mullen.

6 DATE OF BIRTH (month, day, and year) August 12th. 1849.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	2	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John P. Mullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto,

12 MAIDEN NAME OF MOTHER Sarah Geddes.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Mrs. Joseph Stoll, (Address) 4795 Reistertown Road.

15 Filed ....., 19..... Registrar

3 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 19 25.

17

I HEREBY CERTIFY, That I attended deceased from Nov. ....., 1923, to Nov. 9, 1925.

that I last saw him alive on Nov. 11, 1925

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Autopsis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Mandlebaum M. D.

11/13/25 (Address) 24 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery.

DATE OF BURIAL 11/14 19 25

20 UNDERTAKER Chas. H. Traub & Son

ADDRESS 118 W. Mt. Royal Ave

Cor.—1-12-23—M&T—100 Bks.

E 03698

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03698

CERTIFICATE OF DEATH.

X 86-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Russell

(a) RESIDENCE NO. Perryville, Md (Perrymans Md.) ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) 1925

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER E. L. Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Muller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant E. L. Russell
(Address) (Perrymans Md) Perryville, Md

Filed 3 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13-25 '25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Purulent Meningitis
(Autopsy at Hospital)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Ototis Media (duration) yrs. mos. ds.

(Signed) J. M. Russell, M. D.
(Coroner)

11-13, 192 5 (Address) 508 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Perrymans Md	11/13/25 192
20 UNDERTAKER Joseph Ahrens	ADDRESS 221 Bway

Spec.—1-12-23—M&T—500 Blks.

03699

HEALTH DEPARTMENT—CITY OF BALTIMORE

03699

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital 11-V 125E REGISTERED No.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeremiah J Dee

(a) RESIDENCE No. 1512 McHenry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 28. 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56.	10	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: John Dee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Fahy Mooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Mrs. Thos. Dee

(Address): 512 N. Henry St.

F 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10 1925 to Nov. 11 1925 that I last saw him alive on Nov. 11 1925 and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

(Laparotomy and Drainage)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Nov. 11, 25

Was there an autopsy? Yes

What test confirmed diagnosis? Operation + Autopsy

(Signed) Geo. D. Libby, M. D.

(Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Nov 14 1925

20 UNDERTAKER: J. Ed J. Cowan & Son ADDRESS: 901 Madison

J. Ed J. Cowan

Cor.—1-12-23—M&T—100 Bks.

E 03700

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03700

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 George. ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Colbert.

(a) RESIDENCE NO. 645 George. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Colbert

DATE OF BIRTH (month, day, and year) (Estimated)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Paper Carrier
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 086

BIRTHPLACE (city or town) New York City
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) Unknown.
(State or country)

Informant Eliza Colbert.
(Address) 645 George St.

Filed 4-1925, 192 Robert F. Morrison, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 1 ds.

(Signed) Geo. Lades, M. D.
Nov 13 1925 (Coroner.)
(Address) 4 E Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., da. In the State yrs., mos., da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem DATE OF BURIAL Nov 14 1925

20 UNDERTAKER Samuel Hensley ADDRESS 57 N Bond St

Cor.—1-12-23—M&T—100 Bks.

E 03701 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03701

CERTIFICATE OF DEATH. 1925

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rufus Lawrence

(a) RESIDENCE NO. 1303 Ashland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	col	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: none

DATE OF BIRTH (month, day, and year) July 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	4	--	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Gastonia, N. C.

10 NAME OF FATHER: Rufus Lawrence Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Nancy Rhodes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

Informant: Robt. E. Williams

(Address) 1515 McElderry St

Filed 4 1925 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extradural Hemorrhage-Fractured skull-left ordital(frontal) & squamous (petrous) bones.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell on street, Accidental

(duration) yrs. mos. ds.

(Signed) J S Collen, M. D. (Coroner.)

11-14-25 192 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: As Surry Amely — DATE OF BURIAL: Nov 15 192 5

20 UNDERTAKER: Robt Robinson — ADDRESS: 1515 McElderry St

Spec.—1-10-21—M&T—1500 Blks.

E 03702

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03702

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (St.) 11-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Summers or Summonds

(a) RESIDENCE No. 501 Hargrove Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Pearson Summers

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
60 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk, Va.

PARENTS

10 NAME OF FATHER Buck Summond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Baltimore City Hospitals Records

15 Filed 4 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1925, to Nov. 10, 1925, that I last saw him alive on Nov. 10, 1925, and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Luetic aortitis; aortic insufficiency; chronic myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) 1 yrs. 6 (History) mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller. M. D.

11/12, 1925 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Nov 16 1925
20 UNDERTAKER	ADDRESS
Robert Williams	1615 McElderry st

Spec.—1-12-23—M&T—500 Bks.

E 03703 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03703

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Notre Dame College ST., 27 WARD) REGISTERED NO. 27-8 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Primata Feust

(a) RESIDENCE No. Charles Street Ave. ST., 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 11 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 17, 1858

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	66	11	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Nicolas Feust

11 BIRTHPLACE OF FATHER (city or town) Cologne (State or country) Germany

12 MAIDEN NAME OF MOTHER Mathilda Gillet

13 BIRTHPLACE OF MOTHER (city or town) Bischofsheim (State or country) Germany

Informant Sister M. Philemon

(Address) Charles Street Ave

Filed 4 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1925, to Nov 13, 1925, that I last saw h alive on Nov 12, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertention & Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

11/13, 1925 (Address) 4706 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Govenstown (Private)	Nov 16 1925
20 UNDERTAKER	ADDRESS
Frank H. Fenk	916 N. Gay St

Spec.—1-10-21—M&T—1500 Blks.

E 03704

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03704

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 256 South Ann ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Eagan

(a) RESIDENCE NO. 256 South Ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Michael F. Eagan

6 DATE OF BIRTH (month, day, and year): Sept 8-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or..... min.
	59	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of Industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Repp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine Repp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Michael Eagan

(Address): 256 S. Ann St

15 FILED 4-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 19 25, to Nov. 12, 19 25, that I last saw her alive on Nov. 12, 19 25, and that death occurred, on the date stated above, at 1155a m.

The CAUSE OF DEATH* was as follows: Carcinoma of Pancreas

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Israel Feinglos, M. D.

11/12, 19 25 (Address) 1902 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: 11/16 1925

20 UNDERTAKER: Wm Cook

ADDRESS: Sole Nath

Spec.—1-10-21—M&T—1500 Bks.

E 03705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Dr Hockman 5835 York Road

E 03705

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 825 Mc Cabe Av ST., 27-9 WARD

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dallie A Gault

(a) RESIDENCE NO. 825 Mc Cabe Av ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6 - 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Robt Gault

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Jane Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Katie M Gault

(Address) 3030 Walbrook

15 Filed ..... 1925, 19 ..... Registrar

Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 - 13 - 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to Nov 12, 1925, that I last saw h[illegible] alive on Nov 12, 1925, and that death occurred, on the date stated above, at 3.15 a.m.

The CAUSE OF DEATH* was as follows: Chronic interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Microscopic

(Signed) Geo H Hockman, M. D.

Nov 13, 1925 (Address) 5835 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 11/17 1925

20 UNDERTAKER William Cook — ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

E 03706

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr France
1409 N Gay

E 03706

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 East Lamdale ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Galm

(a) RESIDENCE NO. 1911 E. Lamdale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2 - 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tobacconist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Marburg Bros 0086

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo L. Galm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Kessner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chas. Galm
(Address) 1911 E Lamdale

15 Filed 4 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-13-1925

17 I HEREBY CERTIFY, That I attended deceased from October 1, 1925, to Nov. 13, 1925, that I last saw h[illegible] alive on Nov. 12, 1925, and that death occurred, on the date stated above, at 5 45 a m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart (Mitral Regurgitation)

(duration) yrs. mos. ds.

Asthenia

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward France, M. D.

11/13, 19 (Address) 1409 N Gay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 11-16-1925

20 UNDERTAKER Uhlmann Cook — ADDRESS 502 W Fay

Spec.—1-10-21—M&T—1500 Bks.

White 22 Grammar

E 03707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03707

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Ellerslie Ave WARD 9-3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie L. Anderson

(a) RESIDENCE NO. 3011 Ellerslie Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm W. Anderson

6 DATE OF BIRTH (month, day, and year) Sept 4-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	78	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Keeping Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Susan Newcomer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Elroy Parr

(Address) 3011 Ellerslie Ave

Filed Nov 14 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-13-1925

17 I HEREBY CERTIFY, That I attended deceased from June 1925, to Nov 13, 1925.

that I last saw her alive on Nov 13, 1925.

and that death occurred, on the date stated above, at 12.00 Noon.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

Arterial Sclerosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical Symptoms

(Signed) Thomas F Hunter M. D.

, 19 (Address) 45 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greencastle Cem

DATE OF BURIAL 11/15 1925

20 UNDERTAKER Brennan Cook

ADDRESS 502 E North

Cor.—1-12-23—M&T—100 Bks.

E 03708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03708

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 17-1 WARD)

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Dorsey

(a) RESIDENCE NO. 747 Dolphin St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Dorsey

DATE OF BIRTH (month, day, and year) March 1-1884

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	8	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City

(c) Name of employer Public Schools

BIRTHPLACE (city or town) (State or country) Arbutus Md.

10 NAME OF FATHER Samuel Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Frances Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Sadie Dorsey (wife)

(Address) 747 Dolphin St

Filed 1925, 192

Albert F. Harrison, Burial Permit Clerk.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10-25 92

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma right lung

(Autopsy at Hopkins Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Kolen, M. D. (Coroner.)

11-14-25 92 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loft Auburn Cem DATE OF BURIAL Nov 14 1925

UNDERTAKER Samuel T. Kemsley ADDRESS 5[illegible] N Bdlw

Spec.—1-10-21—M&T—1500 Bks.

E 03709

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03709

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 E. Baltimore St. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Blumenthal

(a) RESIDENCE NO. 1736 E. Baltimore ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 30 61

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Blumenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sophia Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Fannie Blumenthal (Address) 1736 E Balto st

15 4 1925, 19 ..... Registrar

Robert E. Garrison, Deputy Registrar Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1925, to Nov. 13, 1925, that I last saw him alive on Nov. 13, 1925, and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute pulmonary edema

(duration) yrs. mos 1½ hours ds.

CONTRIBUTORY (Secondary) Left bowel cobat

pneumonia (duration) yrs. mos. 1¼ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Fred. A. Riss, M. D.

11/13 1925 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	11/15 1925
20 UNDERTAKER Sol Levinson & Bro	ADDRESS 1127 E Balto st

Spec.—1-10-21—M&T—1500 Bks.

(Curtis)

E 03710

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03710

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (N Bay View Asylum ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Clifton Curtis

(a) RESIDENCE NO. 1210 McCullough Street WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White Ed.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE: 33 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Mack Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records Baltimore City Hospitals

15 4-1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, year) November 11 1925

17

I HEREBY CERTIFY, That I attended deceased from March 6, 1925, to November 11, 1925, that I last saw him alive on November 11, 1925, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of 3rd & 4th Lumbar Vertebrae.

(duration) yrs. 19 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Meningitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Test

(Signed) Wm. B. Champion, M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cabbary Evergreen Amelia — DATE OF BURIAL: Nov 16 1925

20 UNDERTAKER: Chas. L. Bailey — ADDRESS: 1421 Jefferson St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03711

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03711

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., H-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Whiting

(a) Residence No. 680 Sarah Ann St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Whiting

6-DATE OF BIRTH (month, day and year) 1889-

7-AGE. 36 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER. Jeff Humphrey

11-BIRTHPLACE OF FATHER (city or town) (State or Country). North Carolina

12-MAIDEN NAME OF MOTHER. Fannie Davis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). North Carolina

14-

(Informant) Husband

(Address) 680 Sarah Ann St.

15-

4 1925 Robert P. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 12. 25

17. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1925 to Nov. 12, 1925 that I last saw h.er alive on Nov. 12, 1925 and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis & Hypertension.

(Duration) 4(?) yrs. mos. da.

CONTRIBUTORY (Secondary) Uremia

(Duration) 2 yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? Not

Did an operation precede death? No. Date of -

Was there an autopsy? No.

What test confirmed diagnosis? Blood Chemistry

(Signed) Leo S. Brown M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Zion

DATE OF BURIAL, March 15 1925

20-UNDERTAKER. Leonard W. Hall & Myerberg

ADDRESS 308

Spec.—1-10-21—M&T—1500 Blks.

E 03712

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03712

CERTIFICATE OF DEATH.

43

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kapusak

(a) RESIDENCE No. 229 S Washington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Stella

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Peter Kapusak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 4 1925

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 19, 1925, to Nov 13, 1925, that I last saw him alive on Nov 13, 1925, and that death occurred, on the date stated above, at 1150 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Infarction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lung Infection - Resection glands of neck (duration) Carcinoma mouth yrs. 2 mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Oct 24th

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Roscoe F. Bowers, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary cem	Nov 16 1925

20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

Cor.—1-12-25—M&T—100 Bks.

E 03713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03713

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 188 WARD)

REGISTERED No. 1925-003

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen C. Martin

(a) RESIDENCE NO. 3155 Frederick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 6th 1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	5	6	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country)

10 NAME OF FATHER Attie L. Martin

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Myrtle Stewart

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

Informant Myrtle Martin
(Address) 3155 Fred'k Ave

Filed Nov. 14 1925, 192

Robert P. Harrison
Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence of Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Duration) 29 hours 45 min.

CONTRIBUTORY (Secondary) Struck by Auto Bus

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton, M. D.
(Coroner)

Nov 13th, 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov. 14 1925

UNDERTAKER George L. Schwab ADDRESS 601 Fulton Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

E 03714

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 - 001 E 03714

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 E Eager ST.; 7-1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Harris

(Residence in Baltimore: No. 1602 E Eager St.: 40 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 9, 1875 (Month) (Day) (Year)

7-AGE, 50 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... House Work (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Harrisburg Pa.

PARENTS.

10-NAME OF FATHER, John R. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Augusta Horn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph J. Harris

(Address) 1602 E Eager St

15- Robert P. Harrison, ..., 191.....

NOV 14 1925 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 12, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 7 1925, to Nov 12 1925, that I saw h alive on Nov 12 1925, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .....yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. mos. ds.

(Signed) Roberts E Reaves M. D.

Nov 12, 1925 (Address) 130 N Gay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Western Cemetery — DATE OF BURIAL, Nov 16, 1925

20-UNDERTAKER Henry Lutz — ADDRESS 1203 Broadway

3715.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E. 3715

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03715

CERTIFICATE OF DEATH.

11-1 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 254 W. Hoffman St.; 11-1 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Queen

(a) RESIDENCE. No. 254 W. Hoffman St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Queen

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 58 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic Servic

(b) General nature of industry, business, or establishment in which employed (or employer): 870

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): H. A. County Md.

PARENTS

10 NAME OF FATHER: Jno. Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Jane Cowley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Priscilla Butler

(Address) Patapsco Park Md

15 Filed NOV 15 1925 19.. ROBERT R. KRAUTER, Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 14 19 25

17 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1925, to Nov. 14, 1925, that I last saw h[e] alive on Nov. 13, 1925, and that death occurred, on the date stated above, at 9:40 4 m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 11 mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Johnston M. D.

11/14 1925 (Address) 1019 Lewis Hall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leavy Hill Cem't — DATE OF BURIAL: Nov. 16 1925

20 UNDERTAKER: Lloyd D. Warnick — ADDRESS: Annapolis

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 03716

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 524 N. Eden St. 5-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Hughes Warfield

(a) Residence No. 524 N. Eden St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Female	colored	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1878

7-AGE.	If LESS than 1 day.
47 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0/0
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Balto
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas Hinkus

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Harriet Williams

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md

14-
(Informant)..... Mary Tisdell
(Address)..... 524 N. Eden St

NOV 15 1925 ROBERT R. KRAUTER, Registrar.
Supt. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 12-25

17- I HEREBY CERTIFY, That I attended deceased from Oct 8 1925 to Nov 12 1925
that I last saw h.. alive on Nov 12 1925
and that death occurred, on the date stated above, at 8 30 P m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

Indefinite (Duration)..... yrs..... mos..... ds.
CONTRIBUTORY (Secondary) Fibromyoma
(Duration)..... yrs. 3 mos..... ds.

18-Where was disease contracted if not at place of death? /

Did an operation precede death? Y Date of.....

Was there an autopsy? No

What test confirmed diagnosis? See Jr Hosp Clin Hospital

(Signed) J. Edward Fisher M. D.
11-13, 1925 (Address) 1612 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Nov 16, 1925
20-UNDERTAKER.	ADDRESS.
Mrs Chas E. Bailey	1421 Jefferson St

Spec.—1-12-23—M&T—500 Bks.

E 03717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

E 03717

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 N. Bentztown ST., 15-17 WARD)

2-FULL NAME Isaac Goodman

(a) RESIDENCE NO. 1711 N. Bentztown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ray Goodman

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant M. A. Goodman (Son)

(Address) 1711 N. Bentztown Rd.

Filed NOV 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-14-1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1925, to Nov 14, 1925, that I last saw h. in alive on Nov 13, 1925, and that death occurred, on the date stated above, at 8a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver (primary)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? usual

(Signed) Ernest J. Krager, M. D.

11/14/1925 (Address) The Esplanade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	11-15-1925
20 UNDERTAKER	ADDRESS
Jack Levin	1439 E. Balto

Spec.—1-10-21 M&T 1500 Bks.

Buchman

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03718

CERTIFICATE OF DEATH. 101-00 E 03718

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. H. H. ST. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hany Buchman

(a) RESIDENCE No. 1321 E. Baltimore ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny Buchman

6 DATE OF BIRTH (month, day, and year) March 10-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isadore Buchman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Fanny Buchman (Address) 1321 E. Balto. St.

15 NOV 15 1925 RUPERT B. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/13 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 31, 1925, to Nov 13, 1925, that I last saw h[illegible] alive on Nov 13, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Philip Jacobson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 11-15- 1925

20 UNDERTAKER Jos. Greis, 1439 E. Balto. — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03719

CERTIFICATE OF DEATH. 159-002

E 03719

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2562 W. Fayette St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. C. Doering

(a) Residence No. 2562 W. Fayette St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of no

6-DATE OF BIRTH (month, day and year) 10-20-25

7-AGE. 23

yrs. mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work no

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) 2562 W. Fayette (State or Country), Baltimore Md

PARENTS

10-NAME OF FATHER Wm Doering

11-BIRTHPLACE OF FATHER (city or town) md (State or Country),

12-MAIDEN NAME OF MOTHER, Mary M. Greene

13-BIRTHPLACE OF MOTHER (city or town) md (State or Country),

14-

(Informant) Margaretta Doering

(Address) 2562 W. Fayette St

15-

NOV 15 1925

Registrar.

Burial Permit Copy

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11-13-25

17- I HEREBY CERTIFY, That I attended deceased from 10-20 1925 to 11-13 1925

that I last saw him alive on 11-13 1925

and that death occurred, on the date stated above, at 2.00 P.M.

The CAUSE OF DEATH* was as follows:

Incomplete closure

Pulmonary Embolism (Fulminating)

Duration—Acute yrs. mos. 24 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. K. Callum M.D.

11/15/25 (Address) 2757 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL, Mt. Olivet Cem

DATE OF BURIAL, Nov. 15, 1925

20-UNDERTAKER, C. W. Dill

ADDRESS 2117 Frdk. Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03720

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03720

CERTIFICATE OF DEATH.

X 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5114 Queensberry Ave (St.) 27-5 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Bayline

(a) RESIDENCE. (No.) 5114 Queensberry Ave. (St.) (Ward.) Frostburg Md.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Bayline

6 DATE OF BIRTH (month, day, and year) June 10, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frostburg Md

10 NAME OF FATHER Vincent Savilisky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Maria Dabdovich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant John Bayline (Address) Main St Port Allegany Pa

NOV 15 1925

ROBERT A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1925, to Nov 13, 1925, that I last saw h[illegible] alive on Nov 12, 1925, and that death occurred, on the date stated above, at 9 00 a.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? Port Allegany Pa.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Home

(Signed) [illegible], M. D.

Nov 17, 1925 (Address) 817 Fawcett

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov 16 1925
20 UNDERTAKER	ADDRESS
Mr & Mrs John H. Tenfel & Son	801 N. Fayette

Spec.—1-12-23—M&T—500 Bks.

E 03721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital #1, Balto., Md. REGISTERED NO. E 03721

CITY OF BALTIMORE: (No. ..... St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Wible

(a) RESIDENCE NO. Crisfield, Md. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of — Mrs Ira White

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Light House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) L.H. keeper 086

(c) Name of employer U.S. Light House Service

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Self.
(Address)

Filed ..... 19 ..... Registrar

NOV 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1925, to Nov. 14, 1925, that I last saw h/ alive on Nov. 14, 1925, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Abscess of Lung

..... (duration) ..... yrs. ..... mos 12 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings and laboratory tests.

(Signed) H. A. Foster, M. D.

Jan. ..., 19 (Address) U.S. Marine Hospital #1

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crisfield Md. — DATE OF BURIAL 11-15 1925

20 UNDERTAKER Earl B Hale — ADDRESS 115 E Main St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03722

CERTIFICATE OF DEATH.

100-001 E 03722

1-PLACE OF DEATH West Balto. General Hospital

CITY OF BALTIMORE: (No. Raynor Ave & Dukeland St. WARD) D-7-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ida M. Reeside.

(a) RESIDENCE NO. Pimlico Rd. n. Ridgley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver H. Reeside

6 DATE OF BIRTH (month, day, and year) Jan 19 - 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
54.		9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frd. Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER John. Ann.

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Annie Page

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Oliver H. Reeside
(Address) 2121 Pimlico Road.

15 Filed NOV 15 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1925.

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1925 to Nov. 13, 1925; that I last saw her alive on Nov. 13, 1925; and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Broncho Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart. (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of none.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) D. Morante, M. D.

, 19 (Address) W. R. V. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	11/16 1925
20 UNDERTAKER	ADDRESS
J. Fen McCully	120 C. Fred

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03723

CERTIFICATE OF DEATH.

90 E 03723

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 E Madison ST., 7-1 WARD)

2-FULL NAME George W. Legg

(a) RESIDENCE NO. 1726 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Legg

6 DATE OF BIRTH (month, day, and year) August 16th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	60	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assistant Keeper of Bath house

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John T. Legg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co Md

12 MAIDEN NAME OF MOTHER Sarah A Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant James E Legg (Address) 1726 E Madison st

15 Filed NOV 13 1925, 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct 30 19 25 to Nov 12th 19 25

that I last saw h... alive on ..., 19...

and that death occurred, on the date stated above, at 1030 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stoke Cruse, M. D.

Nov 13. 1925 (Address) 801 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Nov 14 1925
20 UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

Spec.—1-10-21—M&T—1500 Bks.

E 03724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 03724

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 Ould St — ST., 9-3 WARD)

2-FULL NAME Mary Elizabeth Bell

(a) RESIDENCE NO. 642 Ould St — ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Haney

6 DATE OF BIRTH (month, day, and year): Jan. 18, 1870

7 AGE: Years 55 Months 10 Days 25 If LESS than 1 day, hrs. or min. 8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harrisburg Pa.

PARENTS

10 NAME OF FATHER: William Howell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Elizabeth Mosch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Mrs Sabina Mosch

(Address) 642 Ould St —

NOV 15 1925

ROBERT R. KRAUTER

Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from about Nov 1, 1925, to Nov 13, 1925, that I last saw her alive on Nov 13, 1925 and that death occurred, on the date stated above, at 1 a.m. The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical Examination

(Signed) Irvin Eshenthan M. D.

1925 (Address) 700 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Nov. 16 DATE OF BURIAL 11/16 1925

20 UNDERTAKER: William Cook ADDRESS 502 E Pratt

Spec.—1-10-21—M&T—1500 Bks.

03725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 03725

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Fmi — ST. 20-3 WARD)

2-FULL NAME Margaret Rebecca Dorsey

(a) RESIDENCE NO. 2113 Fmi ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edwin Billingham

6 DATE OF BIRTH (month, day, and year): July 13, 1877

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Robert Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel Rumbers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Alice Lockard

(Address) 2113 Fmi St

15 Filed NOV 15 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Nov 13, 1925.

that I last saw h[illegible] alive on Nov 12, 1925

and that death occurred, on the date stated above, at 7-30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Endocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) L. T. Brody M. D.

11-14, 1925 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

DATE OF BURIAL: Nov 16 1925

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03726

CERTIFICATE OF DEATH.

129

E 03726

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 W. Fairfield Md. St. 25-9 Ward)

2-FULL NAME Laura Shephard

(a) RESIDENCE No. 7th Street Fairfield St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Shephard

6 DATE OF BIRTH (month, day, and year): Unknown 1874

7 AGE — Years: 51 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Work

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Caroline County Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Maggie Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

Informant: Samuel Harris

(Address) 516 N. Fairfield

NOV 15 1925 ROBERT R. KRAMES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/12/25 19

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1925, to Nov. 17, 1925; that I last saw h[illegible] alive on Nov. 12, 1925 and that death occurred, on the date stated above, at 1630 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis
& Pary chekamatous
Nephritis (duration) yrs. mos 8 ds.

over

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. M. Hatchet, M. D.

11/17/1925 (Address) 1725 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Nov 15 1925

20 UNDERTAKER: Mrs R. A. Elliott — ADDRESS: 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

See Letter in file from Dr Essinger Dec 18-1925

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03727

CERTIFICATE OF DEATH.

101-001 E 03727

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S. Spring ST., 3-2 WARD)

2-FULL NAME ~~Harriet Lee Brown~~ Elizabeth Brown

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 212 S. Spring ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or divorced, HUSBAND of (or) WIFE of: ~~Harrison~~ Brown

6 DATE OF BIRTH (month, day, and year): Aug 12/1864 yrs

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): private family

(c) Name of employer: not known.

9 BIRTHPLACE (city or town) (State or country): Hellsburg, Pa

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known

12 MAIDEN NAME OF MOTHER: Not Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant: Pauline Brown

(Address): 212 S. Spring St

Filed NOV 15 1925

RUPERT B. CRAWFORD

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 13/ 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 10/ 1925, to Nov 13/ 1925,

that I last saw h[illegible] alive on Nov 12/ 1925,

and that death occurred, on the date stated above, at 4.30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Richard L Cummings M. D.

, 19 (Address) 1174 E. Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Nov 16 1925
20 UNDERTAKER	ADDRESS
Mrs R.G. Elliott	1725 Ashland Av

Spec.—1-12-23—M&T—500 Blks.

E 03728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1925 E 03728

REGISTERED NO.

1-PLACE OF DEATH Bon Secours Hosp

CITY OF BALTIMORE: (No. 2124 ST., W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Geisler

(a) RESIDENCE NO. 15 N Boyle ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. 1 mos. — ds. How long in U. S., if of foreign birth? ... yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

a If married, widowed, or divorced HUSBAND of or) WIFE of Mary C Weber

DATE OF BIRTH (month, day, and year) Oct. 11, 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	1	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Glass Work

(c) Name of employer Bucher Glass Co.

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER George Geisler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Gusta Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Mary Geisler

(Address) 1526 Boyle St

Filed NOV 15 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV. 11 1925

17

I HEREBY CERTIFY, That I attended deceased from 11/7, 1925, to 11-11, 1925, that I last saw h alive on 11-11, 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Nephritis acute

1 (duration) ... yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary) Uremia.

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Geo. D. Lappy, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Nov 16 1925

20 UNDERTAKER Chas. L. Sfroma — ADDRESS 1101 E Fort Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03729

CERTIFICATE OF DEATH.

45

E 03729

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3911 Garrison Blvd. St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Thomas J. Bolden

(a) Residence No. 3911 Garrison Blvd St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 13-1860

7-AGE. 65 yrs. 10 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Machinist

(b) General nature of Industry, business, or establishment in which employed (or employer). Retired

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto City

10-NAME OF FATHER. Robt. Bolden

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Howard Co.

12-MAIDEN NAME OF MOTHER. Mary Pierce

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Howard Co

14-(Informant) Mrs Ida West

(Address) 3911 Garrison Blvd

15- NOV 15 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 13-25

17- I HEREBY CERTIFY, That I attended deceased from May 10, 1925, to Nov 13, 1925, that I last saw h... alive on ..., 1925, and that death occurred, on the date stated above, at 4:20 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestine

.....(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) old age

.....(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.

11/17, 1925 (Address) 3901 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL. Nov 16 1925

20-UNDERTAKER. D S Marshall

ADDRESS 3539 Fall Rd

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03730

CERTIFICATE OF DEATH.

57

E 03730

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 640 Lemmon St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Zigmuski

(a) Residence No. 640 Lemmon St. St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Leo Zigmuski

6-DATE OF BIRTH (month, day and year) Dont Know

7-AGE. About 55 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Lithuania

PARENTS.

10-NAME OF FATHER Zaccarish

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Lithuania

12-MAIDEN NAME OF MOTHER, Laden

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Lithuania

14-Informant Miss Lillian Zigmuski

(Address) 640 Lemmon St.

NOV 15 1925

AUGUST R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 13/1925

17-I HEREBY CERTIFY, That I attended deceased from March 15 1925 to Nov 13 1925

that I last saw h[illegible] alive on Nov. 13 1925

and that death occurred, on the date stated above, at 11 05 AM

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Diabetis

(Duration) 1 yrs. — mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) M. Finkelstein M.D.

Nov 14 1925 (Address) 682 Washington Blvd.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer — DATE OF BURIAL. Nov. 16 1925

20-UNDERTAKER. Mary Grabianckas — ADDRESS 425 S. Paca St.

Cor.—1-12-23—M&T—100 Bks.

03731

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03731

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH 1241 Annapolis ave REGISTERED NO.....

CITY OF BALTIMORE: (No. Mt. Hirans. St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Archibald

(a) RESIDENCE NO. 1241 Annapolis Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Sept – 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER John Archibald

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Indiana Hook

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Mrs Louise Archibald
(Address) 1648 Hanover st

Filed NOV 15 1925 ROBERT R. KRAUTER, Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy at once
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. B. Norris, M. D.
(Coroner.)

Nov 13th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Nov 16 1925

20 UNDERTAKER E. Edward Evans ADDRESS 386 E Fort ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03732

CERTIFICATE OF DEATH.

9 E 03732

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 Patapsco St., Westport 25-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Marie Fitzpatrick

(a) RESIDENCE. NO. 323 Patapsco St. Westport St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year) Jan 22 1923

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Child

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER John Fitzpatrick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER Annie King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

4 Informant John P. Fitzpatrick

(Address) 323 Patapsco St. Westport.

5 Filed NOV 15 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1925, to Nov 14, 1925, that I last saw her alive on Nov 14, 1925, and that death occurred, on the date stated above, at 12.00 P.M.

The CAUSE OF DEATH* was as follows:

Whooping Cough.

(duration) ns yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) ns yrs. ns mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ns Date of —

Was there an autopsy? ns

What test confirmed diagnosis? Cough.

(Signed) Reglauer, M. D.

Nov 14, 1925 (Address) Lakeland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Nov. 16 1925
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	320 Md Ave Westport

Spec.—1-10-21—M&T—1500 Blks.

Hugh Rogan's

E 03733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99-001 E 03733

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (If not in hospital, STREET AND 14-K WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh Rogan

(a) RESIDENCE NO. 1842 Edmondson Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced: (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 1870 or 1869

7 AGE: Years 55yr. Months 3 Days 13 12 If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Hugh Rogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Baltimore City Hospitals Records

15 Filed NOV 15 1925 19 ROBERT R. KRAUTER Burial Permit (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1925, to Nov. 13, 1925, that I last saw him alive on Nov. 13, 1925, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

Acute bronchitis (duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

11/14, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 11/16 25

20 UNDERTAKER Engelke Finley Fulton

ADDRESS Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03734

CERTIFICATE OF DEATH.

161-001 E 03734

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST., 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hartman

(a) RESIDENCE NO. 3321 Alto Av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1925

7 AGE — Years — Months — Days — If LESS than ~~1 day~~ 1 hrs. ~~or~~ 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Carl Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Iowa

12 MAIDEN NAME OF MOTHER Eva Rettenmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn.

14 Informant (Address) W E Sisson Johns Hopkins Hospital.

15 Filed NOV 15 1925 ROBERT P. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1925, to Nov 15, 1925.

that I last saw h.~~is~~ alive on Nov. 15, 1925.

and that death occurred, on the date stated above, at 1.00 AM

The CAUSE OF DEATH* was as follows:

Prematurity

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W E Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Crematory — DATE OF BURIAL: 11/15/25

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 221 N Broadway

Cor.—1-12-23—M&T—100 Bks.

Cuttes

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03735

CERTIFICATE OF DEATH.

160 E 03735

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 722 N. Mulberry ST. 17-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Cutt.

(a) RESIDENCE NO. 722 N. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Color	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of no

DATE OF BIRTH (month, day, and year) Oct 8, 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
	~~1 year~~	1 mo	~~1 da~~ 6	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... no
(b) General nature of industry, business, or establishment in which employed (or employer) ..... no
(c) Name of employer ..... no

BIRTHPLACE (city or town) ..... Maryland
(State or country)

10 NAME OF FATHER James Cuttes

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Nannie Gray

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) South Carolina

Informant Nannie Cuttes
(Address) 722 N Mulberry

NOV 15 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above. (over)

The CAUSE OF DEATH* was as follows:

Malnutrition Anaemia

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion, (duration) ... yrs. ... mos. 1 ds.

(Signed) ..... G. C. Hades, M. D.
(Coroner)

Nov 15/25 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cy — DATE OF BURIAL Nov 15 1925

20 UNDERTAKER Leonard Wheeler — ADDRESS 703 Myrtle Ave

Spec.- 1-10-21 M&T 1500 Blks.

E 03736

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03736

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 675 W. Franklin St ST. 17-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca E. Carnel

(a) RESIDENCE NO. 675 W. Franklin St ST., WARD ...

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Dec 27 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
79		10 12	16 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Pa.

10 NAME OF FATHER Jacob Hooper.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Catherine Sanglin.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

PARENTS

14 Informant Emma Hart.

(Address) 675 W Franklin St

15 NOV 15 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 1925 to Nov 13 1925 that I last saw h[illegible] alive on Nov 13 1925 and that death occurred, on the date stated above, at 1145 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) S. W. Harvey M. D.

(Address) 1817 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harrisburg Pa	11/16 1925
20 UNDERTAKER	ADDRESS
Edward Faulkner	Woodbourne Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03737

CERTIFICATE OF DEATH.

X 57

E 03737
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Hatch

(a) Residence No. Eldridge Md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie N. Hatch

6-DATE OF BIRTH (month, day and year) July 15, 1855

7-AGE. 70 yrs. 4 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Expressman

(b) General nature of industry, business, or establishment in which employed (or employer). Retired 26

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). N.H.

PARENTS.

10-NAME OF FATHER. Allison Hatch

11-BIRTHPLACE OF FATHER (city or town) (State or Country). N H

12-MAIDEN NAME OF MOTHER. Sarah Lord

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maine

14-(Informant). Mrs. A. Elvira Hatch

(Address) Eldridge Md.

15-NOV 15 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 14/25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1925, to Nov. 14th, 1925, that I last saw h[e] alive on Nov. 14th, 1925, and that death occurred, on the date stated above, at 7.45 P.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus - Acidosis

(Duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Sugar - Urinalysis.

(Signed) Wm. Thos. Eyer, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Somersworth NH — DATE OF BURIAL, Nov 16 19 25

20-UNDERTAKER. Wm. Tuckner Sons — ADDRESS North x Pa

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03738 — 44 E 03738

1 PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. New Oak Road ST., 27-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lyman Augustus McKenny

(a) RESIDENCE NO. New Oak Road ST., 27 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah F. McKenny

6 DATE OF BIRTH (month, day, and year) July 24 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55.	3.	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman 166
(b) General nature of industry, business, or establishment in which employed (or employer) Meat Slicing Mach
(c) Name of employer U.S. Slicing Co

9 BIRTHPLACE (city or town) Tuscola (State or country) Mich.

PARENTS

10 NAME OF FATHER John I. McKenny

11 BIRTHPLACE OF FATHER (city or town) Elmira (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Katherine Lutzmann

13 BIRTHPLACE OF MOTHER (city or town) Port Huron (State or country) Mich

14 Informant Robert S. McKenny
(Address) Newtown Pa.

15 Filed NOV 15 1925 19 HUBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1925, to Nov 14, 1925, that I last saw him alive on Nov 14, 1925 and that death occurred, on the date stated above, at 7.15 p m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) William J Todd, M. D.

, 19 (Address) Mt Washington Baltimore Md

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Peace Cem. Phila Pa — DATE OF BURIAL Nov 17 1925

20 UNDERTAKER Wm McKnew & Sons — ADDRESS North Ave

pec.—1-12-23—M&T—500 Blks.

E 03739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 03739

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 14-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Lewis Burton Flowers.

(a) RESIDENCE No. 1407 W Fayette ST., 07 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widowed.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Flowers.

DATE OF BIRTH (month, day, and year) May 4-1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	6	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Builder 015

(c) Name of employer Wakefield & Self.

BIRTHPLACE (city or town) (State or country) Belair Harford County Md

10 NAME OF FATHER James. L. Flowers

11 BIRTHPLACE OF FATHER (city or town) Belair (State or country) Hartford

12 MAIDEN NAME OF MOTHER Kelly

13 BIRTHPLACE OF MOTHER (city or town) Belair (State or country) Hartford.

Informant Lizzie Tracy

(Address) 1407 W Fayette St

NOV 15 1925

HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1925, to Nov 14, 1925, that I last saw h alive on Nov 14, 1925, and that death occurred, on the date stated above, at 2:25 P.

The CAUSE OF DEATH* was as follows:

Uremia.

(duration) yrs. mos 24 ds.

CONTRIBUTORY (Secondary) Chr. Nat. Nephritis.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Cannon, M. D.

, 19 (Address) Colvin Roxbd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 16th 1925
20 UNDERTAKER Robert Brooks & Son	ADDRESS Cor Eutaw & Hollins

E Spec. 03740 T.—2000 Bks. E 03740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 1538

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 1918 Herbert St. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes B Wylie

(Residence in Baltimore: No. 1918 Herbert St. St.; 20 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 9th, 1863
(Month) (Day) (Year)

7-AGE, 63 yrs. 2 mos. 4 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Scotland

10-NAME OF FATHER, John Beattie

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Mary Blaney

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Wylie

(Address) 1918 Herbert st

15- NOV 15 1925 HUBERT R. KRAUTER, Burial Permit Clerk, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13 25, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191...., that I saw h.... alive on ....191...., and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....da.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem

DATE OF BURIAL, 11-16-..., 1925

20-UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun & Hollins sts

Spec.—8-24-14—M. & T.—2000 Bks.

E 03741

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

CERTIFICATE OF DEATH.

E 03741

1-PLACE OF DEATH Franklin Square Hospital Maternity. REGISTERED NO. C

CITY OF BALTIMORE: (No. 25-5 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Boy Edwards.
Mrs. Sally Ridgely Smith

(Residence in Baltimore: No. Parkeland St.; yrs., mos. 5 hours da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) —

6-DATE OF BIRTH, Nov. 13th 1925
(Month) (Day) (Year)

7-AGE, 5 hours
.....yrs.....mos.....da.

If LESS than 1 day, 5 hrs. & 10 min. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Henry Edwards,

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Edwards

(Address) Morrell Park

NOV 15 1925 HUBERT R. KRAUTER, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 13th, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13th 1925, to Nov. 13th 1925, that I saw him alive on Nov 13th 1925, and that death occurred, on the date stated above, at 8:15 p. m.

The CAUSE OF DEATH* was as follows:

Premature birth

.....

.....

.....

..... (Duration) .....yrs.....mos.....da.

CONTRIBUTORY (Secondary) Disease of uterine endometrium

..... (Duration) ?yrs.....mos.....da.

(Signed) Louis Unterfort M. D.

Nov. 13th, 1925 (Address) Franklin Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. Nov 17 1925

20-UNDERTAKER [redacted] Bur Health. Cal

ADDRESS Cathedral Hollins

per Wm. E. Weaver

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03742

CERTIFICATE OF DEATH [illegible] BIRTH No. E 03742

1-PLACE OF DEATH Franklin Sq. Hospital — REGISTERED No. C .....

CITY OF BALTIMORE: (No. ..... ST.: 161 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Boy Mulliken

(Residence in Baltimore: No. 3031 Brighton St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) S

6-DATE OF BIRTH, Nov. (Month) 14 (Day), 1925 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 9 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Thos Mulliken

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Mulliken

(Address) 3031 Brighton St

Filed NOV 15 1925, 191 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 15 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1925, to Nov 15 1925, that I saw h alive on Nov 15 1925, and that death occurred, on the date stated above, at 2:20 m.

The CAUSE OF DEATH* was as follows:

5 months premature

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis Gulpert M. D.

Nov 15, 1925 (Address) Franklin Sq Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	11-16-, 1925
20-UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun Hollins

E 03743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-003 E 03743

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Walter A. Palmer

(Residence in Baltimore: No. 1447 N. Carey St. St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	Married

6-DATE OF BIRTH. Sept. 3, 1890 (Month) (Day) (Year)

7-AGE. 35 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or. ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Charles Palmer

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Mary Dayg

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Palmer

(Address)..... 1447 N. Carey St

NOV 15 1925 Filed..... 192.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquisition (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Sutra- abdominal hemorrhage

(Duration)..... yrs. ..... mos. 1 hr.

CONTRIBUTORY automobile accident
(Secondary)

(Duration)..... yrs. ..... mos. ..... ds.

(Signed) J. T. Kennedy M. D.
(Coroner.)

Nov. 15 1925 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death. ....yrs. ....mos. ....ds. In the State. ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Frederick md.	Nov. 16 1925

20-UNDERTAKER.	ADDRESS
Mrs Jas H. Dennis & T. G. Relay	1303 Presstman St

Spec.—1-10-21—M&T—1500 Bks.

E 03744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03744

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 508 E Fort Ave ST., 24-1 WARD)

2-FULL NAME Frances A Schmidt

(a) RESIDENCE No. 508 E Fort Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anhammide

6 DATE OF BIRTH (month, day, and year) Dec. 25 1836

7 AGE: 88 Years 59 Months 10 Days 19 If LESS than 1 day ....hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 800

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Edward Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary E Schmidt

(Address) 508 E Fort Ave

NOV 16 1925

ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 7 1925 to Nov 14 1925.

that I last saw her alive on Nov 13 1925

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Senile Myocarditis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hawkins, M. D.

11/14 1925 (Address) 6 Randall Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Nov 16 — DATE OF BURIAL 1925

20 UNDERTAKER: H W Cook — ADDRESS 532 Edmondson

pec.—1-12-23—M&T—500 Bks.

E 03745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03745

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 China ST. 21-3 WARD)

2-FULL NAME Frances Hammonds

(a) RESIDENCE NO. 832 China ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe.	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Decourcy Hammonds

DATE OF BIRTH (month, day, and year) [illegible] 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) (State or country) A.A. Co. Md

10 NAME OF FATHER Charles Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Decourcy Hammonds

(Address) 832 China St

Filed OCT 16 1925 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 19 25, to Nov 13, 19 25,

that I last saw h[illegible] alive on Nov 13, 19 25

and that death occurred, on the date stated above, at 9.10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

Nephritis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D.J. Connell, M. D.

11/13, 19 25 (Address) 136 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL Nov 16 1925

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Pennsylvania Ave.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03746

CERTIFICATE OF DEATH.

90 E 03746

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N. Conway ST., 22-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Patterson

(a) RESIDENCE NO. 617 N. Conway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

BIRTHPLACE (city or town) Calvert Co
(State or country) Md

10 NAME OF FATHER John Hardman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Cal. Co. Md

12 MAIDEN NAME OF MOTHER Mila Hooks

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Cal. Co Md

Informant John Patterson
(Address) 617 W. Conway St

NOV 16 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Jury, coroner, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ex Exhaustion

(duration) yrs. mos. ds.

(Signed) C. C. Gladden, M. D.

Nov 15 192 5 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brooks Chapel	Nov 17 1925
20 UNDERTAKER Calvert Co. Md	ADDRESS 1027 Druid Hill Ave
John A. Trader	

Spec.—1-16-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03747

CERTIFICATE OF DEATH.

45 E 03747

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 119 S. Chester ST., 1-1 WARD)

2-FULL NAME Mary Elizabeth Comen.

(a) RESIDENCE NO. 119 S. Chester ST., 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of the late James P. Comen

6 DATE OF BIRTH (month, day, and year) April 27 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Westminster Carroll Co
(State or country) Md.

PARENTS

10 NAME OF FATHER Philip Edeary.

11 BIRTHPLACE OF FATHER (city or town) Ireland.
(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Burns

13 BIRTHPLACE OF MOTHER (city or town) Ireland.
(State or country)

14 Informant James P. Comen.
(Address) 119 S. Chester St.

Filed NOV 16 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from January 27, 1925 to Nov 13, 1925.
that I last saw h alive on Nov 13, 1925.
and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestine -

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary) Metastasis -

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. S. Emmy, M. D.

(Address) 611 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Nov. 16 1925
20 UNDERTAKER Lilly - Geiler	ADDRESS 4033 Harford Ave

Spec.—3-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03748 E 03748

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. [redacted] ST., 2-2 WARD) BALTIMORE CITY HOSPITALS

2-FULL NAME Michael Sweeney

(a) RESIDENCE NO. 1600 Thames ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1835

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	90 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Digger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Records (Address)

Filed NOV 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1924 to Nov. 14, 1925.

that I last saw him alive on Nov. 14, 1925.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Lindsay Drill, M.D.

11/14, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 11/16 1925

20 UNDERTAKER J. J. Tobey Sons

ADDRESS 1355 Light

Spec.—1-10-21—M&T—1500 Blks.

E 03749

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03749

CERTIFICATE OF DEATH.

16-129

1-PLACE OF DEATH
BALTIMORE CITY HOSPITALS
CITY OF BALTIMORE: (No. [redacted] ST., 16 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Archibald Washington

(a) RESIDENCE NO. 1402 Riggs Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	45 yr.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS
10 NAME OF FATHER James Washington
11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)
12 MAIDEN NAME OF MOTHER Fannie Moody
13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed NOV 16 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1925, to Nov. 13, 1925, that I last saw h alive on Nov. 13, 1925, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Hypertension
Chronic nephritis
Chronic myocarditis
(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (History)
(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) A Lindsay Miller, M. D.

11/14, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pacific Ridge Mem'l
DATE OF BURIAL 11/16 1925

20 UNDERTAKER [redacted] Parker Bros
ADDRESS 31 S Liberty St

Cor.—1-12-23—M&T—100 Bks.

03750

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03750

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. WARD) 4

REGISTERED NO. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Walters

(a) RESIDENCE NO. 620 S 3 and ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Walters

DATE OF BIRTH (month, day, and year) unknown 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unsolicited

BIRTHPLACE (city or town) (State or country) Eastern Shore Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant (Address) George Walters 620 S 3rd St

Filed ..., 192 ...

ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurors (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

3d degree burns over R arm & side accident

at her home

(duration) yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ... mos. ... ds.

(Signed) James W Fenlon, M. D. (Coroner)

Nov 13 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs., mos., 10 ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or natal residence 620 S 3rd

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
First Evangelical Cemetery	Nov. 16 1925
20 UNDERTAKER	ADDRESS
Henry Sander & Sons, Inc.	1710 Fleet St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03751 E 03751

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hosp. REGISTERED NO. 21

CITY OF BALTIMORE: (No. N-A. ST., 26-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Garrett

(a) RESIDENCE NO. Graceland Park ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Garrett

6 DATE OF BIRTH (month, day, and year) Aug. 22, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Core Maker $6

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 08

(c) Name of employer Central Foundry Co.

9 BIRTHPLACE (city or town) (State or country) Ralto Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Theresa Garrett
(Address) 39 N. Bonnett St.

15 NOV 16 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/15 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/5/25, 19 , to 11/15 19 25.

that I last saw him alive on 11/10 , 19 25.

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

T. B. of Lungs.

T. B. Cystitis

(duration) ? yrs. mos ? ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/13/25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Philip Jay Cohen, M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Nov. 18 1925
20 UNDERTAKER	ADDRESS
Henry Sander & Sons, Inc.	1710 Eutaw St.

Spec.—1-10-21—M&T—1500 Blks.

Gettinger

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03752

CERTIFICATE OF DEATH.

117 E 03752

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hospt ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mollie Gettinger

(a) RESIDENCE NO. 1719 Homestead St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Gettinger

6 DATE OF BIRTH (month, day, and year): Feby 10th 1872

7 AGE: Years 53 Months 9 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: HW

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Christopher Haack

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margt Rhinie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Mollie Gettinger 1719 Homestead St

15 NOV 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11.14.25

17

I HEREBY CERTIFY, That I attended deceased from 10.17.25 to 11.14.25

that I last saw her alive on 11.14.25

and that death occurred, on the date stated above, at 11.20 a m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

Ch. polycystic Kidneys

Chronic pneumonia

Duration when presented.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage.

(duration) yrs. mos. 28 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 10.17.25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Stamplkins M. D.

, 19 (Address) 1 E Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Nov. 18 1925

20 UNDERTAKER: Henry Sandler & Sons, Inc. — ADDRESS: 1710 Eat St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03753

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., 14-2 WARD)

REGISTERED NO. E 03753

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin K Morris

(a) RESIDENCE No. 1612 John St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	47 Yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman Piano

(b) General nature of industry, business, or establishment in which employed (or employer) Pianos

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John S Morris Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Records (Address)

Filed NOV 16 1925 ROBERT M. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14 1925 to Nov. 15 1925

that I last saw him alive on Nov. 15 1925

and that death occurred, on the date stated above, at 1:15 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 2 (two) days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) J. Lindsay Miller. M. D.

11/15, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Nov 17 1925

20 UNDERTAKER E Le Roy Löffler

ADDRESS 1258 North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

Prescimone

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03754

159-002

E 03754

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 618 Forrest St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dominic Prescimone

(a) Residence No. 618 Forrest St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15/24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov. 13-1925

7-AGE. ....yrs. ....mos. 1 ds. If LESS than 1 day, 18 hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS

10-NAME OF FATHER. Frank Prescimony

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Frances Maida

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

14-

(Informant) Frank Prescimony

(Address) 618 Forrest St.

15-

NOV 16 1925

RUBY R. KRAUTER, Registrar.

Social Service Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 14 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 13 1925 to Nov 14 1925

that I last saw h. alive on Nov. 14 1925

and that death occurred, on the date stated above, at 9 pm

The CAUSE OF DEATH* was as follows:

Congenital heart lesion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B J Kadow M D

, 19 (Address) 2306 Eutaw Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincent's	Nov 16 00 1925
20-UNDERTAKER.	**ADDRESS**
Frank V. Pepitone	855 E. 32nd

spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03755

CERTIFICATE OF DEATH.

90 E 03755

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Frederick Ave. ST. 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Bertha Hammer

(a) RESIDENCE NO. 3009 Frederick Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 years mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Frederick Hammer

DATE OF BIRTH (month, day, and year) Sept. 19, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	1	24 25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER John Baerhold

11 BIRTHPLACE OF FATHER (city or town) Frankenhousen (State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Baerhold

13 BIRTHPLACE OF MOTHER (city or town) Frankenhousen (State or country) Germany

Informant Mrs. J. Gaubatz

(Address) 346 Mt. Olivet Lane

NOV 16 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 10th 1925 to Nov 12th 1925.

that I last saw her alive on Nov 12th 1925

and that death occurred, on the date stated above, at 5.30 A.m.

The CAUSE OF DEATH* was as follows:

Chr. Mutral Insufficiency

(duration) 1 yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jos. H. Lautenbach M. D.

11-13 25

(Address) 2215 W. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 19 1925
20 UNDERTAKER	ADDRESS
Jos B Cook	1003 W Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03756 ✓

CERTIFICATE OF DEATH

E 03756

1-PLACE OF DEATH Franklin Sq Hospital REGISTERED NO. 117

CITY OF BALTIMORE: (No. 19-21 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Catherine McKnew (Mary Catherine McKnew)

(a) RESIDENCE NO. 1322 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan C.McKnew

6 DATE OF BIRTH (month, day, and year) Apr.21,1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Relay

(State or country) Maryland

PARENTS

10 NAME OF FATHER George Smallwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine McIlvaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Nathan C.McKnew

(Address) 1322 W. Lombard St.

15 Filed NOV 16 1925 RUPERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 19 25

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 19 25, to Nov 14, 19 25, that I last saw h e alive on Nov 14, 19 25, and that death occurred, on the date stated above, at 3.50 m.

The CAUSE OF DEATH* was as follows:

Perforating Appendicitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Franklin Square Hospital

Did an operation precede death? Yes Date of Nov. 13-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Chas Ambler Hyatt, M.D.

11-14-25, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Nov 19 1925

20 UNDERTAKER Jos B Cook

ADDRESS 1003 W Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03757

CERTIFICATE OF DEATH

03757

1-PLACE OF DEATH Franklin Sq Hospital 19-1 179

CITY OF BALTIMORE, NO. ..... ST., WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Seeley (Katherine J. Seelye)

(a) RESIDENCE NO. 6 S. Calhoun St, (6 S. Calhoun Street) ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A. M. Seelye

6 DATE OF BIRTH (month, day, and year) Aug. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry C. Bolte

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Leoplein

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co. (State or country) Maryland.

14 Informant Miss Agnes H. Summers

(Address) 2717 Edmondson Ave.

15 NOV 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/23, 1925, to 11/14, 1925, that I last saw her alive on 11/14, 1925, and that death occurred, on the date stated above, at 10 8 m.

The CAUSE OF DEATH* was as follows:

3rd Degree Burns of body, Coma

(duration) ... yrs. ... mos 21 ... ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ray Carlyle M. D.

11-16-1925 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Nov. 16 1925

20 UNDERTAKER Jos. B. Cook

ADDRESS 1003 W. Balto

Spec—12-23-21—E.B.R.S.—400 Bks.

Filomenia Pessagno!

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03758

CERTIFICATE OF DEATH.

5-2 45 E 03758

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 905 Low St. St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flomenia Pessagno

(a) Residence No. 905 Low St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Dominick Pessagno

6-DATE OF BIRTH (month, day and year) Jan 6, 1854

7-AGE. 71 yrs. 10 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

637

9-BIRTHPLACE (city or town) (State or Country), Italy

PARENTS

10-NAME OF FATHER, James Poggi

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Catherine Poggi

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14-

(Informant) Dominick Pessagno

(Address) 905 Low St.

NOV 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk (Registrar.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 14, 1925.

17- I HEREBY CERTIFY, That I attended deceased from October 25 1925 to Nov. 14 - 1925

that I last saw h-e alive on Nov. 14 - 1925

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of large intestine.
(ascending colon + hepatic flexure)

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Radiographs + Pathological

(Signed) Wesley W. Carter M. D.

11-14 -, 1925 (Address) 1300 St Paul St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	11/17, 1925
UNDERTAKER.	ADDRESS
Chas. F. Braun & Son	1180 W. Royal Ave

Spec.—1-12-23—M&T—500 Bks.

03759

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 03759

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 W. Lombard St. ST. 19-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Chambers, Sr.

(a) RESIDENCE NO. 1529 W. Lombard St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Chambers

DATE OF BIRTH (month, day, and year) June 8, 1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	80	5	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

BIRTHPLACE (city or town) Richmond

(State or country) Virginia

10 NAME OF FATHER Frank Chambers

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Betty Posie Hicks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

Informant Mrs Frank Chambers

(Address) 1531 W. Lombard St.

NOV 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13, 1925

17 I HEREBY CERTIFY, That I attended deceased from July, 1924, to Nov. 13, 1925, that I last saw h. im alive on Nov. 13, 1925, and that death occurred, on the date stated above, at 11:00 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward H Cumberlin, M. D.

11/16, 1925 (Address) 247 N. Fulton ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Nov. 16 1925
20 UNDERTAKER	ADDRESS
Harry A Witzke	1031 W Lombard

Spec.—1-12-23—M&T—500 Bks.

03760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 03760

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 W. Fayette St. ST., 18-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar W. Day

(a) RESIDENCE NO. 1211 W. Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ------

DATE OF BIRTH (month, day, and year) May 31, 1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	5	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

(c) Name of employer B & O

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wesley Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Alva E. Day

(Address) 1211 W. Fayette St.

NOV 16 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13, 19 25

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1924, to Nov. 13, 1925,

that I last saw him alive on Nov. 13, 1925

and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Oesephagus

(duration) yrs. 2 mos 11 ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Nicholson, M. D.

11/16/25 (Address) 24 N Fremont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemy.	Nov. 16, 19 25
20 UNDERTAKER	ADDRESS
John D. Mitchell	1201 W. Fayette

Spec. 10-21—M&T—1500 Bks.

18630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

21-001

E 03761

E 03761

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 16-1 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Washington

(a) RESIDENCE NO. 701 N. Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Wm Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Edna Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 NOV 16 1925 ROBERT F. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1925, to Nov. 14th, 1925, that I last saw her alive on Nov. 14th, 1925 and that death occurred, on the date stated above, at 5 30 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis, acute (pneumococcus)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? Yes Date of Nov 12, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A W Dacolon, M. D.

1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Nov 18 19 25
20 UNDERTAKER	ADDRESS
Wm H. Sharp & Son	1402 Druid Hill Ave

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03762

CERTIFICATE OF DEATH.

31 E 03762

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641-W. Mulberry St., 4-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Tilley Jr

(a) RESIDENCE NO. 641 W. Mulberry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: wht

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche Tilley

6 DATE OF BIRTH (month, day, and year): Oct 3- 1905

7 AGE: Years 20 | Months 1 | Days 11 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chemist

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer: Md. M. & C. Co. 18 M. Jones Co

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: William Tilley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Lizzie Lowry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Lowe Young (Mrs)

(Address) 64 W. Mulberry

15 Filed NOV 16 1925 ROBERT F. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-14 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1925, to Nov 14, 1925, that I last saw h— alive on Nov 13, 1925, and that death occurred, on the date stated above, at 2.00 p m.

The CAUSE OF DEATH* was as follows: Pulmonary T B

(duration) 4 yrs ? mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Exam

(Signed) Walter [illegible] M. D.

11-16 1925 (Address) 1831 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 16 1925

20 UNDERTAKER: Sam'l R. Chase Inc — ADDRESS: 1422 Madison

...—1-12-23—M&T—500 Blks.

E 03763

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03763

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 N. Bond ST., 8-4 WARD)

REGISTERED NO. 73v

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maude Eloise Crum

(a) RESIDENCE NO. 1231 N Bond ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced (HUSBAND) of or) WIFE of Samuel M. Crum

DATE OF BIRTH (month, day, and year) Sept. 18. 1880

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	45	1	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER James R. Whitehurst

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Laura E. Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant Samuel M. Crum

(Address) 1231 N Bond St.

Filed ..... 19 .....

RUBERT R. KRAUTER, Registrar

~~Burial Permit Clerk~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 15 19 25

17 I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1916, to Nov. 15—, 1925, that I last saw her alive on Nov. 14—, 1925, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Sclerosis of Brain and Spinal Cord

(duration) 14 yrs. mos ds.

CONTRIBUTORY (Secondary) Inanition

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

Nov. 16 1925 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Nov 17 1925
20 UNDERTAKER	**ADDRESS**
Wm. Hickner Sons	Mount Ave

Spec.—1-10-21—M&T—1500 Blks.

E 03764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03764

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2627 St. Paul ST. 12-3 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Phelps

(a) RESIDENCE NO. 2627 St. Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Richard B. Phelps

6 DATE OF BIRTH (month, day, and year): Nov. 23 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	77	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): A.A. Co. Md.

PARENTS

10 NAME OF FATHER: Joseph Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hannah Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dec

14 Informant: Miss Sarah Phelps

(Address) 2627 St Paul St

Filed NOV 16 1925

HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 1922, to Nov 14, 1925.

that I last saw h e alive on Nov 12, 1925

and that death occurred, on the date stated above, at 2.20 P m

The CAUSE OF DEATH* was as follows:

Senile Debility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wallis W. White Jr. M. D.

11/15 1925 (Address) 1100 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friendship Cem. A.A. Co.

DATE OF BURIAL: Nov 16 1925

20 UNDERTAKER: W M Fleteher Sons

ADDRESS: Northern Pa

Spec. 1-10 21 M&T 1500 Bks.

Shranek.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03765

CERTIFICATE OF DEATH.

8-329

E 03765

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospt. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Shranek (Franek)

(a) RESIDENCE NO. 2014 Ellsworth ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Shranek.

6 DATE OF BIRTH (month, day, and year) Aug 26. 1892

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
33	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jacob Bumba

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Anna Kubrak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Frank J. Shranek

(Address) 2014 Ellsworth ave

15 NOV 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1925.

17 I HEREBY CERTIFY, That I attended deceased from Nov 9 1925. to Nov 14 1925.

that I last saw her alive on Nov 14 1925.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis.

(duration) 5. yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Subcutaneous

(Signed) James L Nelson M. D.

. 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakhill

DATE OF BURIAL Nov. 17 1925

20 UNDERTAKER Frank Crouch Son

ADDRESS Woodlawn

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03766

CERTIFICATE OF DEATH.

90E 03766

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Dr or Daniel Frank Mitchell

(a) RESIDENCE NO. 313 N. Parrish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE: 43 yr. (Years / Months / Days / If LESS than 1 day, ..hrs or ..min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 640

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Piffney Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Lilly Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospitals Records

(Address)

Filed NOV 16 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1925, to Nov. 13, 1925, that I last saw him alive on Nov. 13, 1925, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Tricuspid Insufficiency

? (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (History)

(duration) yrs 4½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory & autopsy

(Signed) W. Lindsay Miller M. D.

11/14, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Cemetery — DATE OF BURIAL: Nov. 17 1925

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 32 N. Schroeder St

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03767

CERTIFICATE OF DEATH.

135E 03767

1-PLACE OF DEATH Univ Hospital

CITY OF BALTIMORE: (No. Lombard & Green Sts. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Delbrook.

(a) RESIDENCE NO. 764 W. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Delbrook

6 DATE OF BIRTH (month, day, and year): Sept 6, 1864

7 AGE: Years 61 Months 2 Days 9 If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna

10 NAME OF FATHER: Rudolph Delbrook

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Bittner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

PARENTS

14 Informant: Mrs Marie Holder

(Address) 1308 N. Central Ave

Filed NOV 16 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1925, to Nov 15, 1925, that I last saw him alive on Nov 15, 1925, and that death occurred, on the date stated above, at 1:15 A m.

The CAUSE OF DEATH* was as follows:

Prostatectomy for hypertrophied prostate. Uremia two days following Operation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 5 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov. 12, 1925

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Thos. J. Corman, M. D.

, 19 (Address) Univ Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: Nov 17 1925

20 UNDERTAKER: Wm. Cook

ADDRESS 502 E Monument

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03768

CERTIFICATE OF DEATH.

5-1 129

E 03768 Registered No.

1-PLACE OF DEATH Union Memorial Hospital

City of BALTIMORE: (No. 33 & Calvert St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Franklin Lee

(a) Residence No. 2732 E. Eager St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Franklin Lee

6-DATE OF BIRTH (month, day and year) April 17, 1870

7-AGE. 55 yrs. 6 mos. 28 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS

10-NAME OF FATHER, Thomas Cannon

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary McCormick

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-

(Informant) Franklin Lee (Husband)

(Address) 2732 Eager St. Balto.

15-

NOV 16 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 15, 1925.

17- I HEREBY CERTIFY, That I attended deceased from Oct 19, 1925 to Nov 15, 1925

that I last saw h[illegible] alive on Nov 15, 1925

and that death occurred, on the date stated above, at 4:40 P.m.

The CAUSE OF DEATH* was as follows:

Tryocardatis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination Urine analysis

(Signed) Dr. W. S. Krauman M. D.

Nov. 15, 1925 (Address) Union Mem Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Greenmount Cemetery	Nov 18, 1925
20-UNDERTAKER.	ADDRESS
Wm. Cook	520 E. Lovel

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03769

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002

E 03769

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 18 E. Glenn Ave St., 27-2 Ward) Registered No.

2-FULL NAME ~~Mrs~~ Peggy Lois Armstrong (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 18 E. Glenn Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 hrs ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-Single, ~~Married, Widowed, or Divorced.~~ (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov. 16th 1925

7-AGE, 2 hours 15 min. yrs. mos. ds. If LESS than 1 day, 2 hrs. or 15 min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

10-NAME OF FATHER, Ellis S Armstrong

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto,

12-MAIDEN NAME OF MOTHER, Violet E. Bauer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto,

14-(Informant) Ellis S. Armstrong

(Address) 18 E. Glenn Ave

15- NOV 16 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 16-1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1925 to Nov 16, 1925

that I last saw h[illegible] alive on Nov. 16 1925

and that death occurred, on the date stated above, at 5.15 a. m.

The CAUSE OF DEATH* was as follows:

Prolonged Labor

Forceps delivery

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ery[illegible]

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Chas. W. L. Bubert, M. D.

, 19 (Address) 1100 W Laf. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Nov. 16 1925

20-UNDERTAKER, Harry W. Ebling — ADDRESS 1944 W. Nor[illegible]

Cor.—1-12-25—M&T—100 Bks.

E 03770

E 03770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 8488

1-PLACE OF DEATH Pronounced dead at St. Agnes Hosp - Accident at Fred'k Ave & Collington Ave
CITY OF BALTIMORE: (No. ..... ST., ... WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm F. Bassler

(a) RESIDENCE No. 301 Furrow ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5y yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 19 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	3	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Car Barn Foreman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer U. R. Telee Co

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Fred C. Bassler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth L. Hoffmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Lilly C. Orley
(Address) Roger W 25 [illegible]

Filed ..... 19..... RUBLEY R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broken Neck

(Duration) at once mos. ..... ds.

CONTRIBUTORY (Secondary) Struck by Auto Truck (Duration) ..... mos. ..... ds.

(Signed) Thos B. Horton, M. D. (Coroner)
Nov. 13, 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

When was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL Edgewood Cem. DATE OF BURIAL Nov 16 1925

UNDERTAKER J. B. Williford ADDRESS 1850 W. Pratt St

Cor.—1-12-23—M&T—100 Bks.

E 03771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 03771

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hotel ST. 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur E Stroup

(a) RESIDENCE No. 1097 W. Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Anna C. Stroup

DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant F. H. Caffee Son (Address) Newport News Va

NOV 16 1925 ROBERT R. KRAUER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner)

Nov 16 1925 (Address) 702 Eutaw Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old Point Comfort Va — DATE OF BURIAL 11/16 1925

20 UNDERTAKER Jack Lewis — ADDRESS 1409 E Balto

Spec.—1-10-21—M&T—1500 Blks.

03772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 03772

1-PLACE OF DEATH Hebrew Hospital 6-2 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Moss

(a) RESIDENCE NO. 2217 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Moss

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 55 | Months — | Days — | If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Nathan Moss

(Address) 2217 Orleans St

15 NOV 16 1925 ROBERT P. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 15 1925

17 I HEREBY CERTIFY, That I attended deceased from NOV 10, 1925, to NOV 15, 1925, that I last saw her alive on NOV 15th, 1925, and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bl. Culture & P. E.

(Signed) A. Arthur Lunde, M. D.

, 19 (Address) Hebrew Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 11/16 1925

20 UNDERTAKER: Jack Lewis — ADDRESS: 1437 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

85-26-6

E 03773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 03773

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-1 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Albert

(a) RESIDENCE NO. 1710 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Albert

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day,.....hrs. or min.
58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed NOV 16 1925 ROBERT R. KRAUTER Registrar

Asst. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16th 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1925, to Nov. 16th, 1925.

that I last saw him alive on Nov. 16th, 1925.

and that death occurred, on the date stated above, at 5.05 P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis & stones - question with persistant drainage of bile incomperation

#3 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) old age - malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Oct 24th, 1925

Was there an autopsy? No

What test confirmed diagnosis? Post Operative Course.

(Signed) J. L. Rembert, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rockdale	11/16 1925
20 UNDERTAKER	ADDRESS
Jack Levin	1439 E Balto St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03774

CERTIFICATE OF DEATH.

31

E 03774
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Spring Ave Raspeburg ST., 21 (WARD) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Harding

(a) RESIDENCE NO. 11 N. Spring Ave. Raspeburg ST., 21 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5th 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	24	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Trained Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER James E Harding

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) [redacted] Frederick Co.

12 MAIDEN NAME OF MOTHER Mary J. McCarthy

13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant J. E. Harding
(Address) 11 N. Spring Ave.

NOV 16 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. , 1924 , to Nov. 14, , 1925 .

that I last saw h[illegible] alive on Nov. 13 , 1925 .

and that death occurred, on the date stated above, at 10a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

from Pulmonary Tuberculosis.

(duration) 2 yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. L. Wilkinson , M. D.

11/16, 1925 (Address) Raspeburg, Balt., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Nov. 17 1925
20 UNDERTAKER	ADDRESS
Fredk. Lassahn & Son	Fullerton

Cor.—1-12-23—M&T—100 Bks.

E 03775 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 E 03775

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Bank St Ct ST., 32 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie G. Gross

(a) RESIDENCE NO. 409 Bank St Ct ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Gross

6 DATE OF BIRTH (month, day, and year) July 12 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	4	-	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General
(c) Name of employer out Duty

BIRTHPLACE (city or town) Winchester Va
(State or country)

10 NAME OF FATHER Philip Grant

11 BIRTHPLACE OF FATHER (city or town) Winchester
(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Bier

13 BIRTHPLACE OF MOTHER (city or town) Winchester
(State or country) Va.

Informant Rebecca Wilson
(Address) 1713 Madison ave

Filed ... 192 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

apoplexy

sudden
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY
(Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) Jno. A. Fenlon, M. D.
(Coroner)
11/15/24, 192 (Address) 700 Eldonott

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL 11/15 1924

20 UNDERTAKER Samuel Hensley ADDRESS 1128 Bloom

Spec.—1-10-21—M&T—1500 Blks.

E3776 HEALTH DEPARTMENT—CITY OF BALTIMORE E3776

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 Longwood ST., 15-7 WARD)

REGISTERED NO. 84

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Suter

(a) RESIDENCE No 2019 Longwood ST., WARD —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rufus W Suter

6 DATE OF BIRTH (month, day, and year) April 13/50

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	75	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Housework at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Henry Beck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Knofler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Blanche A Smith

(Address) 2019 Longwood.

NOV 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11.13 1925

17 I HEREBY CERTIFY, That I attended deceased from 10—1, 1925, to 11—13, 1925, that I last saw her alive on 11—13, 1925, and that death occurred, on the date stated above, at 7.46 A m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Arterio. Sclerosis

(duration) 2. yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) [illegible] M. D.

11/14, 1925 (Address) 1928 N Dallas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Nov 16 1925

20 UNDERTAKER W M Mouton — ADDRESS 2238 W North

Spec.—1-10-21—M&T—1500 Bks.

Bulk

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03777.

CERTIFICATE OF DEATH.

129 E 03777.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 772 N Hamburg. ST., 21-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dennis J. Lanahan.

(a) RESIDENCE NO. 772 N Hamburg ST. ..... WARD .....

(Usual place of abode.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Lanahan.

6 DATE OF BIRTH (month, day, and year) June 9 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector Collector

(b) General nature of industry, business, or establishment in which employed (or employer) of Water Rents City

(c) Name of employer 1886

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Dennis J Lanahan

11 BIRTHPLACE OF FATHER (city or town) Ireland.
(State or country)

12 MAIDEN NAME OF MOTHER Dont known.

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Elizabeth Lanahan
(Address) 772 N Hamburg St

15 Filed NOV 16 1925 19.. ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1925, to Nov. 15th, 1925, that I last saw h[illegible] alive on Nov. 14th, 1925, and that death occurred, on the date stated above, at 8.02 A m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease. Chronic Nephritis

..... (duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary) Uraemia Coma

..... (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Chas H Seibert, M. D.

, 19 (Address) 1100 W Lex. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	11 18 1925

20 UNDERTAKER James Dignan Son

ADDRESS 1000 E Pacca St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03778

CERTIFICATE OF DEATH.

3/ E 03778

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harvey Williams

(a) RESIDENCE NO. 1508 W. Lanvale st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles H. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 NOV 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1925, to Nov. 12, 1925, that I last saw h im alive on Nov. 12, 1925, and that death occurred, on the date stated above at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (duration) yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL 11/16 1925

20 UNDERTAKER [illegible] ADDRESS [illegible]

Cor.—1-12-23—M&T—100 blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03779

E 03779

CERTIFICATE OF DEATH

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Morgan College 27-9 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Levi G. Holt

(a) RESIDENCE NO. Morgan College ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	col	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student & Assistant Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Morgan College

BIRTHPLACE (city or town) (State or country) Calvert Co. Md

10 NAME OF FATHER Wesley Holt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Stepney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant P. Thos. Holt
(Address) Pindell Md

Filed NOV 16 1925, 192 ADELINE R. KRAUTER, Registrar
Chief Parish Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Cardiac Dilatation
(From Overexertion)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) "Suspended" Pulmonary Tuberculosis (duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner.)

11-13-25 192 (Address) 508 E, North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL 11/16 192[illegible]

20 UNDERTAKER [illegible] ADDRESS [illegible]

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03780 — 129 — E 03780

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1107 W. Franklin St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Richard N. Sheckells

(a) Residence No..... 1107 W. Franklin St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., if of foreign birth? Life time yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) March 5th 1857

7-AGE, 68 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Proprietor of Printing
(b) General nature of industry, business, or establishment in which employed (or employer)..... Establishment
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS

10-NAME OF FATHER. Richard N Sheckells

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Sarah M. Speckells

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Middletown Del

14-(Informant)..... Ellen J. Sheckells

(Address)..... 1107 W. Franklin St

15-Filed..... 192.. Registrar.

NOV 16 1925 — Death Record Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 14 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 6th, 1925, to Nov 14th, 1925, that I last saw h.... alive on Nov 14th, 1925, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Stricture of the Cerebral Oesophagus
Also Chronic Nephritis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Uraemic Coma + Exhaustion

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Charles H. Burbeck, M. D.

Nov 16, 1925 (Address) 1107 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Loudon Park	Nov 18, 1925
20-UNDERTAKER. George J. Smith	ADDRESS 1532 Hollins St

Spec.—1-10-21—M&T—1500 Blks.

E 03781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1559-002 E 03781

REGISTERED NO.

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N Robinson ST., 7-3 WARD)

2-FULL NAME Wm b Merrifield

(a) RESIDENCE NO. 617 N Robinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Infant

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Oct 25th 1925

7 AGE — Years: — Months: — Days: 26 — If LESS than 1 day, hrs or min.: 25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Henry E Merrifield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Gertrude McCaught

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Henry E Merrifield

(Address): 617 N Robinson St.

15 NOV 16 1925 ROBERT R. KRAUTER, Registrar

Asst Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-15-1925

17 I HEREBY CERTIFY, That I attended deceased from 10-30 1925 to 11-15 1925

that I last saw h[illegible] alive on 11-14 1925

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Heart

Malformation Birth (6 mos

Prefix)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Viewing

(Signed) J Ned Perrin M. D.

(Address) 600 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. DATE OF BURIAL: Nov 16th 1925

20 UNDERTAKER: Leo S. Cook ADDRESS: 1731 N Patterson Pk Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03782

CERTIFICATE OF DEATH.

90 E 03782

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 Roland Ave ST.: 43-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Penfield Seitz

(a) RESIDENCE. No. 3608 Connecticut Ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine L. Seitz

6 DATE OF BIRTH (month, day, and year) Sept 1—1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Mfr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

10 NAME OF FATHER Samuel Seitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Elizabeth L. Ensie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs. Catherine Seitz Wife

(Address) 3608 Connecticut Ave

15 Filed NOV 16 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/15 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1925, to Nov. 15 1925, that I last saw him alive on Nov. 15 1925, and that death occurred, on the date stated above, at 9 20 m.

The CAUSE OF DEATH* was as follows:

Cardio-Insufficiency

(duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) 7 yrs. 2 mos. 11 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Examination

(Signed) C. Tompkins, M. D.

11-17-25 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Nov 17 1925

20 UNDERTAKER Hamilton Hearse ADDRESS N Ave

03783

HEALTH DEPARTMENT—CITY OF BALTIMORE

-001
24 E 03783

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 503 Oxford St, St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olinda Dixon

(Residence in Baltimore: No. 503 Oxford St St.; yrs. 64 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	married

6-DATE OF BIRTH. about 1879
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
46 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General natnre of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Daniel Dixon

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith Dixon

(Address) 503 Oxford St.

15- NOV 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 12, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to h.s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) D. T. Hennessy, M. D.
(Coroner)

Nov. 16, 1925 (Address) 280 Fredonia St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Nov 16, 1925

20-UNDERTAKER,	ADDRESS
Samuel T Hennessy	78 W Biddle

Spec.—1-10-21—M&T—15/0 Blks.

E.03783 HEALTH DEPARTMENT—CITY OF BALTIMORE E.03783

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 Pratt St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Dickson

(a) RESIDENCE NO. 500 Pratt St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Dickson

6 DATE OF BIRTH (month, day and year) May 27th 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Building

(c) Name of employer Mr. Sherbow

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Daniel Dickson

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

14 Informant Edith Dickson
(Address) 500 Pratt St

15 Filed ..., 19 ...
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1925, to Nov. 14th, 1925, that I last saw him alive on Nov. 10th, 1925, and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis-
Arthritis deformans

(duration) two days yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Ellis, M. D.

11/13, 19 25 (Address) 924 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

(Tabb or Taub)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03784

CERTIFICATE OF DEATH.

38

E 03784

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. [redacted] ST., BALTIMORE CITY HOSPITALS 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Tabb

(a) RESIDENCE NO. 313 York St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Richard Tabb

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Lucy Tabb

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

PARENTS

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ....., 19 Robert P. Harrison, Registrar

16 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1925, to Nov. 13, 1925, that I last saw him alive on Nov. 13, 1925, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Syphilitic aortitis; aortic insufficiency

(duration) yrs. 9 (Hosp) mos 1 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Mills, M. D.

11/15, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

JOHNS HOPKINS HOSPITAL

20 UNDERTAKER — ADDRESS

Commissioner Health

NOV 16 1925

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03785 E 03785

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 W Fairmount St., 1705 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Martha Long

(a) RESIDENCE. No. 1836 W Fairmount St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: W H

5 Single, Married, Widowed, or Divorced (write the word): Wid

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frederick Long

6 DATE OF BIRTH (month, day, and year): Oct 13, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs E Forbes

(Address): 836 Fairmont

Filed 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1921, to Nov 14, 1925, that I last saw h[illegible] alive on Nov 14, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulm. Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F J Moorwood, M. D.

Nov 16 1925 (Address) 1837 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 17 '25

20 UNDERTAKER: Harry N. Weitzel Co

ADDRESS: 1531 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

Dr Freilinger 682 North Ave

E 03786 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03786

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 213 Scott (St.) 21-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J Krebs

(a) RESIDENCE No. 213 Scott St, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND (of) or WIFE (of) Pauline Krebs

6 DATE OF BIRTH (month, day, and year) Dec 15, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	35	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy Maker

(h) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Blue Ribbon Co

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John Krebs

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Harriett Starck

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Pauline Krebs (Address) 213 Scott St

15 NOV 6 1925 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1925, to Nov 14, 1925, that I last saw him alive on Nov 14, 1925, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical + Lab -

(Signed) A L Freilinger MD M.D.

11/6 1925 (Address) 682 N Kenyon Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Nov 17 1925

20 UNDERTAKER William Cook — ADDRESS 5328 North Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03787

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 03787

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3015 E Monument St ST.: 73 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Weber

(a) RESIDENCE. No. 3015 E Monument St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George D Weber

6 DATE OF BIRTH (month, day, and year) Dec 16, 1889.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Katherine Zajic

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant George D Weber (Address) 3015 E Monument St

15 Filed 6 1925 . 19 Robert P. Harries Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1925

17

I HEREBY CERTIFY, That I attended deceased from October 28. 1925. to November 14. 1925.

that I last saw h[illegible] alive on November 14 1925.

and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

Alcoholic Peripheral Neuritis

Epidemic Encephalitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? C

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C

(Signed) Joseph Fokonny, M. D.

. 19 (Address) 2124 Ashland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cem	Nov. 18 1925

20 UNDERTAKER ADDRESS

John C. Miller 3019 E Monument st

Spec.—1-10-21—M&T—1500 Blks.

E 03788

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03788

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE AND BALTIMORE CITY HOSPITALS (ST. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Scott

(a) RESIDENCE NO. 1224 Argyle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hukeman

6 DATE OF BIRTH (month, day, and year): 1850

7 AGE: Years 75yr. Months Days

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer 0/0

9 BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Isaac Badger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Ida Clements

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Baltimore City Hospitals Records

Filed Oct 6 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1925, to Nov. 14, 1925, that I last saw her alive on Nov. 14, 1925, and that death occurred, on the date stated above, at 3:45 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Hypertension

(duration) 4 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary) Epistaxis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

11/15 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emancock Va

DATE OF BURIAL: 11/17 1925

20 UNDERTAKER: Daniel Easton

ADDRESS 9th Coach

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03789

E 03789

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 N. Carey ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Cot

(a) RESIDENCE. No. 1139 N Carey ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cecilia Cot

DATE OF BIRTH (month, day, and year) 1883 in Odessa

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber.

(b) General nature of industry, business, or establishment in which employed (or employer) Barber Shop.

(c) Name of employer Paul Gillespie

BIRTHPLACE (city or town) (State or country) Canada.

10 NAME OF FATHER Not Known.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known.

12 MAIDEN NAME OF MOTHER Not Known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known.

Informant Cecilia Cot
(Address) 1139 N. Carey

Filed 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1925

17 I HEREBY CERTIFY, That I attended deceased from July 4 1925 to Nov 15th 1925, that I last saw h alive on Nov 15th 1925, and that death occurred, on the date stated above, at 5-35 P. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1307 Winchester St.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) Bunnell Fargo, M. D.

19 (Address) 2437 N. Patrert Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	11/17/25
20 UNDERTAKER Dame Easton	ADDRESS 916 Gay

Spec. — 11-21—M&T—1500 Blks.

18634

E 03790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03790

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Taylor

(a) RESIDENCE No. 1110 Pennsylvania Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 15/1920

7 AGE: Years 5 Months 8 Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wm Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Sarah Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed ..., 19... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1925, to Nov 15th 1925, that I last saw h alive on Nov 15th 1925, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Generalized Tuberculosis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Tuberculin.

(Signed) A W Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem

DATE OF BURIAL: 11/17/25

20 UNDERTAKER: Daniel Foster

ADDRESS 916 Ga ave

Spec.—1-10-21—M&T—1500 Blks.

E 03791

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03791

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 W Saratoga St. 4-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Williams

(a) RESIDENCE NO. 1622 W Saratoga St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mamie Fowlis

(Address) 1613 Whalen St

15 Filed , 19

Burial Permit

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 13, 1925, to Nov 14, 1925, that I last saw him alive on Nov 14, 1925, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH was as follows:

Lobas Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Geo F Hall, M. D.

, 19 (Address) 1426 Druid

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lincoln

DATE OF BURIAL 11/17/1925

20 UNDERTAKER Dan Eaton

ADDRESS 916 Penn

Spec.—1-10-21—M&T—1500 Blks.

E 03792

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03792

CERTIFICATE OF DEATH.

118-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Eastern Ave 1-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridget Durkin.

(a) RESIDENCE No. 2727 Eastern Ave ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late John Durkin

6 DATE OF BIRTH (month, day, and year): [illegible] 1845

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Thos. H. Durkin.
(Address): 2727 Eastern ave.

15 [illegible] 6 1925 . 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1925, to Nov 14, 1925, that I last saw her alive on Nov 14, 1925, and that death occurred, on the date stated above, at 9 1/2 a m.

The CAUSE OF DEATH* was as follows:

Inguinal Hernia

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Strangulated hernia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 12/25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zeller, M. D.

11/16, 1925 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetary — DATE OF BURIAL: Nov 17 1925

20 UNDERTAKER: Lilly & Zeller — ADDRESS: 4038 Wash[illegible]

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03793

E 03793

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Matt ST. 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cassie Matthews

(a) RESIDENCE. NO. 415 Matt St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): 21

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Thomas Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Solomon S. Matthews
(Address) 417 Moss St

15 Filed Nov 18, 1925. Robert P. Harrison, Registrar

D 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 10, 1925, to Nov 15, 19 .

that I last saw h alive on Nov 14, 1925.

and that death occurred, on the date stated above, at 5 30 A. m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) yrs mos. 5 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W White Jr M.D.

, 19 (Address) 7800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Cemetery	Nov 18 1925
20 UNDERTAKER	ADDRESS
Mrs Chas L. Bailey	1721 Jefferson

pec.—1-12-23—M&T—500 Bks.

E 03794

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03794

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Mosorth ave ST., 15-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Feit

(a) RESIDENCE NO. 2307 Mosorth ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	w	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Feit

DATE OF BIRTH (month, day, and year) — 1855

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	70	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Solomon Greenhaus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis

(Address) 1439 E. Baltst

Filed ... 19... Robert P. Harrison, Registrar

6 1925 Burial Permit Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/3 1925, to 11/16 1925

that I last saw her alive on 11/16 1925

and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis -

Myocarditis - Arteriosclerosis

+ Chr. Nephritis -

(duration) — yrs. — mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine +++ -

(Signed) Dr Greenhaus M. D.

11/16 1925 (Address) 122 W. Lee. st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herman Run

DATE OF BURIAL 11/17 1925

20 UNDERTAKER Jack Lewis 1439 E Balt st

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03795 E 03795

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5020 Hesley Ave (St.) 28-2 (Ward)

2-FULL NAME Julia Annie Leonard

(a) RESIDENCE NO. 5020 Hesley Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Michael Leonard

6 DATE OF BIRTH (month, day, and year) Jan 25 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	70	9	21 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Francis Yeiger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Ella Leonard (Address) 5020 Hesley Ave.

15 Filed ....., 19 Robert P. Bartlett Registrar

6 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1925, to Nov 15, 1925, that I last saw h alive on Nov 15, 1925, and that death occurred, on the date stated above, at 1.35 A m.

The CAUSE OF DEATH* was as follows:

Acute Insanity

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine & Lab Findings

(Signed) Paul Brown M. D.

11/15, 1925 (Address) 1837 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 11-17-1925

20 UNDERTAKER H. C. Brauning & Son

ADDRESS 5711 N. Charles St

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03796

CERTIFICATE OF DEATH.

90 E 03796

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3940 Park Heights ave. ST. 15-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Pritchard Sr.

(a) RESIDENCE. No 3940 Park Heights ave. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Pritchard

7 DATE OF BIRTH (month, day, and year) Nov. 22, 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 66

(c) Name of employer Scharlau & Co.

9 BIRTHPLACE (city or town) (State or country) N. Carolina

10 NAME OF FATHER Griffen Pritchard

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Elizabeth Freshwater

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

Informant Margaret Pritchard
(Address) 3940 Park Heights ave.

Filed ..., 19... Robert P. Harrison, Registrar

6 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1925, to Nov. 15, 1925,

that I last saw him alive on Sept 8 1925

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) W. K. Johnson, M. D.

11-15 1925 (Address) 3928 Park Heights ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem.	Nov. 17 1925
20 UNDERTAKER	ADDRESS
William Cook	502 E Monument

...or.—1-12-23—M&T—100 Bks.

E 03797

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03797

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. New Hospital ST. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Liberto.

(a) RESIDENCE NO. 618 N. Bearl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Sept 29 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25		1	15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fruit Dealer. 045
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Frank Liberto

11 BIRTHPLACE OF FATHER (city or town) Italy.
(State or country)

12 MAIDEN NAME OF MOTHER C. Liberto

13 BIRTHPLACE OF MOTHER (city or town) Italy.
(State or country)

Informant Wife Fannie Liberto
(Address) 618 N. Bearl St.

F... 1925 ... 192 Robert P. Harris, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry on the day stated above, and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Acc Fall
From Window Fracture of Skull
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Shock
(duration) yrs. mos. ds.

(Signed) H. G. Healy M. D.
Nov 16 1925 (Address) 1473 607 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov 17 1925
20 UNDERTAKER	ADDRESS
Geo. A. Ruth	1735 Harford Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03798 CERTIFICATE OF DEATH. 125 E 03798

1-PLACE OF DEATH Church Home & Infirmary REGISTERED NO. 13-13

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Book

(a) RESIDENCE NO. 1702 N. Calhoun ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Unknown mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White Hebrew

5 ~~Single~~, Married, ~~Widowed, or Divorced,~~ (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Laibstein Book

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 50 | Months Unknown | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): 034
(c) Name of employer: own

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Louis Book (son)
(Address) 1702 N. Calhoun St

15 NOV 17 1925 19 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1925, to Nov 16, 1925, that I last saw him alive on Nov 16, 19..., and that death occurred, on the date stated above, at 5:05 p.m.

The CAUSE OF DEATH* was as follows:

Pancreatitis, acute

(duration) ..... yrs. mos 6+ ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Nov 11, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Watt W. Eagle, M. D.

Nov 16 1925 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Washington Rd

DATE OF BURIAL: 11/17 1925

20 UNDERTAKER: A. J. Levinson & Bro

ADDRESS 1127 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03799

CERTIFICATE OF DEATH.

101-601 E 03799

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 277 N. Exeter ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Webster.

(a) RESIDENCE No. 277 N Exeter St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced (write the word) Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

7 DATE OF BIRTH (month, day, and year) Dec. 21 1857

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	12	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Georgiana Webster

(Address) 145 Colvin St.

NOV 17 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-14 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-11- , 1925 , to 11-14- , 1925.

that I last saw him alive on 11-14- , 1925,

and that death occurred, on the date stated above, at 12°2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia-

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Myocarditis fatty- (duration) yrs. mos. 12 hrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Bryan M.D., M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem.	Nov. 17 1925
20 UNDERTAKER	ADDRESS
Thos J. G. Locke	1302 Jefferson

Spec.—1-10-21—M&T—1509 Bks.

03800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 100-001 E 03800

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Greene & Lombard ST. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William White

(a) RESIDENCE NO. Seaford, Del. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Jedie White

6 DATE OF BIRTH (month, day, and year): July 23, 1875

7 AGE: Years 50 | Months 3 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Crate & Basket Mfg

(b) General nature of industry, business, or establishment in which employed (or employer): Self.

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Del

10 NAME OF FATHER: Wm S. White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del.

12 MAIDEN NAME OF MOTHER: Jane Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Del

14 Informant: Mrs Jedie White

(Address): Seaford Del.

Filed NOV 17 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1925, to Nov 16, 1925, that I last saw him alive on Nov 16, 1925, and that death occurred, on the date stated above, at 4.35 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia bilateral, post operative —

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia, bilat, post operative

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at place of death —

Did an operation precede death? Yes Date of Nov. 6, 1925

Was there an autopsy? No —

What test confirmed diagnosis? Ry. Exam.

(Signed) J. E. Warfield, Jr. M. D.

, 19 (Address) Mun. Hospital —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Seaford - Del — DATE OF BURIAL: Nov 17 1925

20 UNDERTAKER: Wm Pickuerton (later) — ADDRESS: North St

Spec.—1021—M&T—1500 Bks.

1863 30th

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03801

CERTIFICATE OF DEATH.

31 E 03801

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 14-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Hunter

(a) RESIDENCE NO. 1425 Druid Hill Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 15-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1 year	2	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Maggie Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed NOV 17 1925

J. P. I. R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 19 25, to Nov. 15th, 19 25,

that I last saw h alive on Nov. 15th, 19 25

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

acute Tuberculous Broncho-Pneumonia

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Nov. 17 1925

20 UNDERTAKER J. H. M. Johnson

ADDRESS 1234 Etting St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03802

CERTIFICATE OF DEATH.

x 46

E 03802

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Genl Hospt. ST., 241 WARD)

2-FULL NAME. Annie M. Headley.

(a) RESIDENCE NO. 314 Laurel Ave Laurel Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. 13 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: David F Headley.

6 DATE OF BIRTH (month, day, and year): March 6-1876

7 AGE: Years 49; Months 8; Days 18 8; If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Harvey Williams.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Martha E Ridings

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: David F Headley

(Address): Laurel Md

15 Filed NOV 17 1925 ROBERT R. KRAMES Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-3-25, 19..., to Nov 16, 1925.

that I last saw h alive on Nov 16, 1925

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Carcinoma of uterus Cystitis

Pneumonia (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 2-25.

Was there an autopsy? No

What test confirmed diagnosis? Laboratory.

(Signed) James Wilson. M. D.

19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ivy Hill Cem Laurel Md — DATE OF BURIAL: Nov 19th 1925

20 UNDERTAKER: Edward R Foster — ADDRESS: Laurel Md

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 03803

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03803

CERTIFICATE OF DEATH.

X V 31

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1210 Penn Ave. ST.: 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Belle Ragland

(a) RESIDENCE NO. 1210 Penn Ave. ST., WARD. Frederick Md.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co Md

10 NAME OF FATHER William Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bertha Thompson

(Address) 1210 Penn Ave.

ROBERT A. KNABE

NOV 17 1925 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-15- 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 6 1925, to Nov 15 1925,

that I last saw he alive on Nov 15 1925,

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

Unknown
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed) H A Garns, M. D.

11/17, 1925 (Address) 1210 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frederick Md	11/17 1925
20 UNDERTAKER	ADDRESS 518 N Bridle St
Samuel D Beverley	

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 03804

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03804

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 Myrtle Ave ST.; 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Powell

(a) RESIDENCE. NO. 418 Myrtle Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): (21)

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): North Carolina

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER Ellen Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Lillian Powell
(Address) 418 Myrtle Ave

15 Filed NOV 17 1925 19 ROBERT R. KRAUTH, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1925

17

I HEREBY CERTIFY, That I attended deceased from April, 1925, to Nov. 1925, that I last saw h alive on Nov. 14, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Arter. Rheumatism

(duration) yrs. mos. 3+ ds.

CONTRIBUTORY (Secondary) Rheumat. Endocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Norwood, M. D.

Nov 16 1925 (Address) 939 or Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Nov 17th 1925
20 UNDERTAKER	ADDRESS
Samuel Hamilton	1118 Bond St

Spec—12-23-21—R.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03805

CERTIFICATE OF DEATH.

128 ✓

E 03805

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1421 Myrtle Ave St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Talbert Moore

(a) Residence No. 1421 Myrtle Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1869

7-AGE. 56 yrs. ✓ mos. ✓ ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Driver 23

(b) General nature of industry, business, or establishment in which employed (or employer). Lake Peterson

(c) Name of employer. Leo

9-BIRTHPLACE (city or town) (State or Country). Ellicott Mills Md

PARENTS.

10-NAME OF FATHER. Leo Moore

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Mary Fillebar

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14-INFORMANT. (Informant) Mary Moore

(Address) 517 W Fayette St

15-Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-15-25

17- I HEREBY CERTIFY, That I attended deceased from Aug in, 1925, to Nov 15, 1925, that I last saw h alive on 15 of Nov, 1925, and that death occurred, on the date stated above, at 11:10 A.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas A Crooke M. D.

, 19 (Address) 655 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cem	11/18, 1925
20-UNDERTAKER.	ADDRESS
Samuel Kennedy	578 W Fayette St

NOV 17 1925 BURIAL PERMIT

Cor.—1-12-23—M&T—100 Blks.

E 03806

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03806

CERTIFICATE OF DEATH.

1975

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elisha Mitchell

(a) RESIDENCE NO. 207 N. Spring St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Elisha Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Viola Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Elisha Mitchell
(Address) 519 N. Bethel St.

NOV 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gangrene of lung-bullet wound of chest. Homicid e

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Owen, M. D.
(Coroner.)

11-17-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury	Nov 18 25

20 UNDERTAKER John W Henderson & Marriott ADDRESS 1302

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03807 84 E 03807

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 E. Madison St ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adele Price

(a) RESIDENCE NO. 926 E. Madison St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) July 6, 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	4	8	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work school girl
(b) General nature of industry, business, or establishment in which employed (or employer) 000
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Richland, N.C.

10 NAME OF FATHER Walter Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Katie Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

Informant Pearl Price
(Address) 926 E. Madison

Filed NOV 17 1925 192 KUCERT R. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tumor of brain (Oval)
(Hypopoheal- Xray at Hopkins)
(Wasserman Negative)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J S Porter, M. D.
(Coroner.)

11-17 25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Asbury Cemetery	Nov. 17 192 5
20 UNDERTAKER	ADDRESS
Mrs P. G. Elliott	1725 Richland ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03808

CERTIFICATE OF DEATH.

29 E 03808

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hamilton Ave near Hillen (ST.) 29-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Crowder

(a) RESIDENCE NO. Hamilton Ave + Hillen Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Bell Crowder (nee Burkens)

6 DATE OF BIRTH (month, day, and year): Feb 19, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Farming

(c) Name of employer: Himself

9 BIRTHPLACE (city or town) (State or country): Lansville, Maryland

PARENTS

10 NAME OF FATHER: Frederick Crowder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lansville, Maryland

12 MAIDEN NAME OF MOTHER: Smith Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Smith Known

14 Informant: Mrs. Lola Crowder

(Address) 39 E. Hamilton ave

15 Filed NOV 17 1925 ADOLPH L. KRAUSE Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Nov 14, 1925, that I last saw him alive on Nov 13, 1925 and that death occurred, on the date stated above, at 1.20 A, m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) — yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis

(duration) / yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Benjamin Long M. D.

Nov. 1925 (Address) 2711 W. Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Nov. 17 1925

20 UNDERTAKER: Geo. J. Ruth

ADDRESS: 1735 Harford Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03809

CERTIFICATE OF DEATH.

101-001

E 03809

1-PLACE OF DEATH Baltimore City Hospitals

City of BALTIMORE: (No. Bay View Asylum St. 10-? Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Williams

(a) Residence No. 832 Cocke Alley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1889.

7-AGE. 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9-BIRTHPLACE (city or town) (State or Country). North Carolina

PARENTS

10-NAME OF FATHER. Edward J Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country) North Carolina

12-MAIDEN NAME OF MOTHER. Sarah Bolton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) North Carolina

14-

(Informant) Hospital Records

(Address) Baltimore City Hospitals

15-

NOV 17 1925 ROBERT R. [illegible] Registrar.

Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 14-1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 9 19 25 to Nov 14 19 25

that I last saw him alive on Nov 14 19 25

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Probable Pneumonia (Lobar)

History of having had Chest Cold - 9 weeks previous to admittance to Hospital. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Massive Left Sided Empyema. (Vincents Angina organisms + Pneumococcus. (Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Nov 12-25 Empyema

Was there an autopsy? No

What tests confirmed diagnosis? Chemical & Lab Tests

(Signed) Jno P Crampe M. D.

Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. 19

20-UNDERTAKER.

ADDRESS

Commissioner Health. NOV 17 1925

Per Wm. E. Woodall

Dec.—1-12-23—M&T—500 Bks.

E 03810

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03810

161-001 10982

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Colonial Hospital ST. 1623 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Cukes

(a) RESIDENCE NO. 208 N Ellwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 15 25

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Walter Lee Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Gladys Tyler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant

(Address) JOHNS HOPKINS HOSPITAL

NOV 17 1925 ROBERT R. KRAMER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1925, to Nov 15, 1925

that I last saw h[illegible] alive on Nov 15, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm A McCann, M. D.

19 (Address) Colonial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	19
20 UNDERTAKER	ADDRESS

Health Dept. NOV 17 1925

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03811

CERTIFICATE OF DEATH.

100-001 E 03811

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 h. Washington ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E Young

(a) RESIDENCE NO. 1328 h Washington ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Young

6 DATE OF BIRTH (month, day, and year) 11 | 21 | 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	4	

8 OCCUPATION OF DEECASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Lawson G Applegarth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co Md

12 MAIDEN NAME OF MOTHER Mary A Hopkins

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Mary B Kimball

(Address) 208 n Bryson Ave

NOV 17 1925 REUBEN R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1925, to Nov. 16, 1925, that I last saw her alive on Nov. 15, 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Albert L Singewald, M. D.

11/16/1925 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 11 | 18 1925

20 UNDERTAKER Albert L Hilt Jr

ADDRESS 1606 n Chester st

Spec.—1-10-21—M&T—1500 Bks.

E 03812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-3 90 E 03812

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Bradford ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter J. Charles

(a) RESIDENCE NO. 108 N. Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 7, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Apprentice Boy

(b) General nature of industry, business, or establishment in which employed (or employer) B & O

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Emmett R. Charles

11 BIRTHPLACE OF FATHER (city or town) Richmond (State or country) Virginia

12 MAIDEN NAME OF MOTHER Louisa Schaefer

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Louisa Charles (Address) 108 N. Bradford St.

15 Filed NOV 17 1925 ROBERT R. KRAUTER, Registrar Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-15 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925 to Nov 15, 1925 that I last saw him alive on Nov 15, 1925 and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Acute Pharyngitis

Complete Obstruction

Acute Edema Glottis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Finding

(Signed) Jno. T. Pegues, M.D.

(Address) 2000 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Com	Nov 18 1925
20 UNDERTAKER	ADDRESS
Jno Schweitzer Miller & Co	2334 Hfft

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03813

CERTIFICATE OF DEATH.

16-002 E 03813

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-3 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Bellle

(a) RESIDENCE No. 2343 N. Eden St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 14 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
		2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER George Bellle

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mae Seppert

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 17 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15th 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 14th, 1925, to Nov. 15th, 1925, that I last saw he alive on Nov. 15th, 1925, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery, acute bacillary

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. W. Jacobs, M. D.

, 19 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Nov 17 1925

20 UNDERTAKER ADDRESS

Wm C. Miller & Son 2334 Jeff St

Cor.—1-12-23—M&T—100 Bks.

03814

HEALTH DEPARTMENT—CITY OF BALTIMORE

88-003 E 03814

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Apex Hospital 9-7 REGISTERED NO.....

CITY OF BALTIMORE ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hubert M Emge

(a) RESIDENCE NO. 1436 Federal ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 9. 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17.	—	4	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer C. P. Tel Co

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Martin Emge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Annie Popp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Annie Popp
(Address) 1433 E Federal St

Nov 1 R. 1923 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Due to Accident

Fracture of Skull Left leg.

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) G. L. Blades, M. D.
(Coroner)
Nov 17 1923 (Address) 143 Bridge

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Nov 19 1923
20 UNDERTAKER Robt F Turner Sr de	ADDRESS No 1428 Bway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03815 — CERTIFICATE OF DEATH. — 129 — E 03815

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2202 Mt Holly ST. 15-5 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME M. Dorsey Hollifield

(a) RESIDENCE NO. 2202 Mt Holly St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (or) WIFE of: Nellie G. Hollifield

7 DATE OF BIRTH (month, day, and year): Jan 30th, 1879.

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	15	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Shoe

(c) Name of employer: Rice & Hutchins

BIRTHPLACE (city or town) (State or country): Howard Co Md.

10 NAME OF FATHER: Wm D. Hollifield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Mary R. Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Mrs Nellie G. Hollifield

(Address): 2202 Mt Holly St

Filed ... 19 ... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 15, th 19 25

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7 , 1925 , to Nov - 15 , 1925 , that I last saw him alive on Nov - 15 , 1925 , and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis - with Chronic Nephritis as beginning

(duration) — yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) — yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical - Blood urea

(Signed) Wesley Call M. D.

11/16 1925 (Address) 2202 Harrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cemetery

DATE OF BURIAL: Nov 18th 1925

20 UNDERTAKER: Interment Co

ADDRESS 123 N Eutaw St

Spec.—1-10 21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

03816

CERTIFICATE OF DEATH.

49 E 03816

1-PLACE OF DEATH Chatford Apt 27-6

CITY OF BALTIMORE: (No Roland Ave. University Parkway WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lieut Arthur Sinclair C. S. N.

(a) RESIDENCE NO Roland Ave & University Parkway WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word): Widow

6a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of

6 DATE OF BIRTH (month, day, and year) May 12th 1837

7 AGE: Years 88 | Months 6 | Days 4 16 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Lieut

(b) General nature of industry, business, or establishment in which employed (or employer): U. S. N. 086

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk (State or country) Virginia

PARENTS

10 NAME OF FATHER Capt Arthur Sinclair

11 BIRTHPLACE OF FATHER (city or town) Norfolk (State or country) Virginia

12 MAIDEN NAME OF MOTHER Celia D Gawler

13 BIRTHPLACE OF MOTHER (city or town) Norfolk (State or country) Virginia

14 Informant Arthur Sinclair (Address) 24 Broad St New York

15 NOV 17 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 27 1925 to Nov 15 1925, that I last saw h~~im~~/~~her~~ alive on Nov 15 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Carcinoma Prostate

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1924

Did an operation precede death? Date of Nov 12 25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Howard Kelly M. D.

17th, 1925 (Address) 1 E Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Nov 18 1925

20 UNDERTAKER: Henry J Haskins & Co — ADDRESS: Cathedral & Read Sts

ec.—1-12-23—M&T—500 Blks.

03817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03817

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 Aliceanna ST., 2-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard . Stanczyk

(a) RESIDENCE No. 1931 Aliceanna ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 9 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Joseph. Stanczyk

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Antonina. Mikicka

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

Informant Mr. Joseph . Stanczyk
(Address) 1931 Aliceanna Street

Dec 7 1925 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16/25

17

I HEREBY CERTIFY, That I attended deceased from Nov 16 . 19 25 . to Nov 16 . 19 25

that I last saw h alive on Nov 16 . 19 25

and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Gastro Intestinal

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Nathan McGoff, M. D.

. 19 (Address) 1931 Aliceanna St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	Nov 17 1925
20 UNDERTAKER	ADDRESS
John McWeeney	1803 Bank st

Burial Permit Clerk.

ec.—1-12-23—M&T—500 Blks.

E 03818

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03818

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 S. Potomac ST., 1-4 WARD) 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christina. Kozik

(a) RESIDENCE No. 901 S. Potomac ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) June 13 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Peter . Kozik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary . Chmielewski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Mr. Peter . Kozik

(Address) 901 S. Potomac Street

Filed 11 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16/25

17

I HEREBY CERTIFY, That I attended deceased from 11-7- , 19 25 , to 11-16- , 19 25 ,

that I last saw her alive on 11-16- , 19 25 ,

and that death occurred, on the date stated above, at 10 20 p m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia, following Cholera Infantum

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Brownbas, M. D.

11-17-25 (Address) 207 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	Nov 18 1925
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

pec.—6-9-19—H. P. Co.—1000 lks.

E 03819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1729

E 03819

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2026 Eastern Ave ST.: 2nd WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary K Euermann

(a) RESIDENCE. NO. 2026 Eastern Ave ST., 2nd WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick H Euermann

7 DATE OF BIRTH (month, day, and year): Oct 6th 1855

8 AGE — Years: 70 — Months: 1 — Days: 10 — If LESS than 1 day, ... hrs. or ..... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Friedrich Brauling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frederick H Euermann
(Address): 2026 Eastern Ave

15 Filed Nov 17 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 27 1925, to Nov 16 1925, that I last saw he alive on Nov 16 1925, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Chronic Inst Nephritis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C. S. Noer, M. D.

Nov 17 1925 (Address) 1058 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem — DATE OF BURIAL: Nov 19 1925

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2060 Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03820 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03820

CERTIFICATE OF DEATH.

2-1 129

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 110 S. Washington St., 2-1 Ward)

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Slawinska

(a) Residence No. 110 S. Washington St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~Single, Married,~~ Widowed, or ~~Divorced, (Write the word)~~: Widowed

6-If married, widowed, or divorced HUSBAND of (or) WIFE of: —

7-DATE OF BIRTH (month, day and year): 1857

8-AGE: 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

10-BIRTHPLACE (city or town) (State or Country): Poland

11-NAME OF FATHER: unknown

12-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

13-MAIDEN NAME OF MOTHER: unknown

14-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

15-(Informant) Andrew Valoures
(Address) 110 S Washington St

Filed 192 Robert P. Harrison, Registrar.

7 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 15 25

17-I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1925 to Nov. 15, 1925

that I last saw h~~er~~ alive on Nov. 15 1925

and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Andrew Kuntzmann M. D.

, 19 (Address) 2529 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Nov 18 1925

20-UNDERTAKER: F. X. Ozarowski — ADDRESS: 1950 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

E 03821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03821

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hospital St., 27-E WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Charles Mentzel

(a) RESIDENCE NO. 714 Hayward Ave St., Balto WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Chas Mentzel.

6 DATE OF BIRTH (month, day, and year): Feb. 1867

7 AGE: Years 58 | Months 1 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland,

10 NAME OF FATHER: Charles Mentzel.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Anna Ridgely

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

PARENTS

14 Informant: Mrs Dimmie Mentzel

(Address) 714 Hayward Ave

15 Filed Nov 19, 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1925, to Nov 17, 1925, that I last saw h[illegible]live on Nov 17, 1925, and that death occurred, on the date stated above, at 9.25 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Sigmoid Colon

Secondary Anaemia.

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Metastasis, liver & [illegible] in (duration) yrs. mos. Unk,

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Data

(Signed) E. L. Moore, M. D.

, 19 (Address) Maryland Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Nov. 19 1925

20 UNDERTAKER: Chas. E. Franck — ADDRESS: 807 Madison Ave

Spec.—1-10-21—M&T—1500 Blks.

(Daniel W. Bay)

E 03822

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03822

CERTIFICATE OF DEATH.

X 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen'l Hospt St. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel W Bay

(a) RESIDENCE NO. White Post Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 65 . Months ? Days ?

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Daniel W Bay

(Address) White Post Md

15 Filed 7 1925 . 19 Robert P. [illegible] Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-17-25

17 I HEREBY CERTIFY, That I attended deceased from 11-17-25 . 19 . to 11-17-25 . 19 , that I last saw him alive on 11-17-25 . 19 , and that death occurred, on the date stated above, at 11 10 m.

The CAUSE OF DEATH* was as follows: Cardio-Nephritis

(duration) 2 yrs. mos. dys.

CONTRIBUTORY (Secondary) Coronary Embol 3 mos

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) Jno A Thompkins M. D.

, 19 (Address) Mt Airy Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Delta Pa.

DATE OF BURIAL 11-19 19 25

20 UNDERTAKER E & B Hafer

ADDRESS 115 E Main St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03823

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03823

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1440 N. Eden St. 9-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Smith

(a) Residence No. 1440 N. Eden St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? 42 yrs. 11 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX ~~What~~ Male | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced (Write the word.) married

6a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Joseph Smith

6-DATE OF BIRTH (month, day and year) 1859

7-AGE 66 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Not working retired
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Lithuania

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Lithuania

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Lithuania

14-(Informant) Mrs. Joseph Smith
(Address) 1440 N. Eden St.

15-Filed 11 7 1925 Robert P. Harrison, 192.... Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 15-1925

17-I HEREBY CERTIFY, That I attended deceased from Sept. 28 1925 to Nov. 15. 1925 that I last saw him alive on Nov 14 19. 25 and that death occurred, on the date stated above, at 10 a, m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uterine Adenocarcinoma

(Duration) about 2 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical

(Signed) M. Friedenwald M.D.

11/16, 1925 (Address) 602 Washington Blvd.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 1925
Holy Redeemer	11/18
20-UNDERTAKER,	ADDRESS
Chas. B. Kuchausken	637 S. Paca St.

Spec.—1-10-21—M&T—1500 Bks.

✓ 81 White
22+ Vermont

E 03824

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03824

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 512 East 16th ST. 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel E. Pitts

(a) RESIDENCE NO. 512 East 16 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of George W. Pitts

6 DATE OF BIRTH (month, day, and year) Oct 15/1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	81	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Butler Balto Co Md

PARENTS

10 NAME OF FATHER Thos. C. Tracey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth Gist

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Ada Tracey (Address) 512 East 16th Street

15 Filed ..... 7 1925 ....., 19 ..... Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17—1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1925, to Nov 17, 1925.

that I last saw h alive on Nov 17, 1925

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Immediate

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & Symptoms

(Signed) Thomas J Foltz M. D.

, 19 (Address) 451 E Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Black Rock, Butler Md — DATE OF BURIAL: Nov 19 25

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

03825

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03825

CERTIFICATE OF DEATH.

32

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1932 Linden Ave St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine E. Kirk

(Residence in Baltimore: No. 1932 Linden Ave St. 1 yrs. 11 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Dec. 8, 1923 (Month) (Day) (Year)

7-AGE: 1 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS

10-NAME OF FATHER: Wm. Kirk

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Nellie Walden

13-BIRTHPLACE OF MOTHER, (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Kimball

(Address) 1613 W. North Ave.

15- Robert P. Harrison, 192.....

7 1925 Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Nov. 17, 1925 (Address) 202 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Faith Chapel — DATE OF BURIAL: Nov 18 1925

20-UNDERTAKER: Williams & Co — ADDRESS: 502 E North ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03826

CERTIFICATE OF DEATH.

113 E 03826

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Arlington Av ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. Henry Fenwick Jr

(a) RESIDENCE No. 1001 N. Arlington Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): S

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26/1924

7 AGE: Years 1; Months 4; Days 23; IF LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country)

10 NAME OF FATHER Charles Fenwick

11 BIRTHPLACE OF FATHER (city or town)

(State or country) md

12 MAIDEN NAME OF MOTHER Marie Warner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

PARENTS

14 Informant Charles Fenwick

(Address) 1001 N. Arlington Av

15 Filed OCT 18 1925 RUSSELL R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from 11. 14, 1925, to 11. 16, 1925, that I last saw him alive on 11. 16, 1925, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. P. Staughton, M. D.

. 19 (Address) 825 N. Fremont Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 11/18/1925

20 UNDERTAKER: Dame Easter

ADDRESS 916 Pa av

Spec.—1-10-21—M&T—1500 Bks.

3827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03827

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 W. North ST., 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha A. Firoved

(a) RESIDENCE NO. 816 W. North ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50? yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of David Firoved

6 DATE OF BIRTH (month, day, and year) Oct 11 1834

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
91	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Johua Algire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md.

12 MAIDEN NAME OF MOTHER Harriet Christ

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md

14 Informant Jas O Warner

(Address) 20 W Lanvale

Filed NOV 18 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1925, to Nov 16, 1925, that I last saw h[illegible] alive on Nov 16, 1925, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H E Jones, M. D.

19 17, 1925 (Address) 720 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Nov 19th 1925

20 UNDERTAKER Henry J Jenkins Sons Co

ADDRESS McCulloh & Orchard Sts

Spec.—1-10-21—M&T—1500 Blks.

E 03828 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03828

CERTIFICATE OF DEATH.

1235

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE (No. 11-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane, Margaret Carey

(a) RESIDENCE NO. 2231 E. Preston St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 11th 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Wilson Miles Cary

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant (Address): Records Johns Hopkins Hospital

15 NOV 18 1925 ROBERT F. KRAUTER, Registrar, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1925, to Nov 16, 1925, that I last saw he alive on Nov 16, 1925, and that death occurred, on the date stated above, at 12.50 Pm.

The CAUSE OF DEATH* was as follows:

Gallstones in Common Duct

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Postoperative Shock

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Nov 13 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) F. L. Reichert, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Furnace Forest — DATE OF BURIAL: Nov 18th 1925

20 UNDERTAKER: Henry D. Pentz & Sons — ADDRESS: Mayfield Md

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03829

CERTIFICATE OF DEATH.

38 E 03829

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. BALTIMORE CITY HOSPITALS ST. 17-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgiana Butler

(a) RESIDENCE No. 540 Green Willow ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: colored | 5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

8 DATE OF BIRTH (month, day, and year): 1845

7 AGE: Years: 80yr. | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

PARENTS

10 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: George Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Merrel Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Baltimore City Hospitals (Address)

15 Filed NOV 18 1925 ROBERT A. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1925, to Nov. 16, 1925, that I last saw h[illegible] alive on Nov. 16, 1925 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Syphilitic aortitis

Aortic Insufficiency ? (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. 3 (history) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

11/17, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion | DATE OF BURIAL: Nov 18 1925

20 UNDERTAKER: John H. Toadvine | ADDRESS 1027 Druid Hill

E 03830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 E 03830

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1620 Druid Hill Ave. St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... William E. Harcum

(Residence in Baltimore: No. 1620 Druid Hill Ave. St.; yrs., 7 mos. 4 ds. 12)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the Word.)
male	colored	Single

6-DATE OF BIRTH. July (Month) 4 (Day) 1918 (Year)

7-AGE. 7 yrs. 4 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Child

9-BIRTHPLACE, (State or Country). Balto. Md.

10-NAME OF FATHER. Wm. Harcum

11-BIRTHPLACE OF FATHER, (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Ora Gaskins

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Harcum

(Address) 1627 W. Franklin St.

15- NOV 18 1925 19.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 16, (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

5 mos.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) —

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

Nov. 18, 1925 (Address) 2502 Eutaw Place

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	11/19 19..

20-UNDERTAKER.	ADDRESS
Mrs Lorraine Dennis by G. E. Nelson	1308 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Blks.

E 03831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03831

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 124 W.24th ST., 12-3 WARD)

2-FULL NAME Anna M.Knabe,

(a) RESIDENCE NO. 124 W.24th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of George A.Knabe,

6 DATE OF BIRTH (month, day, and year) Sept.15.1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

10 NAME OF FATHER Jonothan Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Vicroy,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant (Address) Miss.Jessie Knabe, 124 W.24th St

15 NOV 18 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 16 , 1925 , to Nov. 17 , 1925 ,

that I last saw her alive on Nov. 17 , 1925 ,

and that death occurred, on the date stated above, at 2 15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 9 yrs mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo W Little , M. D.

11/17, 1925 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL NOV 19 1925 19

20 UNDERTAKER Geo W Little ADDRESS 2435 EDMONDSON AVE.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03832

CERTIFICATE OF DEATH.

18 E-003

18 E 03832

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. Mercy Hospital. ST. 12-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanore Brown.(C)

(a) RESIDENCE No. 21 W.Lafayette Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ---mos---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male.	Colored	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) December 7, 1915

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	11	7	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

RTHPLACE (city or town) West Virginia.
(State or country)

NAME OF FATHER Mont Brown.(C)

BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia.

MAIDEN NAME OF MOTHER Rose Purcell.(C)

BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

Informant Rose Collins.(C)mother
(Address) 21 W.Lafayette Ave.

Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 14, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest and autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull. Struck and knocked down by an automobile while crossing road. Accidental death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signature) Otto M Reinhardt (Coroner), M. D.

Nov. 17, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?
Falls road near Lafayette Ave. 11/14/25

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	11-18 1925
20 UNDERTAKER	ADDRESS
Payne & Wates	1162 Myrtle Ave

Burial Permit Clerk

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03833 E 03833

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 N. Charles ST. 23-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Martel

(a) RESIDENCE NO. 1223 N. Charles ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of or) WIFE of: Charles Martel

7 DATE OF BIRTH (month, day, and year): 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: Philip Dieter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva S—

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mr Henry Martel
(Address): 1218 N. Charles st

Filed NOV 18 1925

ROBERT H. KRAUSER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20th, 1925, to Nov. 16th, 1925, that I last saw her alive on Nov. 15th, 1925, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Myocarditis & bronchitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Jennie N. Browne, M. D.

Nov 16 1925 (Address) The Rochambeau

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Nov 18 1925

20 UNDERTAKER: F. A. Kranse & Son — ADDRESS: 703 Hanover St

Spec.—1-10-21 M&T 1500 Blks.

Jaworski

611-S. Belnord Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03834

CERTIFICATE OF DEATH.

X 11 E 03834

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Jaworski.

(a) RESIDENCE NO. Millersville Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE: Years 61 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER George Jaworski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Ida Dzierska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank Jaworski

(Address) 611 S. Belnord Ave

15 DATE RECEIVED NOV 16 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1925, to Nov 16, 1925; that I last saw him alive on Nov 16, 1925; and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Acute appendicial abcess with perforation extra peritoneal. Operation, incision and drainage of abcess of right hip & groin.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Multiple abcess of Kidneys, ureter, bladder

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 7, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical exam w/ autopsy.

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	Nov. 19 1925
20 UNDERTAKER	ADDRESS
Stephen Walkowski	100 S. Eliz

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03835

E 03835

CERTIFICATE OF DEATH.

22-2 181

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 Hanover St. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Evans.

(a) RESIDENCE No 627 Hanover St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania.

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

Informant: Alice Hard.
(Address): 627 Hanover St.

NOV 18 1925 BUREAU OF VITAL STATISTICS

RUFUS H. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 11, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas asphyxia.
Defective gas hose.
Accidental Death.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Rembrandt, M. D.
(Coroner.)

Nov. 18, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Nov 18 1925
20 UNDERTAKER John F Denny	ADDRESS 715 Light St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03836 X 66 E 03836

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

ITY OF BALTIMORE: (No. 1707 N. Calvert St. ST., 12-6 WARD)

2-FULL NAME Jane Sauers.

(a) RESIDENCE NO. 1707 N. Calvert St. ST., ... WARD Ohio
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale.	White.	Married.

If married w[illegible]
(or) WIFE of Harry Sauers.

ATE OF BIRTH (month, day, and year) July 13, 1905

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	4	3	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

RTHPLACE (city or town) Toledo, Ohio
(State or country)

0 NAME OF FATHER F. J. Gilmore.

1 BIRTHPLACE OF FATHER (city or town)
(State or country) Toledo, Ohio.

2 MAIDEN NAME OF MOTHER Jane Savage.

3 BIRTHPLACE OF MOTHER (city or town)
(State or country) Toledo, Ohio.

Informant Harry Sauers. (husband)
(Address) Toledo, Ohio.

Filed NOV 18 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 16, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & autp (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart congestion of brain & viscrae, acute gastritis. Acute Alcoholism.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Nov. 18, 1925 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Toledo Ohio via Penn R R

DATE OF BURIAL Nov 18 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03837

CERTIFICATE OF DEATH.

74-001 E 03837

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Eutaw Place ST., 14-2 WARD)

2-FULL NAME Sarah A. Cathell

(a) RESIDENCE No. 1917 Eutaw Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 19, 1837

7 AGE — Years: 88 — Months: 1 — Days: 27 28 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Worcester Co Maryland

PARENTS

10 NAME OF FATHER: Levi Cathell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware

12 MAIDEN NAME OF MOTHER: Priscilla Cannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Delaware

14 Informant: Martha E. Boulden

(Address): 1917 Eutaw Place

15 Filed NOV 18 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1925, to Nov. 16, 1925, that I last saw her alive on Nov. 16, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage - apoplexy

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): mitral insufficiency

(duration) 5 do yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms and physical signs

(Signed) L. T. Thewell, M. D.

Nov. 17 1925 (Address) 2226 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Nov 18 1925

20 UNDERTAKER: John B. Spence — ADDRESS: 1325 N. Caroline St

pec.—1-12-23—M&T—500 Blks.

03838

HEALTH DEPARTMENT--CITY OF BALTIMORE

44 E 03838

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3048 Odonnell ST., 1-4 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sydney Jacobs

(a) RESIDENCE No. 3048 O'Donnell ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 1 mos. 4 ds. How long in U. S., If of foreign birth? 11 yrs. 1 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 13, 1914

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	1	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Harris Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Edna Hacks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Harris Jacobs
(Address) 3048 O'Donnell St

NOV 18 1925 Burial Permit Issued, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Novemb 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Novemb 1, 1925, to Novemb 17, 1925, that I last saw him alive on November 17, 1925 and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Asphyxia due to metastasis of the growth in the lungs

(duration) yrs. mos 1/2 hour

CONTRIBUTORY (Secondary) Sarcoma of the liver

(duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Nov 1925

Was there an autopsy? no

What test confirmed diagnosis? X-Ray, General examination

(Signed) Joseph A. Rosendale, M. D.

11/18, 1925 (Address) 3018 O'Donnell Street, Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Fleming Run — DATE OF BURIAL 11/18 1925

20 UNDERTAKER A. L. Simmons + Bro — ADDRESS 1127 E Balto st

Spec.—1-10-21—M&T—1500 Bks.

Retta E Green

E 03839

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03839

CERTIFICATE OF DEATH.

17-6 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 W. Lafayette ave. ST. 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Retta Emma Green

(a) RESIDENCE NO. 5 W. Lafayette ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fem.	col.	married

6a If married, widowed, or divorced (or) WIFE of Wm H. Green

6 DATE OF BIRTH (month, day, and year) ? 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Pa.
(State or country)

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) not known
(State or country)

12 MAIDEN NAME OF MOTHER Lillie Good

13 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

14 Informant Wm H. Green
(Address) 5 W. Lafayette av.

Filed NOV 18 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from about 1 year ago 19.... to Nov. 14 1925, that I last saw her alive on Nov. 14 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) about 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms and Casts

(Signed) L. F. Shemwell, M. D.

Nov. 15, 1925 (Address) 2226 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 11/18/1925

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03840

CERTIFICATE OF DEATH.

74 E 03840

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1604 N Caroline ST., 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elisabeth Ahring

(a) RESIDENCE NO. 1604 N. Caroline ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 7 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 14th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Ernst H. Ahring

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elisabeth Seibel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mary E Ahring

(Address) 1604 N Caroline st

15 Filed NOV 18 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1925, to Nov 16, 1925, that I last saw h alive on Nov 10, 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John W. Anderson M. D.

19 (Address) 1714 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Nov 19th 1925
20 UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument st

Spec.—1-10-21—M&T—1500 Bks.

Nevin

HEALTH DEPARTMENT—CITY OF BALTIMORE

03841

CERTIFICATE OF DEATH.

X 1 120 E 03841

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. WARD) 941

2-FULL NAME Mrs. Georgia Nevin

(a) RESIDENCE NO. 3 Du Burg Boise Av. ST., Parkville WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced (or) WIFE of: Edward Nevin

6 DATE OF BIRTH (month, day, and year): Dec 3- 1884

7 AGE: Years 40; Months 11; Days 13; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife.

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Wm F. Malooly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Catherine Lynch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Wm Malooly 3 Du Boise Av Parkville

15 Filed NOV 18 1925 16 AUGUST F. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1925 to Nov. 16, 1925.

that I last saw her alive on Nov. 16, 1925.

and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Yellow Atrophy of Liver.

Abdominal Sepsis.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Cholemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? Yes Date of Nov. 15, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Operation.

(Signed) D. M. Rhodes, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Nov. 19-25

20 UNDERTAKER: Chas P. Crowe & Son

ADDRESS: 1518 W. Mt Royal Ave

Spec.--1-10-21 M&T 1500 Blks.

E.03842 HEALTH DEPARTMENT—CITY OF BALTIMORE E.03842

CERTIFICATE OF DEATH. 31

REGISTERED NO. 17-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (E.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Williams

(a) RESIDENCE No. 636 Jasper St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Nannie Wally

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed ....., 19.... Robert P. Harrison, Registrar

8 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 19 25, to Nov. 15, 19 25, that I last saw h.er alive on Nov. 15, 19 25, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. D. McFaun Jr. M. D.

11-16-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 11/18/25 19

20 UNDERTAKER J J Fahey Sons — ADDRESS 1815 Eight St

E 03843

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03843

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 836 N. Fulton Ave., St. 16-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W McAllister

(Residence in Baltimore: No. 836 N. Fulton Ave. St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. June 8th 1848
(Month) (Day) (Year)

7-AGE. 77 yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Soliciter
(b) General nature of industry, business, or establishment in which employed (or employer) H. Morton Company

9-BIRTHPLACE. (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. Wm. Henry McAllister

11-BIRTHPLACE OF FATHER. (State or Country). Baltimore, Maryland.

12-MAIDEN NAME OF MOTHER. Anna E. Eisenberger

13-BIRTHPLACE OF MOTHER. (State or Country). Baltimore, Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lillie M McAllister

(Address) 836 N. Fulton Ave.

NOV 18 1925 ROBERT R. KNABEN, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 15th 25
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said decreased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy (Coroner) M. D.

11-16 1925 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Nov 17 1925

20-UNDERTAKER. Jas B Cook ADDRESS 1003 W Balto

E 03844

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03844

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 932 N. Eutaw St. St. 11-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Henderson

(Residence in Baltimore: No. 932 N. Eutaw St. St.; yrs. 22 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): married

6-DATE OF BIRTH: about (Month) (Day) 1878 (Year)

7-AGE: 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Va.

PARENTS:

10-NAME OF FATHER: Johnson Coates

11-BIRTHPLACE OF FATHER, (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Henderson

(Address) 932 N. Eutaw St

Filed NOV 16 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 16 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. O'Hennessy M. D.
(Coroner)

Nov. 17 1925 (Address) 2 E. Lexington St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Ashley Cemetery — DATE OF BURIAL: Nov. 18 1925

20-UNDERTAKER: Mrs R. A. Elliott — ADDRESS: 1325 Eastland

Spec. 1-16-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03845

CERTIFICATE OF DEATH.

12-3 129

E 03845

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 E. Oliver St. ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Russ

(a) RESIDENCE NO. 2737 St. Paul St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) April 26 1860

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
65	6	20 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

10 NAME OF FATHER Joseph Russ

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Christina Pachor, (niece)

(Address) 1708 E. Oliver St.

NOV 18 1925

HUBERT R. KRAUTER, Registrar

Special Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1925, to Nov. 16, 1925, that I last saw h alive on Nov. 16, 1925, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Chronic Interstitial nephritis

(duration) Years

CONTRIBUTORY (Secondary) Acute Delalation (duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Jno. A. Lindsay, M. D.

, 19 (Address) 122 E. Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer Cem. DATE OF BURIAL: Nov 19 1925

20 UNDERTAKER: Tilly & Zeiler ADDRESS: 1038 S. Wolfe St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002

E 03846

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1915 Guilford Ave St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Duffy

(a) Residence No. 1915 Guilford Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. - mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Edward P. Duffy

6-DATE OF BIRTH (month, day and year) Dec. 26, 1853

7-AGE, 65 yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of Industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9-BIRTHPLACE (city or town) (State or Country): Washington D.C.

10-NAME OF FATHER, Walter Cadman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): England

12-MAIDEN NAME OF MOTHER, Mary Leonard

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Georgetown D. C.

14-Informant: Edward P. Duffy

Address: 1915 Guilford Ave

NOV 18 1925 ROBERT E. KRAUTER, Registrar.

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1925 to Nov. 17, 1925

that I last saw h[illegible] alive on Nov. 17, 1925

and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows: ENDARTERITIS

Cerebral Endocarditis

(No cerebral haemorrhage)

(Duration) 5 yrs. mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustavus C. Dohme M. D.

11, 18. 1925 (Address) 3014 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peters Cemetery

DATE OF BURIAL: 11-19-1925

20-UNDERTAKER: Henry W. Mears & Son

ADDRESS: 80 N. Madison St.

Spec.—1-10-21—M&T—1500 Blks.

E 03847 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03847

CERTIFICATE OF DEATH. 128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Baker ST. 15-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Elizabeth Smith

(a) RESIDENCE NO. 1804 Baker St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Oliver Singenfelder

6 DATE OF BIRTH (month, day, and year): Jan 14, 1896

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
29	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Altoona, Pa.

PARENTS

10 NAME OF FATHER: John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hollidaysburg Pa.

12 MAIDEN NAME OF MOTHER: Rose Burley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Williamsport Md

14 Informant (Address): Mrs Rose Smith 1804 Baker St

15 8 1925 . 19 Robert P. [illegible] Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept . 1925 . to Nov 16 . 1925 .

that I last saw h[illegible] live on Nov 16 . 1925 .

and that death occurred, on the date stated above, at 8.10 P m.

The CAUSE OF DEATH* was as follows:

Nephritis Acute

Pericarditis Acute

(duration) . yrs. 2 mos 2 ds.

CONTRIBUTORY (Secondary): Auricular Fibrillation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine Blood Exam

(Signed) C. H. Donald M. D.

. 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Nov 19 25

20 UNDERTAKER: Josiah Lyfer

ADDRESS: 1600 W Baltimore

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03848

E 03848

CERTIFICATE OF DEATH.

129

9-1

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Near 37 th and old York Road WARD)

2-FULL NAME Caroline Michael

(a) RESIDENCE NO. 656 E. 37th St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert V. Michael

DATE OF BIRTH (month, day, and year) July 27-1879 inquiry

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	3	19 21	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Phila Pa.

10 NAME OF FATHER Hugh McGlinchey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Rhode Island

12 MAIDEN NAME OF MOTHER Mary Stump

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

Informant (Address) H. V. Michael 656 E. 37th St

Filed NOV 18 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis & arteriosclerosis (duration) yrs. mos. ds.

(Signed) J. H. Patten, M. D.
(Coroner.)

11-17-25 192 (Address) 500 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Nov 19 192 5
20 UNDERTAKER	ADDRESS
E. A. Friedfeld &	501 E 22 St

Spec.—1-10-21—M&T—1500 Bks.

03849

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03849

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 E. Biddle St., 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Leddy

(a) RESIDENCE No. 418 E. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Leddy

6 DATE OF BIRTH (month, day, and year) Mar 17 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Worn

(b) General nature of industry, business, or establishment in which employed (or employer) Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland Ireland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Thos. Leddy

(Address) 418 E. Biddle St

15 Filed ..... 19..... Robert P. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1925, to Nov 16, 1925, that I last saw him alive on Nov 16, 1925, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy (duration) yr. mos 1½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Hewlett M. D.

19 35 (Address) 1706 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Nov 19 1925

20 UNDERTAKER J. C. Wachsfeld ADDRESS 914 Gruman Pl

...e.—1-12-23—M&T—500 Bks.

E 03850

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03850

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 N. Fulton Ave ST., 6-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna D. Dyke

(a) RESIDENCE No. 1135 N. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) Oct. 24 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	0	23 24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Essex Co. Va
(State or country)

10 NAME OF FATHER Leland Dyke

11 BIRTHPLACE OF FATHER (city or town) Essex Co.
(State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret Davis

13 BIRTHPLACE OF MOTHER (city or town) Essex Co
(State or country) Va

Informant Mr. James Dyke
(Address) 1829 Riggs Ave.

Filed 11 18 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1925, to Nov. 17, 1925.

that I last saw h[illegible] alive on Nov 16, 1925.

and that death occurred, on the date stated above, at 12.35 a m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation
Aortic " & stenosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Emma C. Todd, M. D.

11/17, 1925 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Nov 19 1925
20 UNDERTAKER	ADDRESS
Wm Pickwell & Sons	Medford Pa

Spec.—1-10-21—M&T—1500 Bks.

E 03851

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03851

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1501 (Street) Patapsco ST. (Ward) 23-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christy Riedel

(a) RESIDENCE NO. 1501 Patapsco ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Riedel

6 DATE OF BIRTH (month, day, and year) Mar 13, 1860

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Edge Trimmer 8-6

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Factory

(c) Name of employer Dixon Bartlett Co.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John Riedel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Annie Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Elroy Riedel

(Address) 1501 Patapsco St

15 Nov 17, 1925 Robert P. Garrison, Registrar

1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1925.

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1925. to Nov 16, 1925

that I last saw h alive on Nov 16, 1925

and that death occurred, on the date stated above, at 5.05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Campbell, M. D.

(Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Nov 19 1925

20 UNDERTAKER Mr. & Mrs. John W. Teufel & Son ADDRESS 801 W. Fayette

Spec.—1-19-21 M&T—1500 Blks.

03852

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03852

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH Mt St Agnes Convent

REGISTERED NO. 1925-4

CITY OF BALTIMORE: (No.) 1st Washington Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Agnes O'Halloran

(a) RESIDENCE NO. Mt Washington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE — Years: about 72 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sister of Mercy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER B. O'Halloran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Ann Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Rev Mother

(Address) Mt St Agnes Convent

15 1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18th 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to Nov 18, 1925, that I last saw her alive on Nov 17, 1925, and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Congestion

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Frank J. Magee, M. D.

11/18, 1925 (Address) The Cyclamore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt St Agnes Convent Cem — DATE OF BURIAL: Nov 19, 25

UNDERTAKER: Henry W Jenkins Sons Co — ADDRESS: Orchard & Collok St

E 03853 HEALTH DEPARTMENT--CITY OF BALTIMORE E 03853

CERTIFICATE OF DEATH

129

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 400 Fulton Ave 20-5 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs Amanda Reckerd (Reckard)

(Residence in Baltimore: No. Home for the Aged of the M E Church St.: 7 yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Aug 20, 1837 (Month) (Day) (Year)

7 AGE: 88 yrs. 3 mos. 28 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Carroll County Md.

PARENTS

10 NAME OF FATHER: Hanson Leatherwood

11 BIRTHPLACE OF FATHER (State or country): Carroll Co. Md.

12 MAIDEN NAME OF MOTHER: Ann. Barnes.

13 BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Records of the M. E. Home
(Address):

15 FILED 1925, 191 — Robert P. Harrison, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. 17, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1925 to Nov 17 1925, that I saw her alive on Nov 16 1925 and that death occurred, on the date stated above, at 6.15 p. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) 7 yrs. mos. 5 ds

Contributory (SECONDARY) Nephritis Chronic

(Duration) 7 yrs. mos. ds.

(Signed) George E. Harrison M. D.

Nov 18, 1925 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Nov 19, 1925

20 UNDERTAKER: George J. Smith — ADDRESS: Holliday 153

Cor.—1-12-23—M&T—100 Bks.

E 03854 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03854

CERTIFICATE OF DEATH.

188-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp 228-4 ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm T. Meldrow

(a) RESIDENCE NO. Cooks Lane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gardner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER Jas. W. Meldrow

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Brock

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Lawrence E. Meldrow
(Address) Catonsville - Md

15 Filed 18 1925 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushing injury to Chest
Internal Hemorrhage

(duration) ..... yrs. 1 hours mos. ds.

CONTRIBUTORY (Secondary) Struck by auto

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. B. Horton, M. D.
(Title) Coroner
(Address) Curtis Bay, Md

Nov 17, 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Good Shepherd Cem	Nov 19 1925
20 UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

Cor.—1-12-23—M&T—100 Bks.

E 03855

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003 E 03855

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Wroten

(a) RESIDENCE NO. S.W.Cor Jefferson & Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wroten

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 015
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER David J. Wroten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary A. Crockett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mary F. Bartman (sister)
(Address) Jefferson & Ann Sts

Filed 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage- fractured skull- Accident- struck by automobile (Inquest Nov 18-25)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S H Patterson, M. D. (Coroner.)

11-18-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov. 19 1925
20 UNDERTAKER	ADDRESS
Wm. C. Black	922 N. Broadway

...ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03856

CERTIFICATE OF DEATH.

101-001

E 03856

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 S. Hanover ST. 22-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hessel Goldberg.

(a) RESIDENCE No. 633 S. Hanover ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Goldberg.

DATE OF BIRTH (month, day, and year) —— 1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer 054

(b) General nature of industry, business, or establishment in which employed (or employer) Store —

(c) Name of employer Self —

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Hyman L. Goldberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mollie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Rachael Goldberg

(Address) 633 S. Hanover

Filed NOV 19 1925 19.... RUPERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/12, 1925, to 11/18, 1925, that I last saw him alive on 11/18, 1925, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Dan Francheim, M. D.

11/18, 1925 (Address) 22 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Union Bur	11/19 1925
20 UNDERTAKER	ADDRESS
Jack Levin	1409 E Baltimore

Spec.—1-10-21—M&T—1500 Blks.

03857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162 E 03857

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 20-2 WARD)

2-FULL NAME Baby Williams

(a) RESIDENCE NO. 200 Allendale St., Ellwood St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-14-25

7 AGE — Years | Months | Days: 4 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER Oscar Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Hosp. Records

NOV 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-14, 1925, to 11-18, 1925, that I last saw h[illegible] alive on 11-18, 1925, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Atelactasis, Congenital

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Victor Levy Hebrew Hospital M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Wash Road

DATE OF BURIAL: 11-19-25

20 UNDERTAKER: Jack Levin

ADDRESS: 1439 E. Balto.

E 03858

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03858

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1742 Warwick Ave St. 5 29 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Fleetman

(Residence in Baltimore: No. 1742 Warwick Ave St.; 12 yrs.... mos.... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) widow

6-DATE OF BIRTH, Feb. 27, 1855
(Month) (Day) (Year)

7-AGE. 70 yrs. 8 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at home
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE.

(Informant) Bertha Seeley

(Address) 1742 Warwick Ave

NOV 19 1925

RUPERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH, Nov. 18, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

arterio sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. Hennessy M. D.
(Coroner.)

Nov. 18, 1925 (Address) 2800 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	11/21 1925
20-UNDERTAKER.	ADDRESS
William Cook	522 E. North Ave

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03859

CERTIFICATE OF DEATH.

1 E 03859

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3312 Beech Av ST.: | 23-4 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert LeRoy Pearce

(a) RESIDENCE No. 3312 Beech Av ST., 13 WARD.

(If nonresident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 7th 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Irving P. Pearce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Nellie Filmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgetown Maryland

14 Informant Irving P. Pearce

(Address) 3312 Beech Av

15 Filed . 19 ROBERT N. KRAMER Registrar

NOV 19 1925 Vital Record Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 16th, 19 25, to June 18th, 19 25, that I last saw h alive on June 18th, 19 25, and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Measles

(See remarks)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) R. LeR. Pearce M. D.

11/19 1925 (Address) 3543 Chestnut Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Nov 20 25
20 UNDERTAKER	ADDRESS 617
Charnock & Son	Chestnut Av

Spec.—1-10-21—M&T—1500 Bks.

03860

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 03860

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1822 Madison (St.) 14-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fanny Christian

(a) RESIDENCE NO. 1822 Madison St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 6-1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	49	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Louisa Court Va

PARENTS

10 NAME OF FATHER: Dennis Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Hudson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Louisa Va

14 Informant: William Christian

(Address) 822 Madison Ave.

15 NOV 19 1925 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Nov 15, 1925, that I last saw her alive on Nov 15, 1925, and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young, M. D.

11/15 1925 (Address) 1429 Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 11/19 1925

20 UNDERTAKER: Samuel L Kinsley — ADDRESS: Madison

Spec—12-23-21—E.B.R.S.—400 Bks.

03861 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH. 124 E 03861

1-PLACE OF DEATH — Registered No. .....

City of BALTIMORE: (No. 238 Calvin St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl Williams (Roy)

(a) Residence No. 238 Calvin St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female — 4-COLOR OR RACE, colored — 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6a-If married, widowed, or divorced ~~Husband~~ of (or) WIFE of John H. Williams

6-DATE OF BIRTH (month, day and year) October 1890

7-AGE, 35 yrs. ... mos. ... ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): ...
(c) Name of employer: ...

9-BIRTHPLACE (city or town) (State or Country), Washington D.C.

10-NAME OF FATHER, James H. Roy.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Wash D.C.

12-MAIDEN NAME OF MOTHER, Amy Blackwell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Alexandria Va

(Informant) Lizzie Coleman

(Address) 238 Colvin St.

NOV 19 1925 ROBERT T. KRAMER Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-17-25

17- I HEREBY CERTIFY, That I attended deceased from 11/9/ 1925 to 11/17/ 1925 that I last saw h[illegible] alive on 11/16/ 1925 and that death occurred, on the date stated above, at 5:20 a m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho pneumonia

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Cholecystitis

(Duration) ... yrs. ... mos 8 ds.

18-Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) J. L. Jackson, M. D.

11/17 1925 (Address) 808 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL, 11/19 1925

20-UNDERTAKER — ADDRESS

Samuel P. Kinsley 1128 Bank St

E 03862 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03862

CERTIFICATE OF DEATH. 11-2188

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse Thompson

(Residence in Baltimore: No. North Barracks, Sparrows Point, Md. St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	Married

6-DATE OF BIRTH. March 5, 1890 (Month) (Day) (Year)

7-AGE. 35 yrs. 8 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel Co.

9-BIRTHPLACE, (State or Country). S. C.

PARENTS

10-NAME OF FATHER. Charles Thompson

11-BIRTHPLACE OF FATHER, (State or Country). S. C.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Virginia Thompson

(Address) 1117 Fink St. Balto Md

15- ROBERT R. McCORMICK Registrar.

NOV 19 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatic amputation of both Legs. (accidental)

Remained at work Train, Child in (Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) the employment of Bethlehem Steel Co.

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Nov. 18 1925 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Richmond Va DATE OF BURIAL. Nov 19 1925

20-UNDERTAKER. John F Denny ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03863

100-001

CERTIFICATE OF DEATH.

E 03863

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 9-N WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Sloan

(a) RESIDENCE No. 2556 Harford Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie F Sloan

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Sloan

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Sloan

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed NOV 19 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1924, to Nov. 18 1925, that I last saw him alive on Nov. 18 1925, and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

11/19, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov 20 1925
20 UNDERTAKER John O Mulcahey	ADDRESS 1201 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

3864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 E 03864

1-PLACE OF DEATH St. Joseph's Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 12-2 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mabel Francis Spruebank

(a) RESIDENCE No. 429 West 23rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Thomas Spruebank.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Virginia Lambert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant John Thomas Spruebank. (Address) 920 Lemon Street.

15 Filed NOV 19 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18. 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1925, to Nov 18, 1925, that I last saw her alive on Nov 18, 1925, and that death occurred, on the date stated above, at 12 45 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Lab.

(Signed) Clement C. Norris, M. D.

11/18. 1925 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden. DATE OF BURIAL 11/21 1925

20 UNDERTAKER J. H. Deems ADDRESS 3317 Painter St

Spec.—1-10-21—M&T—1500 Bks.

Annie Klein

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03865

E 03865

CERTIFICATE OF DEATH.

REGISTERED NO. 845

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St., 115-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Klein

(a) RESIDENCE NO. 4210 Reisterstown Rd. ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: David Klein

6 DATE OF BIRTH (month, day, and year): December

7 AGE — Years: 52 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Ellis Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: David Klein
(Address) 4210 Reisterstown Rd.

15 NOV 19 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/17 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/6, 1925, to 11/17, 1925,

that I last saw her alive on 11/12, 1925,

and that death occurred, on the date stated above, at 10:35 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris (Coronary Thrombosis)

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary): Arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Barbara Linde, M. D.

11/17 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship

DATE OF BURIAL: 11/19 1925

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Balto St

Spec'y 1-10-21—M&T—1500 Bks.

E 03866

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03866

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2-FULL NAME August C. Hoffman

(a) RESIDENCE NO. 111 Eastern Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie L. Hoffman

6 DATE OF BIRTH (month, day, and year) Jan 2 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	68	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman B. & O

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER August Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Magdalena Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 19 1925 ROBERT R. KRAUTER Registrar

Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 11th, 1925, to Nov 17th, 1925, that I last saw him alive on Nov 17th, 1925 and that death occurred, on the date stated above, at 6 40 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach - Death following operation

5 months (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Malnutrition - Arteriosclerosis

(duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov 16, 1925

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) J. M. Reinhart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL 11-20 1925

20 UNDERTAKER Mrs Chas A G Rohde ADDRESS 600 N Arlington Ave

Spec.—1-10-21—M&T—1500 Bks.

3867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03867

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 S. Decker Av ST., 1-4 WARD)

2-FULL NAME John Rieker

(a) RESIDENCE No. 712 S. Decker Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? 57 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Late Catherine Rieker

6 DATE OF BIRTH (month, day, and year) Sept 17/45

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer did nothing for 12 yrs.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Peter Rieker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Rieker

(Address) 712 S Decker Av

NOV 19 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct- 1923 to Nov-17-1925

that I last saw h— alive on 23 Nov-17- 1925

and that death occurred, on the date stated above, at 4 15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Dis

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph Bradley M. D.

, 19 (Address) 125 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lehwalt Cem.	11/20 1925
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97-02 03863

03868

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. " 15-17 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Frederick Beard.

(a) RESIDENCE NO. 1725 N. Stephen St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 29-1901

7 AGE: Years 24 — Months 3 Days 29 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Weston Electric Co. Waynesboro Pa.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Albert G. Beard.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fairfield Pa.

12 MAIDEN NAME OF MOTHER Mary Stackhouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Waynesboro Pa.

14 Informant Irvin C. Beard.

(Address) Waynesboro Pa.

15 Filed Nov. 17, 1925. CHAS. R. KRAUTER, Registrar

Burial Permit Clerk.

NOV 19 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-17 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-12, 1925, to Nov 17, 1925, that I last saw him alive on Nov 17, 1925, and that death occurred, on the date stated above, at 4.45 A. m.

The CAUSE OF DEATH* was as follows:

Bacc abscess

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Rt. Emil Pneumonia

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Seneca

Did an operation precede death? Yes, Date of June 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Bacteriological Examination

(Signed) H. C. Burlock M. D.

(Address) Univ Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Nov 20th 1925

20 UNDERTAKER: Wm J Hartwell ADDRESS 321 N Carrollton ave

O.D.A.K. S.A.F.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 03869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03869

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1647 E 25th St. (St.) 9-5 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Bullock

(a) Residence No. 1647 E 25th St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 16 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, White

5-Single, Married, Widowed, ~~or Divorced~~, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6-DATE OF BIRTH (month, day and year) July 9, 1868

7-AGE, 57 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chem. Engr

(b) General nature of Industry, business, or establishment in which employed (or employer) 030

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Wm J. Bullock

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, Caroline Battle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N.C.

14-(Informant) Belle Bullock

(Address) 1647 E. 25 St

15- NOV 19 1925 KUELRI R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 18 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 21, 19 25, to Nov 17, 19 25

that I last saw h[illegible] alive on Nov 16, 19 25

and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face (Left side about ear)

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) General Debility

(Duration) yrs. 4 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical

(Signed) John D. Frick M. D.

Nov 17, 19 25 (Address) 4368 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Balto Cem — DATE OF BURIAL, Nov 19, 1925

20-UNDERTAKER Robt A Turner — ADDRESS 1442 Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03870

CERTIFICATE OF DEATH.

129 E 03870

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 Elliott ST., 1-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Moran.

(a) RESIDENCE NO. 2930 Elliott ST., 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9th 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Maria Leonard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) James J. Moran 2930 Elliott St.

15 Filed NOV 19 1925 AUBURN R. KRAUSER, Registrar

Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1924, to Nov. 17, 1925, that I last saw h alive on Nov. 16, 1925, and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

several years

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) chr. nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. J. Downes, M. D.

, 19 (Address) 2035 W Dowell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Patricks Cemetery	Nov. 21st 1925
20 UNDERTAKER	ADDRESS
Lilly + Zeiler	4036 Hoyt

Spec.—1-10-21—M&T—1500 Bks.

E 03871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 03871

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 S. Durham ST., 2 WARD)

2-FULL NAME Florence Rodd.

(a) RESIDENCE NO. 413 S. Durham ST., 2 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late James H. Rodd.

6 DATE OF BIRTH (month, day, and year) July 6th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 070

(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Geo. A Bischof.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma M. Michael

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Joseph V. Rodd.
(Address) 1409 N. Stricker St.

Filed NOV 19 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17th 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1925, to Nov 17, 1925, that I last saw her alive on Nov 17, 1925, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Natural causes

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Searle, M. D.

19 (Address) 116 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Nov. 21st 1925
20 UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Mo[illegible]

Cor.—1-12-23—M&T—100 Blks.

E 03872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 03872

1-PLACE OF DEATH Pronounced Dead CITY OF BALTIMORE: (No. 21 Joseph Hospital ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill ont No. 18.)

2-FULL NAME Adam Pfaff

(a) RESIDENCE No. 1519 Fait ave ST., 1 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Wht	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Elizabeth Pfaff.

DATE OF BIRTH (month, day, and year) March 25 1861.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	22	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) Dont Know (State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Dont Know (State or country)

Informant Lillian Lindeman

(Address) 2519 Fait ave

NOV 19 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture Neck by fall down stairs at Home Accident

(duration) yrs. Instalden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Hanlon M. D. (Coroner.)

, 192 (Address) 700 E Chase.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartze Cemetery	Nov 19 1925
20 UNDERTAKER	ADDRESS
Lilly & Zeller	4033 Wash Blvd

Spec.—1-10-21—M&T—1500 Blks.

E 03873 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03873

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 N. Fulton Ave. WARD 20-5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William S. Wallace

(a) RESIDENCE No. 236 N. Fulton Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Florence Richardson Wallace

6 DATE OF BIRTH (month, day, and year): Mch -? 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Florence E. Wallace

(Address): 236 N. Fulton Ave

Filed Nov 19 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1925

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1924, to Nov 18, 1925, that I last saw him alive on Nov 18, 1925 and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis, and Cardiac dilatation.

(duration) 1 yrs. 7 mos. 11 ds.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis

(duration) About 1 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry A. Ohler, M. D.

Nov 19 1925 (Address) 1203 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov. 20. 1925

UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

E 03874 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03874

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 9th & Biddle (St.) Orangeline (Ward) 3 REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lee C. O'Hare

(a) RESIDENCE No. 9th & Biddle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lee C. O'Hare

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Maryland

12 MAIDEN NAME OF MOTHER Cora Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Iowa

14 Informant Cora O'Hare

(Address) 9th & Biddle Street

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1925, to Nov 18, 1925, that I last saw him alive on Nov 18, 1925, and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (over)

(duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.

, 19 (Address) 1564 Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn | DATE OF BURIAL 11/21 1925

20 UNDERTAKER William Cook | ADDRESS Sollers Point

Cor.—1-12-23—M&T—100 Bks.

E 03875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186-093 E 03875

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J.Gerlach.

(a) RESIDENCE NO 1205 Plum Alley. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

If married, widowed, or DIVORCED
(HUSBAND) of
(or) WIFE of Sophia Gerlach.

DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet maker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 014

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER John Gerlach.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Christina Eberle.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant David Brauer.
(Address) 1815 N. Broadway.

Filed ..... 192 .....
Registrar

1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 16, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pleuritis. Fracture of 8 ribs right side. Struck by automobile truck while crossing street. Accidental death. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner.), M. D.

Nov. 19, 1925. (Address) 1917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?
Accident Cross & Varner Sts. Nov. 2, 1925

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park. DATE OF BURIAL Nov 20 1925

20 UNDERTAKER J.W. Cook. ADDRESS 502 E Hath a

Spec.—1-10-21—M&T—1500 Bks.

E 03876 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03876

CERTIFICATE OF DEATH. 159-003

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 27-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Schiavone

(a) RESIDENCE NO. 905 Hrdfrmnst ST. Eyrew WARD 2nd —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 28-1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Michael Schiavone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Nellie Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....
Registrar

9 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 7 1925 to Nov. 18 1925.

that I last saw h[illegible] alive on Nov. 18 1925

and that death occurred, on the date stated above, at 11 a-m.

The CAUSE OF DEATH* was as follows:

Meningo-myelocele.
Spina Bifida

Since Birth (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ruptured sac

3 days (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? .....

(Signed) V E Kothman, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 11/20 1925

20 UNDERTAKER Chas. P. Evans & Son — ADDRESS 1107 N. Mt Royal Ave

Cor.—1-12-23—M&T—100 Bks.

E 03877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03877

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp - St. 19-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Davis

(a) RESIDENCE NO. 502 Bruce. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1877

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 040

BIRTHPLACE (City or town) Maryland
(State or country) Va

10 NAME OF FATHER John Davis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town)
(State or country) Unknown

Informant Martha Davis
(Address) 502 Bruce St

Filed 19 1925 192 Robert P. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Hes death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) G E Radcliffe, M. D.
(Coroner)

Nov 18 192 (Address) 143 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 11/20/1925

20 UNDERTAKER David Easton — ADDRESS 916 Eutaw

E 03878

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03878

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Colonial Hospital 4-1 Ward) 19

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Williams

(Residence in Baltimore: No. 1430 Pierce St. St.; yrs. 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	married

6-DATE OF BIRTH. about 1859
(Month) (Day) (Year)

7-AGE. 66 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)..... OHO

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Albert Williams

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Maud Clark

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maud Clark

(Address) 1630 Pierce St.

15-

Filed 9 1925 Robert P. Harrison, Registrar.
Chief Deputy Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. 17 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute general peritonitis
following stab wound
abdomen (L of T Rectus
(Homicide) (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) acute Pleurisy (Puncture of diaphragm)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Timmerman M. D.
(Coroner.)

Nov. 18, 1925 (Address) 2 E. Monument St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
National Cem	11/20/1925
20-UNDERTAKER.	ADDRESS
Denis Easton	916 E Pratt

Spec.—1-12-23—M&T—500 Bks.

E 03879

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03879

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Baltimore City Hospitals. 16-3

CITY OF BALTIMORE: (No. Baltimore, Md. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Henson

(a) RESIDENCE NO. 710 Albert St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John Henson

DATE OF BIRTH (month, day, and year) July 8, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress 041

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER James Coleman,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Baltimore City Hospitals,

(Address) Baltimore, Md.

Filed 1925, 19

Robert P. Harrison,

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1925, to Nov. 16, 1925, that I last saw h. en alive on Nov 16, , 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings & Autopsy

(Signed) [illegible], M. D.

11/18/1925 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	11/20/1925
20 UNDERTAKER	ADDRESS
Daniel Easton	916 Pine

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03880

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03880

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1222 N Strieker St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Spencer J Bouldin

(a) Residence No. 1222 N. Strieker St, Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) M

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Fanny Bouldin

6-DATE OF BIRTH (month, day and year) Oct 9, 1886

7-AGE. 39 yrs. 1 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Steamfitter

(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamfitter

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country),

PARENTS.

10-NAME OF FATHER, Samuel Bouldin

11-BIRTHPLACE OF FATHER (city or town)..... Baltimore
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... Nov 17
(State or Country),

14- (Informant) Fanny Bouldin

(Address) 1222 Strieker St

15- Filed ... 19 1925 ... 192... Burial Permit Given. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from October 14 1925 to Nov 17 1925

that I last saw h[illegible]alive on Nov 17 1925

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Phthisis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Wm H Wright M. D.

Nov 17, 1925 (Address) 1209 Preston ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Asbury cemetery	Nov 20, 1925
20-UNDERTAKER. Mrs Fanny H. Dennis & T. Erkelson.	ADDRESS 1363 Preston St

Spec.—1-10-21—M&T—1500 Bks.

E 03881

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 03881

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Presbury St ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Fauntleroy

(a) RESIDENCE NO. 1717 Presbury St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-30-24

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto - Md

PARENTS

10 NAME OF FATHER Abraham Fauntleroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Westmoreland Co., Va.

12 MAIDEN NAME OF MOTHER Pauline Curry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Northumberland Co., Va.

14 Informant Pauline Fauntleroy

(Address) 1717 Presbury St

15 9 1925 .19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18- 1925

17

I HEREBY CERTIFY, That I attended deceased from 11-1 .19 25 to 11-18 .19 25,

that I last saw h[illegible] alive on 11-18 .19 25,

and that death occurred, on the date stated above, at 9.25 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) George C. Page, M. D.

.19 (Address) 1816 N. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Nov 20 1925

20 UNDERTAKER Mrs Gas. H. Dennis an T. B. Kelson

ADDRESS 1303 Pruetman St

Cor.—1-12-23—M&T—100 Bks.

E 03882

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03882

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1233 Main St. 25-3 WARD)

Mt Winans

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlie H. Larkin Sr

(a) RESIDENCE NO. 1233 main ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. O'Brien Larkin

DATE OF BIRTH (month, day, and year) July 6th 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	4	11	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fish Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 045

BIRTHPLACE (city or town) ... Md
(State or country)

10 NAME OF FATHER John D. Larkin

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Ann Larkin

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

Informant Charles H. Larkin Jr
(Address) 1233 Main St

1925 Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by the Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 4 hrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

(Signed) Thos. B. Horton M. D.
(Coroner)

Nov 18 1925 (Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional instructions.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Nov. 20 1925

UNDERTAKER Margaret E. Flynn ADDRESS 1417 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03883 03883

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3739 Roland Ave St., 13-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George N Bowen

(a) Residence No. 3739 Roland Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Josephine Bowen

6-DATE OF BIRTH (month, day and year) Nov 7-1841

7-AGE. 84 yrs. ..... mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 30

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country) Balto. City

10-NAME OF FATHER Geo. N Bowen

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto. City

12-MAIDEN NAME OF MOTHER Sarah Wyatt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto City

14-(Informant) Mrs Sarah Reynolds

(Address) 3739 Roland Ave

NOV 20 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 17-25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 12 1925, to Nov. 17 1925 that I last saw h... alive on Nov. 17 1925 and that death occurred, on the date stated above, at 1145 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Pneumonia

(Duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C F Culbreth, M. D.

11-19, 1925 (Address) 3101 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Jordan Park DATE OF BURIAL. Nov 20 1925

20-UNDERTAKER. W S Marshall ADDRESS 3539 Fall Rd

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03884

CERTIFICATE OF DEATH.

46

4 E 03884

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 924 Harlem av (St.) 16-7 (Ward)

2-FULL NAME Annie M. Farber

(a) RESIDENCE NO. 924 Harlem Ave (St.) (Ward)
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 19th 1860

7 AGE: Years 65 | Months 10 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER Dent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Annie Farber
(Address): 924 Harlem ave

15 NOV 20 1925 Registrar

ROBERT N. KRAUTZ
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18th 1925

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1925, to Nov. 18, 1925, that I last saw h[illegible] alive on Nov. 18, 1925, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Carcinoma uteri

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Leon Hemperley M. D.

Nov 19 1925 (Address) 3002 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 11-20 1925

20 UNDERTAKER: H. Brauning Son — ADDRESS 5171 Schroder St

Spec.—1-10 21—M&T—1500 Blks.

165451 E 03885 HEALTH DEPARTMENT—CITY OF BALTIMORE 49 E 03885

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 11-2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Stewart

(a) RESIDENCE No. 311 W. Preston ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	70 Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 20 1925 19 RUDOLF R. KRAUTER, Registrar Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10 1925 to Nov. 18 1925, that I last saw h[illegible] alive on Nov. 18, 1925, and that death occurred, on the date stated above, at 11.05 A.m.

The CAUSE OF DEATH* was as follows

Sarcoma of femur (left.)
(with metastases to lungs)

(duration) — yrs. 3+ mos — ds.

CONTRIBUTORY (Secondary) Cardiac failure - fair bas myocardial insufficiency (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? in Baltimore

Did an operation precede death? Yes Date of Aug. 25th 1925

Was there an autopsy? No

What test confirmed diagnosis? microscopic sect tumor

(Signed) F. L. Reichert, M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Nov 21 1925

20 UNDERTAKER Mrs P. J. Elliott — ADDRESS 1125 Eastland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03886

CERTIFICATE OF DEATH

46 E 03886

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1225 N Spring ST. 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Sommerville

(a) RESIDENCE NO. 1225 N Spring ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of William A. Sommerville

6 DATE OF BIRTH (month, day, and year) March 2, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) General House work at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto MD

PARENTS

10 NAME OF FATHER Samuel Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) MD

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Robert Sommerville Son

(Address) 1225 N Spring St

NOV 20 1925 RUPERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1925

17

I HEREBY CERTIFY, That I attended deceased from July, 1925, to Nov 17, 1925, that I last saw h alive on Nov 17, 1925 and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinomas Cervix

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Pyo Nephrosis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young, M. D.

11/17 1925 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL Nov 20 1925

20 UNDERTAKER Mrs R. A. Elliott ADDRESS 1725 Ashland Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

Dorrida

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03887

CERTIFICATE OF DEATH.

161-001
E 03887

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Frederick Rd at Hall Bend St. 28-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dorrida

(a) RESIDENCE. No. Color ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-13-25

7 AGE	Years	Months	Days	If LESS than 1 day, ½ hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER H. E. Dorrida

11 BIRTHPLACE OF FATHER (city or town) Balt (State or country) Md

12 MAIDEN NAME OF MOTHER K. D. Lompaw

13 BIRTHPLACE OF MOTHER (city or town) Pittsburg Pa (State or country)

14 Informant (Address) H E Dorrida Frederick Rd - Hall Bend

15 Filed Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-13 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-13 1925 to 11-13 1925, that I last saw her alive on 11-13-25 1925, and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Abortion (6 months)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George L. Wrenn, M. D.

1925 (Address) 4200 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Buried by Parents

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03888

CERTIFICATE OF DEATH.

3 E 03888

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 N. Carlton St. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Rich

(a) RESIDENCE NO. 229 N. Carlton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Rose Rich

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	-	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Wm. Rich.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER McPherson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Rosa Rich

(Address) 229 N. Carlton st

Filed NOV 20 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1925, to Nov. 18, 1925, that I last saw him alive on Nov. 18, 1925, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) Frank E. Vaquet M. D.

11/19/1925 (Address) 1078 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL Nov 22nd 1925

20 UNDERTAKER A. Jones ADDRESS 111 S. Gilmor

03889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03889

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1107 N. Gilmor St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Wm. H. Jackson

(Residence in Baltimore: No. 1107 N. Gilmor St.; yrs. 38 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. colored

5-Single, Married, Widowed, or Divorced, (Write the word.) married

6-DATE OF BIRTH. about (Month) (Day) 1861 (Year)

7-AGE. 64 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Salesman 014
(b) General nature of industry, business, or establishment in which employed (or employer). Atlantic Trans portation Co

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Almsted Jackson

11-BIRTHPLACE OF FATHER, (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Dena Campbell

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Jackson

(Address) 1107 N. Gilmor St

15- Filed NOV 20 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 18, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 1 yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. H. Hennessy M. D. (Coroner)

Nov 19, 1925 (Address) 2402 Eutaw Pl.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL, 11/20 1925

20-UNDERTAKER, Pitt Undertaking Co. ADDRESS 1700 E. Fayette St.

James J. Hennessy

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03890

CERTIFICATE OF DEATH.

100-001

E 03890

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Bradley ST. 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Granville Clinton

(a) RESIDENCE No. 817 Bradley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 4 - 1925

7 AGE: Years | Months: 4 | Days: 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James Clinton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Agnes Clinton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Agnes Clinton 817 Bradley Ave.

NOV 20 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1925, to Nov 18, 1925,

that I last saw him alive on Nov 17, 1925,

and that death occurred, on the date stated above, at 11 38 a m.

The CAUSE OF DEATH* was as follows:

Bronchi-Pneumonia

(Primary) (duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. R. Casey, M. D.

, 19 (Address) 703 Belair St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. | DATE OF BURIAL: 11/20 1925

20 UNDERTAKER: Samuel D. Brusley | ADDRESS: 539 Belair

Spec—12-23-21—E.B.R.S.—400 Blks.

E 03891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 03891

1-PLACE OF DEATH

City of BALTIMORE: (No. 404 Laurens St., 14-1 Ward) Registered No.

2-FULL NAME Rachel Young

(a) Residence No. 404 Laurens St., Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of John Young

6-DATE OF BIRTH (month, day and year) 1859.

7-AGE 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Annesdale

(State or Country) Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) "

(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) "

(State or Country),

14- (Informant) Wm Creighton

(Address) 452 N. Mount

NOV 20 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11-17-25

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1925 to Nov 17 1925

that I last saw h. alive on Nov 16 1925

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) J. Emerick M. D.

11-19 1925 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Cem

DATE OF BURIAL, 11/20 1925

20-UNDERTAKER Samuel D Kirby

ADDRESS 1778 Bolton

Spec.—1-10-21—M&T—1500 Bks.

E 03892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-E 03892

1-PLACE OF DEATH Md. Gen'l. Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Loudon Av. & Madison ST., 27-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Robert Hicks.

(a) RESIDENCE No. 713 Woodbourne Av-Govans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. ~~Robert Hicks~~ Mary C. Hicks

6 DATE OF BIRTH (month, day, and year) Mch. 10, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
57		8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Agent 066

(b) General nature of industry, business, or establishment in which employed (or employer) Agent

(c) Name of employer Enamel Stamping Co. Pa

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Mr. Robert Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Hicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. Robert Hicks

(Address) 713 Woodbourne av - Govans.

NOV 20 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Nov 19, 1925, that I last saw him alive on Nov 19, 1925, and that death occurred, on the date stated above, at 10:35 a m.

The CAUSE OF DEATH* was as follows:

Bronchectasis

Defective arteriosclerosis

(duration) 1 yrs. 7 mos. 19 ds.

CONTRIBUTORY (Secondary) Coronary Embolism 13 hrs 35 min

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of July 17/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. Tompkins M. D.

, 19 (Address) Md Gen Hospl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 21 1925
20 UNDERTAKER	ADDRESS
John B. Spencer	1325 N. Carolina St

Spec.—1-10-21—M&T—1500 Bks.

E 03893 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03893

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Monroe Court ST., 25-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michal Gienciwicz

(a) RESIDENCE No. 1417 Monroe Court ST., 25 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 15 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced (or) WIFE of Tillie Gruzinoshi

6 DATE OF BIRTH (month, day, and year) May-1-1877.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Acid Factory

(c) Name of employer Davis Chemical Co.

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Adolph Gruzinoshi.

(Address) 1417 Monroe Court.

Filed NOV 20 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-17 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 10 - 1925 to Nov. 17 1925

that I last saw him alive on Nov. 17 1925

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? None

What test confirmed diagnosis? —

(Signed) Wm. A. Scott, M. D.

, 19 (Address) 816 Pennington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetary	11/24 1925

20 UNDERTAKER Chas. B. Kuchausken ADDRESS 631 S. Paca St

Spec.-1-10-21-M&T-1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03894

CERTIFICATE OF DEATH.

129 E 03894

1-PLACE OF DEATH

CITY OF BALTIMORE. No. BALTIMORE CITY HOSPITALS ST., 26-7 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert J. Kennedy

(a) RESIDENCE NO. Bay View Asylum ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1833

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wood Worker

(b) General nature of industry, business, or establishment in which employed (or employer) 014

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER P. J. Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals Records
(Address)

NOV 20 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1924 to Nov. 18 1925 that I last saw h in alive on Nov. 18 1925 and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Nephritis

(duration) 14 History yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) A Lindsay Miller M. D.

11/19 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem. DATE OF BURIAL 11/21 1925

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 03895

03895

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Wylie Ave nr. Park Hts. Av. St. 27-5 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mabel Painter Hill

(a) Residence No. Wylie Ave nr. Park Heights Ave. St., 27 Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 65 yrs. 11 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Chas. G. Hill

6-DATE OF BIRTH (month, day and year) Nov-30-1859

7-AGE.	If LESS than 1 day.
65 yrs. 11 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9-BIRTHPLACE (city or town) Owings Mills
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Painter

11-BIRTHPLACE OF FATHER (city or town) West Chester
(State or Country), Penna.

12-MAIDEN NAME OF MOTHER, Margaret Hickson

13-BIRTHPLACE OF MOTHER (city or town) Taneytown
(State or Country), Carroll Co. Md.

14- (Informant) Dr. Chas. G. Hill (husband)
(Address) Wylie Ave. nr. Park Hts. Ave.

15- NOV 20 1925 (CELAI R. KRAUTER, Registrar.)
Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 18. 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 1918, to Nov 18, 1925; that I last saw h. alive on Nov 18, 1925; and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage.

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Hemiplegia (Paralysis)

(Duration) 2 yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? Her Home

Did an operation precede death? Yes Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill M. D.

, 19 (Address) Wylie ave. Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
St. Thomas' Garrison For. Md.	Nov-20-25

20-UNDERTAKER.	ADDRESS
STEWART & MOWEN COMPANY	108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

E 03896

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 03896

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. Madison St. & Loudon Av ST., 16-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. John T. Davis (John Thomas Davis)

(a) RESIDENCE NO. 727 Appleton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ida T Davis

6 DATE OF BIRTH (month, day, and year) Aug 20, 1867

7 AGE 58 Years 2 Months 30 29 Days | If LESS than 1 day, ...hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman for a66

(b) General nature of industry, business, or establishment in which employed (or employer) Nash Clothing Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas M. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co. Md

14 Informant (Address) Mr. John T. Davis 727 Appleton

DEC 20 1925 ROGER R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1925, to Nov 19, 1925, that I last saw him alive on Nov 18, 1925, and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Cardiac Failure (8 yrs) (duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation + Ch. diffuse nephritis ? Toxemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Md. Gen. Hosp.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) [illegible], M. D.

11-19 25 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Nov 21 1925

20 UNDERTAKER J. R. Cook

ADDRESS 1033 W. Balto

...ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03897

CERTIFICATE OF DEATH.

38 E 03897

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 9-5 WARD)

2-FULL NAME Horace E. Hess

(a) RESIDENCE No. 1240 Darley Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Hess

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Telegraph Operator

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Joseph Hess,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Belinda Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Baltimore City Hospitals, Baltimore, Md.

15 Filed NOV 20 1925 JOSEPH C. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 19 25

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 25, to November 18, 19 25, that I last saw him alive on Nov. 17, 1925, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Luetic Infection.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Serological and Clinical

(Signed) Nolan D. Lewis M.D.

11/18/1925 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov. 21 19 25
20 UNDERTAKER	ADDRESS
Henry Horch Son	1301 E. Eager St.

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03898

CERTIFICATE OF DEATH.

03898

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 253 WARD) 29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Pettingill

(a) RESIDENCE NO. 3154 Wilkins Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	W.	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine E. Pettingill

DATE OF BIRTH (month, day, and year) Mar 31 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	41	7	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Junk dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Norfolk Va.

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) " " "

12 MAIDEN NAME OF MOTHER " " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " " "

14 Informant Mrs. Mary Brown.

(Address) 3154 Wilkins Ave

15 Filed NOV 20 1925, 19 ROBERT P. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-20-25, to 11-19-, 1925.

that I last saw h[illegible] alive on 11-19 1925

and that death occurred, on the date stated above, at 2 35 a m

The CAUSE OF DEATH* was as follows:

Extensive Burns

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Tetanus

(duration) yrs. mos. 4 ds.

Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Sheldon Eastland, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Nov. 21 1925

20 UNDERTAKER Wm Cook

ADDRESS 572 E Northern

Spec.—1-10-21—M&T—1500 Blks.

E 03899 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03899

44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N. Chapel ST., 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Sikora

(a) RESIDENCE No. 124 N. Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos. Sikora

6 DATE OF BIRTH (month, day, and year): April 21-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	6	27 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 600

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Jos. Vlasak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Wm. Anton Sikora

(Address): 124 N. Chapel

NOV 20 1925 RUDOLPH K. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17 1925

I HEREBY CERTIFY, That I attended deceased (from Nov 14 1925 to Nov 17 1925

that I last saw h[illegible] alive on Nov 17 1925

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary): Cardiac Dilation

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rysavy M. D.

(Address) 1410 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cem — DATE OF BURIAL: Nov. 21 1925

20 UNDERTAKER: Jos. J. Derr — ADDRESS: 156 N. Luzerne

Spec. 1-10-21 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03900

CERTIFICATE OF DEATH.

X 118-001 E 03900

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Bosley

(a) RESIDENCE NO. Upperco-Balto Co ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rachel J. Bosley

6 DATE OF BIRTH (month, day, and year) Oct 30 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Abram W Bosley

(Address) 1201 E Northern Ave

15 NOV 20 1925 ROBERT A. KRAUTER, Registrar

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1925, to Nov 20, 1925, that I last saw him alive on Nov 20, 1925, and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Strangulated right inguinal hernia

(duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 17, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation and Physical Examination

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel, Balto Co — DATE OF BURIAL Nov 22 1925

20 UNDERTAKER C. V. Tyston & Son — ADDRESS Hamilton Md

(over)

Spec.—8-24-14—M. & T.—2000 Bks.

E 03901

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 100-00

E 03901

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinithern Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2520 Fremont Ave ST.; 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME mrs Mary E Clay

(Residence in Baltimore: No. New Market Md. St.; ....yrs., 6 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, ...9.... (Month) ....27.... (Day), 1838. (Year)

7-AGE, 87 yrs. 2 mos. 23 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....None

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Edwin Starr

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ann Beaumont

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth E Clay

(Address) New Market Md.

15- NOV 20 1925 ROBERT R. KRAUTER, Judicial Records Clerk.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 20, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1925, to Nov 20 1925; that I saw h[er] alive on Nov 19 1925, and that death occurred, on the date stated above, at 5 A. p. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

.....

.....

..... (Duration) ....yrs. ....mos. 1hr. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia, Hypostatic

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) E. O. Weltzer M. D.

Nov 20, 1925 (Address) 1430 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 6 mos. ....ds. In the State 87 yrs. 2 mos. 15 ds.

Where was disease contracted, if not at place of death? At place of death

Former or usual residence New Market

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Market	11-23, 1925
20-UNDERTAKER	**ADDRESS**
W. E. Falconer	New Market

Spec—12-23-21—E.B.R.S.—400 Bks.

Yaniger

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03902

CERTIFICATE OF DEATH.

84 E 03902

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1912 E Baltimore St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Isaac Yaniger

(a) Residence No..... 1912 E Baltimore St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? 24 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bailey

6-DATE OF BIRTH (month, day and year) — 8 1867

7-AGE, 58 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... 034

(b) General nature of industry, business, or establishment in which employed (or employer)..... Grocer

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Hirsch Yaniger

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Gertrude Forman

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Russia

14- (Informant) I. Yaniger

(Address) 1912 E Balto St

15- NOV 20 1926 ROBERT R. KRAUSE (Registrar.)

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 20 1926

17- I HEREBY CERTIFY, That I attended deceased from ....., 1918, to Nov 20, 1926, that I last saw h. m alive on Nov 20, 1926, and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Wm. H. Freeman M. D.

(Address) Nov 20 1926 1515 N Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 11/20, 1926
Rosedale	
20-UNDERTAKER, Sol Simon & Bro	ADDRESS 127 E Balto St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03903

CERTIFICATE OF DEATH.

3 | E 03903

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. Balt City Hospital ST. 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Chance

(a) RESIDENCE No. 1715 N Cary ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 12/1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	10	6	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student HS
(b) General nature of industry, business, or establishment in which employed (or employer) Balto High School
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Co.

10 NAME OF FATHER Thomas Chance

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co.

12 MAIDEN NAME OF MOTHER Mary Bruce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co.

Informant Mamie Thompson
(Address) 1715 Cary St

NOV 20 1925 ROSELLE A. KRAUTER, Registrar
Burial Permit Issued, 192 .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis of the Peritoneum (duration) ..... yrs. 4 mos. ..... ds.

(Signed) James M Benton (Coroner.), M. D.

Nov 19, 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death Balto City Hosp yrs., ... mos. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? 1715 Cary St

Former or usual residence 1715 Cary St

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. James Randallstown	11/21/25

20 UNDERTAKER	ADDRESS
Mrs. George H. Holland	1631 Druid Hill

Spec—12-23-21—E.B.R.S.—400 Bks.

03904

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03904

100 001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE (No. 1536 Fester St. 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Ex Roy Brooks

(a) Residence No. 1536 Fester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. C

5-Single, Married, Widowed, or Divorced, (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct. 14, 1924

7-AGE. 1 yrs. 1 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. 0 0 0

(b) General nature of industry, business, or establishment in which employed (or employer). Infant

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto

PARENTS.

10-NAME OF FATHER. John A Brooks

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Marguite Young

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). St Marys Co.

14-

(Informant) John A Brooks

(Address) 1536 Fester St

15-Filed NOV 20 1925 ROBERT F. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 19 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 17, 1925 to Nov 19, 1925

that I last saw h alive on Nov 18, 1925

and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 0 mos. 9 ds.

CONTRIBUTORY (Secondary) Age

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W H Wright M. D.

(Address) 209 Park Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
St Peters Cemetery	11-21, 1925
20-UNDERTAKER. George T. A. Gibson	ADDRESS. 1935 Druid Hill Ave

Spec. F 20-21—M&T—1500 Bks.

1864 E 03905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03905

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 14-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Lansey

(a) RESIDENCE No. 1707 Druid Hill Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23-25

7 AGE — Years: — Months: 3 Days: 26 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Wallace Lansey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Josephine Gaines

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 NOV 20 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 13th, 1925, to Nov. 19th, 1925, that I last saw h[illegible] alive on Nov. 19th, 1925, and that death occurred, on the date stated above, at 345 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, broncho

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) ..... yrs. ..... mos. 21 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem'y — DATE OF BURIAL: Nov 20 1925

20 UNDERTAKER: Mrs. G. H. Holland — ADDRESS: 1638 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

E 03906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03906

CERTIFICATE OF DEATH.

164

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Dol. Ave. St. 14 WARD)

2-FULL NAME Sarah Pinkney

(a) RESIDENCE NO. 2214 D.N. Ave. St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John Pinkney

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 72. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md. Morton

PARENTS

10 NAME OF FATHER: —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Eliz. Cook (Address) 2214 D.N. Ave.

15 Filed NOV 20 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 18th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1925, to Nov. 19th, 1925, that I last saw him alive on Nov. 18th, 1925, and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

The only cause I could find = Senility of old age

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Hard work

(duration) All her life yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Ley Ellis, M. D.

(Address) 924 Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 11/22 1925

20 UNDERTAKER: Samuel Hawley

ADDRESS 478 N. Bdle

Spec.—6-9-19—H. P. Co.—1000 Bks.

Smith

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03907

CERTIFICATE OF DEATH.

10 1001 E 03907

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 667 Sharp St. 17-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elza A Smith

(a) RESIDENCE. NO. 667 Sharp ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos Smith

6 DATE OF BIRTH (month, day, and year) 1873 —

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. Talbot County

PARENTS

10 NAME OF FATHER John Slater

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Clarkson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot County.

14 Informant Thos Smith

(Address) 667 Sharp St

15 NOV 20 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 14 1925, to Nov 17 1925, that I last saw h alive on Nov 17 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T Woodward M. D.

Nov 18 1925 (Address) 607 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem Lot Clarkson	11 20 1925

20 UNDERTAKER Samuel Beasley ADDRESS 938 N Eutaw

Spec.—1-10-2I—M&T—1500 Bks.

E 6695 E 03908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03908

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 22-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Keen

(a) RESIDENCE NO. 500½ E 42nd St ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George

6 DATE OF BIRTH (month, day, and year) May 22, 1871

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54	5	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Frank Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Appolonia Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records JOHNS HOPKINS HOSPITAL (Address)

15 NOV 20 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 5 —, 1925, to Nov 18, 1925.

that I last saw her alive on Nov 18, 1925

and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Chester S Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Nov 21 1925
20 UNDERTAKER Robt Johnson	ADDRESS N. Gay

Spec.—1-12-23—M&T—500 Bks.

E 03909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 100-001 E 03909

1-PLACE OF DEATH Baltimore City Hospitals,

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur C. Gregory,

(a) RESIDENCE NO. 30 East West Street ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	16.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed NOV 20 1925 ROBERT R. KRAUTER Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11--19 19 25

17 I HEREBY CERTIFY, That I attended deceased from 10-31, 1925, to 11--19, 1925, that I last saw him alive on 11--19, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis w/Cerebral Arterio Sclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings.

(Signed) Mary Goodwin M.D.

11/20/1925 (Address) Bellevue City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ~~Ralph J. Turner~~ Ret. Asst. Cashier DATE OF BURIAL Nov 23, 25

20 UNDERTAKER Ralph J. Turner ADDRESS 1414 Fulton Ave

Spec.—1-10-21—MAT—1500 Blks.

Baronella

E 03910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 E 03910

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 S. Central Ave. 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sabina Baronella

(a) RESIDENCE NO. 100 S. Central Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (12½) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Paul Baronella

6 DATE OF BIRTH (month, day, and year): Jan 19 1850

7 AGE: Years 70 Months 10 Days 29 If LESS than 1 day, hrs. or min. 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Carmine Barbastefano

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Antonetta Barbastefano

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Carmine Barbastefano 103 S. Central ave

Filed NOV 20 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1920

17 I HEREBY CERTIFY, That I attended deceased from Jany 1, 1924, to March 18, 1925, that I last saw h[illegible] alive on Nov 18, 1925; and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ear with general Metastasis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valenti M. D.

Nov 19 1925 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 24 1920

20 UNDERTAKER: Wendell Lippelt & Son — ADDRESS: 37 E Lanvale St

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03911

CERTIFICATE OF DEATH. 159-002 E 03911

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 Belt Ave. ST., 24-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Weamert Jr.

(a) RESIDENCE NO 1839 Belt Ave. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U. S., If of foreign birth? yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 17, 1925.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER William J. Weamert Sr.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret Ireland.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

Informant Margaret Weamert. (mother)
(Address) 1839 Belt Ave.

NOV 20 1925, 192

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 19, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital

(duration) yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Nov. 20, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Nov 21 1925
20 UNDERTAKER	ADDRESS
J. A. Krause & Son	703 Hanover St

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03912 E 03912

CERTIFICATE OF DEATH

10

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3134 (Stafford) ST.: (W-2) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin W. Stahle

(a) RESIDENCE. (No.) 3134 Stafford ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15 1918

7 AGE: Years 7 | Months 4 | Days 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Stahle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Emma Pady

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: John Stahle

(Address) 3134 Stafford

NOV 20 1925

ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1925, to Nov 20, 1925

that I last saw h alive on Nov 20, 1925.

and that death occurred, on the date stated above, at 12-10 A m.

The CAUSE OF DEATH* was as follows:

Post Diphtheritic Paralysis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Diphtheria

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. R. Campbell M. D.

Nov 20, 1925 (Address) 1644 Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Nov 20 1925

20 UNDERTAKER: Mr & Mrs. John W. Tenfel & Son — ADDRESS: 801 W. Fayette

Spec—12-23-21—E.B.R.S.—400 Blks.

E 03913 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 233 N. Stricker St., 19-1 Ward) 162

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Powell

(a) Residence No. 233 N. Stricker St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 45 min ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 16, 1925

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 45 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Powell

11-BIRTHPLACE OF FATHER (city or town) Anne Arundel Co (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Luby Williams

13-BIRTHPLACE OF MOTHER (city or town) Anne Arundel Co (State or Country), Md.

14- (Informant) Luther Powell

(Address) 233 N. Stricker St.

15- Robert P. Harrison Registrar.

NOV 20 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 18 1925 to Nov. 18 1925

that I last saw her alive on Nov. 18 1925

and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Frederick A. Snyder M. D.

Nov 18 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL, NOV 20 1925

20-UNDERTAKER. Commissioner Health. ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 03914 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03914

CERTIFICATE OF DEATH.

36-014

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary, Balto. Md (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma Crossley

(a) RESIDENCE No. 3201 West Street. Balt, Md ST., WARD 6 V.

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Crossley

6 DATE OF BIRTH (month, day, and year) Sept. 12th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant (Address) Church Home & Infirmary. Balto.

15 Robert P. Harris, M.D. 19 Registrar

0 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1925, to Nov. 20, 1925, that I last saw her alive on 3.15 am Nov. 20, 1925 and that death occurred, on the date stated above, at 3.16 a m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Acute Salpingitis, Adhesions Gut, Intestinal Obstruction

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Oct. 30. 1925

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. W. Wright, M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Nov. 21 1925
20 UNDERTAKER	ADDRESS
Frederick Loudon Sons	Fulbston

Spec.—1-10-21—M&T—1500 Blks.

E 03915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03915

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD) 20-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Trost

(a) RESIDENCE NO. 1919 W Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	53yr.	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Michael Trost

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kathryn ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Baltimore City Hospitals Records

(Address)

15 [illegible]

Filed ....., 19.....

20 1925 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to Nov. 18, 1925.

that I last saw him alive on Nov. 18, 1925

and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue

(duration) 1 yrs. 11 mos (History) ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of [illegible]

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

11/20. 1925 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Nov 21 1925

20 UNDERTAKER: Wm. Cook ADDRESS: 502 E Northern

Spec.—1-10-21 M&T 1500 Bks. Just a little below Roy View (in city)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03916 E 03916

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6515 Fait Ave ST. 26-7 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Wheeler

(a) RESIDENCE No. 6515 Fait Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Single

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 16. 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Church Home.

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Annie R Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Annie R Ford

(Address) 6515 Fait Ave.

15 Filed Nov 20 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18-1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 19, 1925 to Nov 15, 1925, that I last saw h[illegible] alive on Nov 15, 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Ch Pulmonary TB.

(duration) 1/2 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. G. Hornstein M. D.

11/19, 1925 (Address) 733 Argyle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem DATE OF BURIAL Nov 21 1925

20 UNDERTAKER Wm. Cook ADDRESS 502 E Northern

Cor.—1-12-23—M&T—100 Bkn.

E 03917

HEALTH DEPARTMENT—CITY OF BALTIMORE

1925 E 03917

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 18-3 WARD)

2-FULL NAME Mamie Ferrell

(a) RESIDENCE NO. 126 Scott St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 19 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

DATE OF BIRTH (month, day, and year) July 8, 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	4	11	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Shenandohah, Va

10 NAME OF FATHER: John Ferrell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Elizabeth Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Herman Keyser
(Address) 126 Scott St

15 Filed 0 1925, 192 Robert P. Harrison, Registrar
Deputy Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Peritonitis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Abortion-self induced (duration) ..... yrs. ..... mos. 6 ds.

(Signed) J. S. Fuller, M. D. (Coroner.)

Nov 20-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Shenandoah Va	Nov 21 1925
20 UNDERTAKER	ADDRESS
W M Rountree	2238 N Monroe

Cor.—1-12-23—M&T—100 Blks.

E 03918 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03918

168

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 N. Luzerne Ave ST., 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Schuesler

(a) RESIDENCE NO. 917 N. Luzerne Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Thelma Walz Schuesler

DATE OF BIRTH (month, day, and year) Sept 11-1893

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	2	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Geo. Schuessler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Schebenpach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Thelma Walz Schuessler

(Address) 917 N. Luzerne Ave

Filed 1 1925, 192 Robert P. Harrison Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation by hanging self with rope in celler. Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Despondency over business

(duration) yrs. mos. ds.

(Signed) J. H. Bacon, M. D. (Coroner)

11-19-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Nov. 21 1925

20 UNDERTAKER Margaret T. Flynn — ADDRESS 1402 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 03919

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03919

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2625 Barclay ST. 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A Malia

(a) RESIDENCE NO. 2625 Barclay St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Flynn Malia

6 DATE OF BIRTH (month, day, and year) Feb. 18, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B&O R.R. 009

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John P. Malia

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Curran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Malia

(Address) 2625 Barclay

15 1 1925 Robert P. Harrison, Registrar

Assist. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1925

17 I HEREBY CERTIFY That I attended deceased from Sept 1, 1925, to Nov 18, 1925.

that I last saw him alive on Nov 17, 1925.

and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) yrs 3 mos — ds.

CONTRIBUTORY (Secondary) Growth in Liver

(duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Duncan, M. D.

Nov 20, 1925 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Nov 21 1925

20 UNDERTAKER Margaret J. Flynn ADDRESS 1417 Eutaw Pl

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03920

CERTIFICATE OF DEATH.

22-71-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 527 W. Lee St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Gilbert Nathaniel Lee

(a) Residence No. 528 W. Lee St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male | 4-COLOR OR RACE, Colored | 5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 19, 1923

7-AGE, 2 yrs. 2 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... none

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm Lee

11-BIRTHPLACE OF FATHER (city or town) (State or Country), md

12-MAIDEN NAME OF MOTHER, Mollie Dyson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), md

14- (Informant) Wm Lee

(Address) 528 W Lee St

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-19-25

17- I HEREBY CERTIFY, That I attended deceased from 11-19-25, to 11-19-25, 19....., that I last saw h... alive on 11-19-25, 19....., and that death occurred, on the date stated above, at 11:20 P.M.

The CAUSE OF DEATH* was as follows: Patient took ill suddenly died 11 hours after

Cerebral Hemorrhage Convulsions

Meningitis

(Duration) 1 yrs. mos. ds. 11 hours

CONTRIBUTORY (Secondary) Respiratory failure

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. A. Cooke, M. D.

, 19 (Address) 651 W. Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn | DATE OF BURIAL, Nov 21. 25

20-UNDERTAKER, John H. Fradiman | ADDRESS 1027 Penna Ave

Spec.—1-10-21—M&T—1500 Bks.

E 03921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 03921

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Brehm's Lane near Belair Ave St. 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia . E. Brehm

(a) RESIDENCE No. Brehm's Lane near Belair Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Mrs. Henry A. Brehm

6 DATE OF BIRTH (month, day, and year) March 10 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Buffalo N. Y.
(State or country)

PARENTS

10 NAME OF FATHER Jacob A. Sittere

11 BIRTHPLACE OF FATHER (city or town) Erie Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Dietz

13 BIRTHPLACE OF MOTHER (city or town) Erie Pa.
(State or country)

14 Informant Henry Brehm
(Address) Brehms Lane & Belair Ave

Filed 1925 ....., 19.... Robert P. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 1920, to Nov 20, 1925.

that I last saw h[illegible] alive on Nov 20 1925

and that death occurred, on the date stated above, at 12.25 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy - Cerebral (Ovf)

5 hours

(duration) ... yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis - Chronic interstitial

in definite (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed E H Hayward, M. D.

11/20, 1925 (Address) 2250 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov. 23 1925
20 UNDERTAKER	ADDRESS
Henry Hosch Son	1301 E Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03922

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03922

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1339 Ward St. 21-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Irene Ray

(a) Residence No. 1339 Ward St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 1900 Town

7-AGE. 20 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Gaen

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Conna

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) James Ray Husband

(Address) 1339 Ward St

15- Filed 1925 Robert P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 18/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 11, 1925, to Nov 18, 1925, that I last saw h. alive on Nov 17 1925, and that death occurred, on the date stated above, at 8:30 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. McCard M. D.

11/19, 1925 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn	Nov. 21. 1925
20-UNDERTAKER.	ADDRESS
Mrs. R.G. Elliott	1225 Eastlander

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03923 11-00 E 03923

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1320 Lafayette ave

CITY OF BALTIMORE: (No. ..... ST., 16-6 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Warfield

(a) RESIDENCE NO. Margaret Warfield ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 1320 W. Lafayette Ave How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. G. Warfield

6 DATE OF BIRTH (month, day, and year) April 28 1879

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore My

PARENTS

10 NAME OF FATHER Charles Offley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Annie Tripp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Daughter
(Address) 1320 Lafayette ave

15 11 1925 . 19 Robert F. Carriger, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11—20— 1925

17 I HEREBY CERTIFY, That I attended deceased from 11—11— , 1925 , to 11—19 , 1925 ,

that I last saw h... alive on 11—19— , 1925 ,

and that death occurred, on the date stated above, at 1 4 m.

The CAUSE OF DEATH* was as follows:

Influenza vera
nine days duration

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Exposure + low resistance

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of

Was there an autopay? no

What test confirmed diagnosis? Examination

(Signed) Frank H Saunders, M. D.

, 19 (Address) 1123 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Nov 23 1925
20 UNDERTAKER Mrs. R.G. Elliott	ADDRESS 126 Ashland Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03924 E 03924

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 E Monument St.; 7-3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Ann Lee

(Residence in Baltimore: No. 2419 E Monument St.; ..... yrs., 3 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. January 11, 1924. (Month) (Day) (Year)

7-AGE, 1 yrs. 10 mos. 9 da. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Stephen Lee

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Julia Ann Mack

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Ann Lee

(Address) 2419 E Monument

15-

Filed ....., 191.....

1 1925 Robert F. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1925, to Nov 20 1925, that I saw h-w alive on Nov 19 1925, and that death occurred, on the date stated above, at 1A. m.

The CAUSE OF DEATH* was as follows:

Primary pneumonia

..... (Duration) ..... yrs. ..... mos. 5 da.

CONTRIBUTORY (Secondary) Measles

..... (Duration) ..... yrs. ..... mos. 10 da.

(Signed) Ralph L Voight M. D.

Nov 20, 1925 (Address) 726 E Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence Anne Arundel Co. Md

19-PLACE OF BURIAL, OR REMOVAL, St Mary's Cemetery Md. DATE OF BURIAL, Nov 21, 1925

20-UNDERTAKER B L Hopping ADDRESS Annapolis Md

Spec—12-23-21—E.B.R.S.—400 Bks.

(William Amrein)

E 03925

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03925

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp. St., 27-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Amrein

(a) Residence No. 300 Harwood Ave City St., ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Christina Amrein

6-DATE OF BIRTH (month, day and year) June 6 1845

7-AGE. 80 yrs. 5 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Md Baltimore Co

PARENTS

10-NAME OF FATHER Henry Amrein

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER Elizabeth Schneider

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Mrs Christina Amrein

(Address) 300 Harwood Ave

15- Dec 1 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) NOV 21 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 11th 1925 to Nov 21 1925 that I last saw h. alive on Nov 21st 1925 and that death occurred, on the date stated above, at 2 00 P.M.

The CAUSE OF DEATH* was as follows:

Appendicitis - 2 ruptures + abscess formation

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Cerebral Obstruction

(Duration) ..... yrs. ..... mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11-9-25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Charles O'Donovan Jr. M. D.

Nov 24, 1925 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park DATE OF BURIAL. NOV 24 1925 19....

20-UNDERTAKER. Geo W Little ADDRESS 2305 EDMONDSON AVE.

Spec.—1-10-21—M&T—1500 Blks.

E 03926 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03926

1-001

12

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2821 ODonell ST., 1 WARD) 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Bialek

(a) RESIDENCE NO. 2821 ODonell ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. — mos. — ds. How long in U. S., if of foreign birth? 34 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	-	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Ludwik Bialek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Lohana Ahagancka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Catherine Bialek

(Address) 2811 ODonell St

15 Filed NOV 21 1925, 19 ... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1925, to Nov. 19, 1925, that I last saw him alive on Nov. 18, 1925, and that death occurred, on the date stated above, at 12 15 9 m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Phys. Exam

(Signed) Hans Gideon M. D.

11/20 1925 (Address) 2210 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Nov. 23 1925
20 UNDERTAKER	ADDRESS
Stephen Bialkowski	1000 Hanover

Spec.—1-10-21—M&T—1500 Blks.

E 03927 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03927

CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ST 15-7 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Little

(a) RESIDENCE NO. 3010 W. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 1/2 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 20-1925

7 AGE	Years	Months	Days	If LESS than 1 day 16 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Newborn

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Walter C. Little.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md. USA

12 MAIDEN NAME OF MOTHER Marie L. Wiles.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila. Pa.

14 Informant Hall Record

(Address)

15 1 1925 Robert P. HARRISON, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1925, to Nov. 20, 1925, that I last saw him alive on Nov. 20, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity
Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical Signs

(Signed) John E Florimont, M. D.

11/20, 1925 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	11/24/25
UNDERTAKER	ADDRESS
Frank A Furey	Raleigh

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03928 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03928

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals 44

City of BALTIMORE: (No.) Day View Asylum (St.) 21-3 (Ward) Registered No.

2-FULL NAME John Burns -

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 5th Ave + Philadelphia Rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1862

7-AGE 63. yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER John Burns.

11-BIRTHPLACE OF FATHER (City or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Biddie Coleman.

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Maryland

14- (Informant) Hospital Records. (Address) Balto City Hospital.

15- Filed 21 1925 19[illegible] Robert P. Harrison, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 17-1925

17- I HEREBY CERTIFY, That I attended deceased from 10-27-25, 19 to Nov 17-, 19 25

that I last saw him alive on Nov 17, 19 25

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 1 (History).

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (Duration) yrs. mos. 2. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Jas P Chesney Jr. M. D.

(Address) Balto City Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Mary's cemetery	nov 22 1925
20-UNDERTAKER. Edward Bryan	ADDRESS 1631 orleans st

Cor.—1-12-23—M&T—100 Bks.

E 03929

HEALTH DEPARTMENT—CITY OF BALTIMORE

167-001 03929

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 Poultney St. ST. 23-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Frederick Stegman.

(a) RESIDENCE NO. 1425 Olive St. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, and year) December 8, 1869

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	11	17	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabel splicer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER John F. Stegman.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Wilhelmina Walker.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

Informant Louise Eakers. (sister)
(Address) 1450 S. Charles St.

Filed 21 1925 Robert P. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 20, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating gas Asphyxia.
Suicide.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Lemhardt M. D.
(Coroner.)
Nov. 20, 1925 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	Nov 25th 1925
20 UNDERTAKER E. Schlosman & Son	ADDRESS 1039 Hanover St

Burial Permit Given

Spec.—5-19-13—M. & T.—500 Bks.

E 03930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03930

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 N. Fremont Ave St.; 18-1 (WARD)

REGISTERED No. C 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Yarmus Lansdale,

(Residence in Baltimore: No. 304 N. Fremont Ave. St.; 5 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ..., (Month) (Day) 1867 (Year)

7-AGE, 58 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) St Marys co md

PARENTS.

10-NAME OF FATHER Ind born

11-BIRTHPLACE OF FATHER (State or Country) Ind born

12-MAIDEN NAME OF MOTHER Ind born

13-BIRTHPLACE OF MOTHER (State or Country) Ind born

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Bowyer

(Address) 304 N. Fremont ave

15- Filed 21 1925, 191.....

Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 19 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 25 1925, to November 19 1925, that I saw him alive on November 17 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Broncho pneumonia

(Duration) 0 yrs. 0 mos. 25 ds.

CONTRIBUTORY (Secondary) Senile arthritis

(Duration) 2 yrs. 0 mos. 25 ds.

(Signed) John C. Stansbury M. D.

11/19, 1925 (Address) 1037 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, 11/23/1925

20-UNDERTAKER Dave Carson

ADDRESS 916 Paine

Spec.—1-10-21—M&T—1500 Bks.

E 03931 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03931

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital.

CITY OF BALTIMORE: (No. 15-13 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Tilley

(a) RESIDENCE NO. 1734 Baker ST. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Wilson Tilley

6 DATE OF BIRTH (month, day, and year) Jan. 18 9[illegible]

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 yrs.	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER Newton Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Margaret Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): W. E. Sisson Johns Hopkins Hospital.

15 Filed 21 1925, 19 Robert P. Hartley, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1925, to Nov. 18, 1925, that I last saw her alive on Nov. 18, 1925, and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) –

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1734 Baker St

Did an operation precede death? no Date of –

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	11/24/25
20 UNDERTAKER	ADDRESS 916
David Easton	Park ave

Spec.—1-10-21—M&T—1500 Blks.

E 03932 HEALTH DEPARTMENT—CITY OF BALTIMORE VE 03932

X 44

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Bradley ST. 17-B WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Pritchard

(a) RESIDENCE NO. 721 Bradley ST., ... WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (yrs. 10) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of ~~WIFE~~ of Wife of George Pritchard

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE: Years 26 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): O'To

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lowenburg Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant (Address): George Pritchard 721 Bradley St

15 Filed NOV 21 1925, 19.....

Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20. 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 11th 1925 to Nov 20. 1925, that I last saw her alive on Nov 18th 1925, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows: Cancer of the Stomach

(duration) ..... yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

11/20, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Church Road Va — DATE OF BURIAL 11/21/1925

20 UNDERTAKER: Dame Easton — ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

E 03933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03933

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 E. Gaston ST. 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs B Comelyus

(a) RESIDENCE NO. 1736 E Gaston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	widow

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Catherine M. Comelyus

6 DATE OF BIRTH (month, day, and year) March 7-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 0 50

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Winfield S Comelyus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Gutermuth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John Dr[illegible] (Address) 1736 E. Preston

15 1 1925 Robert P. Harrison, 19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 10th 1925 to Nov 20 1925

that I last saw him alive on Nov 19th 1925

and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 5 yrs mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm F Ulrey M. D.

Nov 23 1925 (Address) 1507 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bells cemetery

DATE OF BURIAL Nov 23 1925

20 UNDERTAKER Robt F Turner

ADDRESS 14 E Biddle

Spec.—1-10-21—M&T—1500 Bks.

E 03934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03934

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Lobus o/ Re ST. [illegible] WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Cannon

(a) RESIDENCE No. Preston & Gale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Chris Gibney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Sarah X

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Florence
(Address) Preston & Gale

15 Filed Nov 21, 1925, 19 ..... Robert F. Leyton, Registrar
Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,
that I last saw h... alive on Nov 20, 19 25,
and that death occurred, on the date stated above, at 1.30 P. m.
The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Warner, M. D.
Nov 23, 19 25 (Address) 1130 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Nov 23 1925

20 UNDERTAKER W. C. Windfeld — ADDRESS 914 Druid Park

Spec.—1-10-21—M&T—1500 Bks.

E 03935 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03935

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH on Shore

CITY OF BALTIMORE: (No. Westport ST. 25-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel H. Landon Jr.

(a) RESIDENCE NO. 00 N Shore at Westport ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Bunty Landon

6 DATE OF BIRTH (month, day, and year) Dec. 6 - 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam fitter 060

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel H. Landon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D. C.

12 MAIDEN NAME OF MOTHER Carrie Richards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Carrie Landon

(Address) Westport

Filed 11-21 1925 "Robert P. Harrison" Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/19 - 1925

17 I HEREBY CERTIFY, That I attended deceased from May 18 1925 to Nov 19 1925, that I last saw him alive on Nov 19 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Estelle Hemming, M. D.

11/20, 1925 (Address) 3000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Nov 24 1925

20 UNDERTAKER Harry H. Witzke ADDRESS 1514 W. Lombard St

Cor.—1-12-23—M&T—100 Bks.

03936

HEALTH DEPARTMENT—CITY OF BALTIMORE.

03936

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 25-4

CITY OF BALTIMORE: (No. 129 Maryland Ave. Westport St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar E. Henry.

(a) RESIDENCE NO 129 Maryland Ave. Westport ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) August 15, 1925

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Edgar B. Henry.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Clara Snyder.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Edgar B. Henry. (father)

(Address) 129 Maryland Ave. Westport.

Filed 1925. 192

Robert F. Garrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 20, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signature) Otto M. Reinhardt M. D.
(Corner.)

Nov. 20, 1925 (Address) 101 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 21 1925
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	320 N. Carey West Port

Spec.—1-10-21—M&T—1500 Bks.

E 03937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03937

CERTIFICATE OF DEATH.

11-2 129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Druid Hill Ave ST.) (11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Spriggs

(a) RESIDENCE No. 1020 Druid Hill Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances A Spriggs

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work White Washer

(b) General nature of industry, business, or establishment in which employed (or employer) 0816

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Spriggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

16 Informant Frances A Spriggs

(Address) 1020 Druid Hill Ave

15 Filed 11 21 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1925, to Nov. 17, 1925,

that I last saw him alive on Nov. 17, 1925

and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

11/18, 1925 (Address) 1928 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	11/21 1925
20 UNDERTAKER	ADDRESS
Samuel Hensley	1132 Edmondson Ave

E 03938 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 ✓ E 03938

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 504 W. Preston St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann R. Smith

(Residence in Baltimore: No. 504 W. Preston St. St.; yrs. 51 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): widow

6-DATE OF BIRTH: June (Month) 9 (Day) 1874 (Year)

7-AGE: 51 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country): Md.

PARENTS:
10-NAME OF FATHER: Robt. Lewis
11-BIRTHPLACE OF FATHER, (State or Country): Md.
12-MAIDEN NAME OF MOTHER: Patsy Williams
13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Smith

(Address) 504 W. Preston St.

15- Filed ..... 192.... Robert P. Harrison, Registrar.

1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

(A) Organic Heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Nov. 18 1925 (Address) 2502 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Nov. 21 1925

20-UNDERTAKER: J. W. McJilton — ADDRESS: 1134 Eutaw St

S.A.E.

OD AK

Cor.—1-12-23—M&T—100 Blks.

E 03939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03939

CERTIFICATE OF DEATH.

X 185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins "ospitalST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Watts

(a) RESIDENCE No. Lumbar Ship " Sehome " ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seaman

(b) General nature of industry, business, or establishment in which employed (or employer): Ship "Sehome"

(c) Name of employer: Brooks Scanlin Co Eastport, Fla.

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): M.A. Schuch 1710 Thames St (Sailors Union)

15 Filed 21 1925 192 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 19-25 '92

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac. Skull, wrist & 8 ribs(rt side)
(Autopsy at Hopkins)
Accidently fell down hatch, while placing cover (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Bailey, (Coroner.) M. D.

Nov 21/25 '92 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincent Cemetery	Ma. 24, 1925
20 UNDERTAKER	ADDRESS
Richard F. Cauley	Hanover St.

Spec.—1-10-21—M&T—1500 Blks.

E 03940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

123 E 03940

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. (St.) 20-4 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ball

(a) RESIDENCE No. 403 S. Smallwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Ball

6 DATE OF BIRTH (month, day, and year) Nov. 20-1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
64	11	27	

8 OCCUPATION OF DEECEASED

(a) Trade, profession or particular kind of work Transportation Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Lewis Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant University Hosp Records. (Address)

15 1 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-17 1925

17

I HEREBY CERTIFY, That I attended deceased from 11-14, 1925, to 11-17, 1925, that I last saw h... alive on 11-17, 1925, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Cholecystitis Cholelithiasis + Pericholecystitis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Infarct + Embolus. (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 11 14-25

Was there an autopsy? No

What test confirmed diagnosis? Operation + Pathological Exam

(Signed) Lee Fox. Eggen, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Nov. 21 1925

20 UNDERTAKER George L. Schwab ADDRESS 210 Stricker St.

Spec.—1-10-21—M&T—1500 Blks.

E 03941

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03941

CERTIFICATE OF DEATH.

X 101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hosp ST. 3-W WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Smith

(a) RESIDENCE No. 1411 E Lombard ST., WARD North Carolina
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July ? 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maxton N. C.

PARENTS

10 NAME OF FATHER Murdock Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maxton N.C.

12 MAIDEN NAME OF MOTHER Anna J. [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maxton N.C.

14 Informant L. B. Smith
(Address) 4036 Ludlow St Wilkins

15 1 1925 , 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1925, to Nov 18, 1925, that I last saw h is alive on Nov 17, 1925, and that death occurred, on the date stated above, at 9. A P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lombard St.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

19 (Address) 345 Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Maxton North Carolina

DATE OF BURIAL Nov 21 1925

UNDERTAKER Jno. J. H. Rochester

ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Blks.

E 03942

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03942

CERTIFICATE OF DEATH.

8-4 154

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Goldstone

(a) RESIDENCE No. 1237 W. Broadway ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 13/1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Maurice Goldstone

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mollie Shapiro

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Baltimore

14
Informant Emanuel Goldstone
(Address) 2575 Madison ave

15
Filed ..... Robert P. Harrison, Registrar
1925 (Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21 1925

17
I HEREBY CERTIFY, That I attended deceased from 11-13 ....., 19 25 ....., to 11-21 ....., 19 25 .....
that I last saw h[illegible] alive on 11-21 ....., 19 25 .....
and that death occurred, on the date stated above, at 3 P m.
The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. ..... mos 2 da.

CONTRIBUTORY (Secondary)
(duration) yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? clinical sympto
(Signed) Wm B Schapiro, M. D.
11/21, 19 25 (Address) 2415 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	11/22/25

20 UNDERTAKER J Ahrens & Co
ADDRESS 3814 Reno ave

Spec. T-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03943

CERTIFICATE OF DEATH. 159-001 E 03943

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 70-5 WARD)

2-FULL NAME Stanley Cohen

(a) RESIDENCE NO. 164 St Inouroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? — yrs. 6 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 19 25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Edward Cohen

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Roeder

13 BIRTHPLACE OF MOTHER (city or town) W. Va
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 22 1925 19 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 16th, 1925, to Nov. 20th, 1925, that I last saw him alive on Nov. 20th, 1925, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. W. Jacobsen, M. D.

11/21, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	11/22 1925
20 UNDERTAKER Sol Levinson & Bro	ADDRESS 1127 E Balto St

Spec.-1-10-21-M&T-1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03944

CERTIFICATE OF DEATH.

31 E 03944

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 So Caroline ST., 3-V WARD)

2-FULL NAME Mary Martin

(a) RESIDENCE NO. 411 So. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Martin

6 DATE OF BIRTH (month, day, and year) June 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	37	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harrygrace Md.

PARENTS

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md.

12 MAIDEN NAME OF MOTHER Emmaline Gittings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge Md.

14 Informant William Martin

(Address) 411 So. Caroline St

DEC 22 1925 HUBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1925, to Nov. 20 1925, that I last saw her alive on Nov. 19 1925, and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:

Hemmorrhage of Lungs

Tuberculosis (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Wilsmon

(Signed) Dr. G. W. Kinnard M. D.

11-20 1925 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harrygrace Md.	11/23 1925
20 UNDERTAKER	ADDRESS/218
Byron D Wright	McElderry St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03945

CERTIFICATE OF DEATH. 90

E 03945

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 416 E. 22 - ST. 17-4 WARD)

2-FULL NAME Isabel F. Lane

(a) RESIDENCE NO. 416 E. 22. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Spencer Lane

6 DATE OF BIRTH (month, day, and year) Jan 10 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	69	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rhode Island

PARENTS

10 NAME OF FATHER Harry

11 BIRTHPLACE OF FATHER (city or town) (State or country) R. I.

12 MAIDEN NAME OF MOTHER Allura Childs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) R. I.

14 Informant Florence R. Lane

(Address) 416 E. 22nd St

Filed NOV 22 1925 ROBERT F. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1925, to Nov 21, 1925, that I last saw her alive on Nov 21, 1925, and that death occurred, on the date stated above, at 9.15 a m.

The CAUSE OF DEATH was as follows:

Acute Dilatation

Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thomas J. Duke M. D.

, 19 (Address) 451 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine — DATE OF BURIAL Nov 23 1925

20 UNDERTAKER John O. Mitchell — ADDRESS 1201 W. Fayette

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03946 E 03946

CERTIFICATE OF DEATH. 101-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 6-1 WARD)

2-FULL NAME Sam Golden

(a) RESIDENCE No. 309 N. Broadway ST., WARD.....
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Golden

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joe Rogan

(Address) 209 N. Broadway

NOV 22 1925 RUPERT F. KRAUS, Burial Permit (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sat. Nov 21 1925

17

I HEREBY CERTIFY, That I attended deceased from November 16, 1925, to November 21, 1925, that I last saw him alive on November 21, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

1 Bron Pneumonia

(duration) ... yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Philip Jacobson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lebanon Cemetery	11/24/25
20 UNDERTAKER	ADDRESS
Jack Levin	1439 E Balto

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03947

CERTIFICATE OF DEATH.

E 03947

REGISTERED No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Chaney ave ST. 13-6 WARD)

2-FULL NAME Sofie Latinsky

(a) RESIDENCE No. 915 Chaney ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Latinsky

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) old age

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Sodeison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Morris Latinsky

(Address) 915 Chaney ave

15 Filed NOV 22 1925 RUPERT F. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1925, to Nov 20th, 1925, that I last saw h[illegible] alive on Nov 20th, 1925, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

arterio sclerosis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Diseased heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Sign

(Signed) M. Schneider M. D.

11/24 1925 (Address) 2328 Mad ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Intermt

DATE OF BURIAL 11/21 1925

20 UNDERTAKER Jack Levis 1439 E Balto

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

18 6094 603948 ✓ 603948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 15-13 129 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rufus Willis

(a) RESIDENCE No. 1466 E Carey St. ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min
23	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0 10

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed NOV 24 1925 RUEL R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 2 - 1925, to Nov 21, 1925.

that I last saw he alive on Nov 21, 1925

and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis / Progressive

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 2 yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic Section

(Signed) E. Bartell Andrus, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Nov. 24 1925
20 UNDERTAKER Jas H. Dennis & Son T. E. Kelson	ADDRESS 1303 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03949 CERTIFICATE OF DEATH. 129 E 03949

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No 509 N Dallas ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Jolley

(a) RESIDENCE NO. 509 N. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1850

7 AGE — Years: 75 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Handling Lumber

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rochester Co. Mary Land

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Gertrude Leonall

(Address): 509 N. Dallas st

15 Filed NOV 22 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1924, to Nov 19, 1925

that I last saw him alive on Nov 17, 1925

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Arteriosclerosis

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Senile Dementia and Uremic Coma (duration) yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R J Yonkers, M. D.

11/17/25 (Address) 14 Ly Emmanuel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Nov 23 1925

20 UNDERTAKER: Mrs Chas G. Bailey — ADDRESS: 1421 Jefferson St

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

Jacomino Petalano

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03950

CERTIFICATE OF DEATH.

101-001

E 03950

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 Albemarle ST. 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacomino Petalano

(a) RESIDENCE NO. 310 Albemarle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife's name unknown

6 DATE OF BIRTH (month, day, and year): March 1875

7 AGE: Years 50 | Months 8 | Days | If LESS than 1 day hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Mrs Peraco

(Address) 316 Albemarle St.

15 Filed NOV 22 1925 19 HUELAT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16 1925, to Nov. 20th 1925, that I last saw him alive on Nov. 20 1925, and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar (Right mid + lower lobes + left upper.)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination

(Signed) Wallace W. Pauls, M. D.

19 (Address) 1300 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 23 1925

20 UNDERTAKER: Wendelin Appel & Son — ADDRESS: City

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03951 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03951

E. CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2524 Federal St., E-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME George Beverly Jenkins

(a) Residence No. 2507 Federal St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Rose Jenkins

6-DATE OF BIRTH (month, day and year) Jan. 7, 1829

7-AGE. 16 yrs. 5 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Painter

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland.

PARENTS.

10-NAME OF FATHER, Joseph B Jenkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Ellen Hall

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Maryland

14-

(Informant) John G Allen

(Address) 2524 E Federal St

15-

Date. NOV 22 1925 CHARLES R. KRAUTER, Chief Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 20 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1925 to Nov. 20, 1925 that I last saw him alive on Nov. 20, 1925 and that death occurred, on the date stated above, at 6 m. The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert King Gerald M. D.

4/20 1926 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn DATE OF BURIAL. Nov. 23 1925

20-UNDERTAKER. John C. Ammon ADDRESS 320 Broadway.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03952

CERTIFICATE OF DEATH.

74-001

E 03952

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3718 Edmondson Ave (Street) 16-W (Ward)

2-FULL NAME Patrick Kelly

(a) RESIDENCE No. 3718 Edmondson av ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mary P. Keelty

6 DATE OF BIRTH (month, day, and year) Dec. 25-1859

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) o/b

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Honora O'Neill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Jno. J. Corcoran

(Address) 3718 Edmondson Ave

NOV 22 1925

RUPERT B. KRAUTER, Registrar
Social Security Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1925

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to Nov 19, 1925, that I last saw him alive on Nov 19, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis

(Signed) H. H. Pepper, M. D.

, 19 (Address) 205 W. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Nov 23 1925
20 UNDERTAKER	ADDRESS
Margaret J. Flynn	1422 Light St

Spec.—1-10-21—M&T—1500 Blks.

E 03953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 03953

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1253 W. Cross ST. 21-2 WARD)

2-FULL NAME Maurice P. Dwyer

(a) RESIDENCE NO. 1253 W Cross ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Sgl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lot 040

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Maurice P. Dwyer

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Dillon

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14

Informant Mrs Wilkens
(Address) 1142 W Fayette

15 Filed NOV 22 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/19/25 19

17

I HEREBY CERTIFY, That I attended deceased from 11/19/25 19 , to 11/19/25 19 ,

that I last saw h alive on 11/18/25 , 19

and that death occurred, on the date stated above, at 10 55 A m.

The CAUSE OF DEATH* was as follows:

Pul Phthisis
(Chronic)

(duration) 2 mo 18 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam & Sputum Exam

(Signed) Bernard J. Seng M. D.

11/20/ 1925 (Address) 9 N. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery DATE OF BURIAL Nov 23rd 1925

20 UNDERTAKER Cowan & Son ADDRESS

Chas F J Cowan 901 Fulton Av

Spec.—1-10-21—M&T—1500 Blks.

186483 E 03954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03954

CERTIFICATE OF DEATH.

118-001

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ____ ST., 1152 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Lightfoot Lee Harrell

(a) RESIDENCE No. 611 Park Avenue ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 35 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace C. Harrell

6 DATE OF BIRTH (month, day, and year) November-11-1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mdse Broker

(b) General nature of industry, business, or establishment in which employed (or employer) Mf'g'r's Agent

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Japan

PARENTS

10 NAME OF FATHER Dr. Francis Harrell

11 BIRTHPLACE OF FATHER (city or town) ? ? ? (State or country) Virginia

12 MAIDEN NAME OF MOTHER Carrie Ballogh

13 BIRTHPLACE OF MOTHER (city or town) ? ? (State or country) Japan

14 Informant Mr. S. Donovan Swann (Address) 611 Park Avenue

15 Filed NOV 22 1925 ROBERT E. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 15 1925 to Nov 20 1925, that I last saw him alive on Nov 20 1925 and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Nov 16 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Henry A Feilstein, M. D.

, 19 (Address) Johns Hopkins Hosp Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov-23-25

20 UNDERTAKER	ADDRESS
STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)	108 W. NORTH AVE.

TION IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03955 E 03955

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew aged Home ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nelhama D. F. Cohen

(a) RESIDENCE No. 115 aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Cohen

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) old aged Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Balto St

15 Filed [illegible] ROBERT R. KRAUTER, Registrar

COLLECTION

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 19 25

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1925, to Nov 20, 1925, that I last saw her alive on Nov 20, 1925, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Oedema of Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chron Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W J Bauhan M. D.

11/21/25, 19 (Address) 710 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 11/22/25

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03956

CERTIFICATE OF DEATH.

90 E 03956

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. 28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Laudenslager

(a) RESIDENCE NO. 5010 Bellville Ave ST. Howard Park WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz Hines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14

Informant Sup Records

(Address)

Filed NOV 22 1925 ROBERT R. KRAUTER, Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1924, to Nov 21, 1925,

that I last saw he alive on Nov 21, 1925.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiac hypertrophy & dilatation Arteriosclerosis Chronic nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. A. McFarland Jr. M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wm Hines Cem

DATE OF BURIAL Nov 24 1925

20 UNDERTAKER Geo. W. Little

ADDRESS 2[illegible] Edmondson Av

Spec.—1-10-21 M&T 1500 Bks.

E 03957

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 03957

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—(No. 1613 East 29th ST., 9-3 WARD)

2-FULL NAME Jack Hardy

(a) RESIDENCE No. 1613 East 29th ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 12. 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	18	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) South Carolina

PARENTS

10 NAME OF FATHER J. W. Hardy

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) S. C.

12 MAIDEN NAME OF MOTHER Emma McCombs

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) S. C.

14 Informant Emma Rhodes
(Address) 1613 East 29th St

NOV 23 1925 ROBERT A. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 18, 1925, to Nov 22, 1925, that I last saw him alive on Nov 21, 1925, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(duration) yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) W. P. Cave, M. D.

11-22 1925 (Address) 1 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mullins, S. C. DATE OF BURIAL Nov 23 1925

20 UNDERTAKER W. Cook ADDRESS 528 E North Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03958 E 03958

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2508 Greenmount Ave. ST., 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustine Wheeler

(a) RESIDENCE NO. 2508 Greenmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert J Wheeler

6 DATE OF BIRTH (month, day, and year) Dec 6. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md.

PARENTS

10 NAME OF FATHER John S Whiteford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie C Strut

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Albert J Wheeler

(Address) 2508 Greenmount Ave.

15 Filed NOV 23 1925 ROBERT F. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1925

17

I HEREBY CERTIFY, That I attended deceased from January 28 1925 to Nov. 20 1925

that I last saw him alive on Nov 20 1925

and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis.

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Leo D. Hemingway M.D. M. D.

11/20/25 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Nov 23 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

FOR IF very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03959 · **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03959

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 2028 Madison Ave. ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie R Hillery

(a) RESIDENCE. No. 2028 Madison Ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Thomas E. Hillery

6 DATE OF BIRTH (month, day, and year) 1902 - June 24th

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Henry G. Brown.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Alice Billingsley

13 BIRTHPLACE OF MOTHER (city or town) Dalne & Pa (State or country) Maryland.

14 Informant Edith E. Brown
(Address) 2028 Madison Ave.

15 Filed NOV 23 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 20 1925

17 I HEREBY CERTIFY, That I attended deceased from June 15 1925, to November 20 1925, that I last saw h.r alive on Nov. 20th 1925, and that death occurred, on the date stated above, at 2.45 12m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical findings

(Signed) Burwell Sage, M. D.

. 19 (Address) 2937 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	NOV 23 1925
20 UNDERTAKER John H. Soader	ADDRESS 1627 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Bks.

E 03960 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03960

CERTIFICATE OF DEATH.

3V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N. Wolfe ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Carroll

(a) RESIDENCE No. 906 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Carroll

6 DATE OF BIRTH (month, day and year) Dec. 29. 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46.		10	22.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Cty

(c) Name of employer Cty Baltimore

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John Carroll.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Caffrey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mary A. Carroll.

(Address) 906 N. Wolfe

Filed NOV 23 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to Nov 21, 1925.

that I last saw him alive on Nov 1, 1925

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

a. Rectal Cancer

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bright's Kidney

a. Disease (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. G. Hearn, M. D.

11/24, 1925 (Address) 3901 Fairmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov 24 1925.
20 UNDERTAKER	ADDRESS
Geo. J. Roth	1735 Hanford.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03961

REGISTERED NO. E 03961

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Johnson

(a) RESIDENCE NO. 117 W. Montgomery ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Kaye Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jane Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Baltimore City Hospitals Records

15 Filed ....., 19 .... RUDOLPH F. KRAUSER, Registrar.

NOV 28 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1925 to Nov. 20, 1925 that I last saw him alive on Nov. 20, 1925 and that death occurred, on the date stated above, at 8:30 p. m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency
Chronic myocarditis 2 (History)
(duration) 2 yrs. mos de.

CONTRIBUTORY (Secondary) Myocardial failure 4 (History)
(duration) yrs. 4 mos. de.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

11/21, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Ct	Nov 24 1925
20 UNDERTAKER	ADDRESS
J. L. Browne & Son	108 W. Monty.

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03962

HEALTH DEPARTMENT—CITY OF BALTIMORE

56

E 03962

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 W Fonvale ST. 167 WARD)

2-FULL NAME James. E. Carter

(a) RESIDENCE. No. 1717 W. Fonvale ST. ..... WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. 8 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2/6/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Burnes Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Hardy Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Hardy Carter

(Address) 1717 W Fonvale St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20/25

17 I HEREBY CERTIFY, That I attended deceased from 11/18 ....., 19 25, to 11/20 ....., 19 25, that I last saw h... alive on 11/20 ....., 19 25, and that death occurred, on the date stated above, at 11 11 ....m.

The CAUSE OF DEATH* was as follows:

Rodites

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Improper Nourishment

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

11/24, 1925 (Address) 705 Shard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Ct	Nov 23 1925
20 UNDERTAKER	ADDRESS
J. L. Brown & Son	108 W. Mondg

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 03963 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03963

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 Hammerbacher Ct. ST., 23-1 WARD) REGISTERED NO. 66

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nannie Brower.(C)

(a) RESIDENCE No. 113 Hammerbacher Ct. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. ------ mos. ------ ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	Widow.

5a If ~~married, widowed, or divorced~~ (or) WIFE of Robert Brower.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	-----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Herron.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Maragret Brooks.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Maggie Herron.(C)sister.
(Address) 169 W.Henrietta St.

NOV 23 1925

Filed ..... 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 19, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy and inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Insufficiency.

Oedema and congestion of the Lungs.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner.), M. D.

Nov. 20, 1925 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion et	Nov 23 1925
20 UNDERTAKER J. K. Brown & Son	ADDRESS 108 W. Mady

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03964

E 03964

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N. First St., Brooklyn, ST. 27-7 WARD)

2-FULL NAME Annie Klein

(a) RESIDENCE NO. 223 N First St, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clinton Klein

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	—	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER Henry Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Annie Klein

(Address) 223 N 1st St. Brooklyn, Md.

15 Filed NOV 23 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1925, to Nov 20, 1925, that I last saw h alive on Nov 19, 1925, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. H. Brooke, M. D.

, 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Nov 24 1925

20 UNDERTAKER Charles T. Ford

ADDRESS 1001 Park Ave

TION is very important. See instructions on back of certificates.

Spec. 4-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03965

24-001 E 03965

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Ramsay ST. 14-2 WARD)

2-FULL NAME Louis Jacob

(a) RESIDENCE NO. 1531 Ramsay ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29th 1861

7 AGE 64 Years | Months 9 | Days 21 | If LESS than 1 day, hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinetmaker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Stieff Bro

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jacob

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Kuhl

(Address) 1531 Ramsay st

NOV 23 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1925, to Nov 21, 1925, that I last saw h alive on Nov 20, 1925, and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Abdomen

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Carcinoma Hemorrhage

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) James L. Kerr M. D.

11/24, 1925 (Address) 1724 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Nov 24 1925

20 UNDERTAKER Knell & Son — ADDRESS 2711 Miss Blvd

TION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

E 03966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

183 E 03966

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST 21-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma May Emmons

(a) RESIDENCE No. 1162 Sargent ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year) Feb 20 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Factory Worker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Holtite Rubber Heel Co

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Clarence Emmons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Glassboro N. J.

12 MAIDEN NAME OF MOTHER: Laura Cheeseman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Clayton N. J.

14 Informant: Clarence Emmons
(Address): 424 S. Paca St

15 NOV 23 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet wound in head. Shot fired Chas. E. Holland. Jury did not state whether accidental or intentional (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. S. H. Culen, M. D.
(Coroner.)

11-23-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 23 1925
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	320 Md. Ave Westport

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03967

CERTIFICATE OF DEATH.

179 E 03967

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Ravenswood Ave (Govans) ST., 7th WARD)

2-FULL NAME Rudolph C Heuschen

(a) RESIDENCE NO. 512 Ravenswood Ave (Govans) ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Heuschen

6 DATE OF BIRTH (month, day, and year) June 11 1839

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Cigar Box

(b) General nature of industry, business, or establishment in which employed (or employer) Maker. 045

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Miss Sophia Heuschen

(Address) 512 Ravenswood Ave (Govans)

NOV 23 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1925, to Nov 20, 1925, that I last saw him alive on Nov 20, 1925, and that death occurred, on the date stated above, at 11 40 m.

The CAUSE OF DEATH* was as follows:

Ch Myocarditis

Ch Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Contusion Abdomen

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. W. Bishop, M. D.

Nov 21, 1925 (Address) 601 Sheridan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	11-23 1925

20 UNDERTAKER Wm Theo C Rohde ADDRESS 600 N Charles St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03968 11-0 B 03968

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N. Chester ST. 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael T. Mahon

(a) RESIDENCE NO. 211 N. Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Florence S. Mahon

6 DATE OF BIRTH (month, day, and year) July 18 76

7 AGE: Years 49 Months 4 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer C&O

(b) General nature of industry, business, or establishment in which employed (or employer) United Ry.

(c) Name of employer Car Barn

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John Mahon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Florence S. Mahon

(Address) 211 N. Chester St.

15 Filed NOV 23 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 17 1925 to Nov 19 1925 that I last saw h[illegible] alive on Nov 19 1925 and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows: Pneumonia. — Crit. Dul. Embolism

Sudden Time (duration) Sudden. yrs. mos ds.

CONTRIBUTORY (Secondary) Sudden. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. T. Daly, M. D.

Nov 21 1925 (Address) 16 Dey Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL 11/24 1925

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03969

CERTIFICATE OF DEATH.

90 ✓

E 03969

REGISTERED NO.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) (ST.) 4-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Erby

(a) RESIDENCE NO. 402 Parish Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1850 (60)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	65 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Perry Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Louise Erby

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Baltimore City Hospitals Records (Address)

NOV 23 1925 ROBERT R. KRAUTH Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1925

17

I HEREBY CERTIFY, That I attended deceased from June 13, 1925, to Nov. 20, 1925.

that I last saw him alive on Nov. 20, 1925.

and that death occurred, on the date stated above, at 8:55 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

Chronic myocarditis 3½ yrs. (History)

(duration)

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Dulley M. D.

11/22 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	11-23-1925
20 UNDERTAKER	ADDRESS
Jno. F. H. Holland	163 Druid Hill Ave

TION is very important. See instructions on back of certificates.

E 03970

HEALTH DEPARTMENT—CITY OF BALTIMORE E 03970

CERTIFICATE OF DEATH

58-001

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 532 East 22nd St. 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rose Elizabeth Ireton

(Residence in Baltimore: No. 532 E. 22nd St.; 44 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	SINGLE

6 DATE OF BIRTH: April (Month) 11th (Day), 1881 (Year)

7 AGE: 44 yrs. 7 mos. 11 ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Ireton

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Sheridan

13 BIRTHPLACE OF MOTHER (State or country): Penna

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Peter L. Ireton

(Address) Calmor 2W Baker St

15 NOV 23 1925 HUGH R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 22nd (Day), 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 24th, 1925, to, Nov. 20th 1925, that I saw her alive on Nov. 20th, 1925, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) 1 yrs. 5 mos. ds

Contributory (SECONDARY) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Thomas L. Sloan M. D.

Nov 23, 1925 (Address) 705 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Nov 25 1925

20 UNDERTAKER: Swartzman Talley & Sons — ADDRESS: 1827 Eutaw Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03971 ✓87 E 03971

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mun Hosp. ST., H-1 WARD)

2-FULL NAME Martha Awkward

(a) RESIDENCE NO. Sandy Springs Md. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 37 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Awkward

6 DATE OF BIRTH (month, day, and year) Unknown, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Sandy Springs
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Mary Jane Powell

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14 Informant Robt Awkward
(Address) Sandy Springs Md

FILED NOV 23 1925 JOSEPH J. KRAUTER, Registrar
Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Slade, M. D.
(Coroner)
Nov 23, 192 (Address) 43 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Sandy Springs Md

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL 11/23 1925

20 UNDERTAKER Samuel Brusley ADDRESS 578 N Eden

Spec.—1-10-21 M&T—1500 Blks.

E 03972 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 E 03972

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 3-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dubin

(a) RESIDENCE NO. 1043 E Lombard ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 19/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balty Md.

PARENTS

10 NAME OF FATHER Frank Dubin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Schwarz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14

Informant Frank Dubin

(Address) 1043 E Lombard St

NOV 23 1925 ROBERT E. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1925

17

I HEREBY CERTIFY, That I attended deceased from 11-20, 1925, to 11-22, 1925.

that I last saw him alive on 11-22, 1925

and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (bronchial)

(duration) 0 yrs. 0 mos 1/2 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) — yrs. — mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) J. Victor Schaap M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Southern ave.	Nov 23 1925
20 UNDERTAKER	ADDRESS
L. Levin Bro.	707 E Baltimore St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03973

CERTIFICATE OF DEATH.

12 9 E 03973

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 W. Franklin ST. 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elise Ewig

(a) RESIDENCE NO. 1804 W. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Peter Ewig

6 DATE OF BIRTH (month, day, and year) Feb 16 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Henrietta Udich

(Address) 1804 W Franklin st.

15 Filed NOV 23 1925 19 AUGUST F. KRAUSE Registrar

Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Nov 20, 1925,

that I last saw her alive on Nov 20, 1925

and that death occurred, on the date stated above, at 1 P. m

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Walter Aller, M. D.

11/21, 1925 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Nov 24 25

20 UNDERTAKER Jos Joerden & Son ADDRESS 217 S Pac

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals — Registered No. 185 E 03974

City of BALTIMORE: (No. Bay View Asylum St., H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Annie Campbell

(a) Residence No. 650 W Lexington Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widow or Widower, or Divorced, (Write the word.)
Female	white	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1850

7-AGE.	If LESS than 1 day.
75 yrs. mos. ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore Maryland

PARENTS.

10-NAME OF FATHER. Benjamin Herbert

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Maryland

12-MAIDEN NAME OF MOTHER. Elizabeth Bendholden

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Baltimore Maryland

11- (Informant) Hospital Records.

(Address) Baltimore City Hospital

13- NOV 23 19[illegible] ROBERT R. KRAUTER, Registrar.

Public Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 22 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1925 to Nov 22 1925

that I last saw her alive on Nov 22 1925

and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (apoplexy) Left Side. C resulting right sided Hemiplegia. Had an death while working across the floor at her home. Fract neck Right Femur (Duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) J. P. Lampe Jr. M. D.

(Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Baltimore Cemetery	Nov 25 1925
20-UNDERTAKER,	ADDRESS
H M Courtenay	223 E Mt

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03975

CERTIFICATE OF DEATH.

1929 E 03975

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Harlem ST. 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Lowman

(a) RESIDENCE NO. 2022 Harlem ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Lowman

6 DATE OF BIRTH (month, day, and year) March 13 52

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Business

(b) General nature of industry, business, or establishment in which employed (or employer) American 045

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Lowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (Stute or country) Germany

14 Informant Mrs Bertha L Reed

(Address) 3701 Clifton ave

15 Filed NOV 23 1925 JOSEPH R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to Nov 21, 1925, that I last saw him alive on Nov 21, 1925, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) Lucille Abt, M. D.

11/21, 1925 (Address) 54 Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Nov 24 1925
20 UNDERTAKER	ADDRESS 2238 W Balto
W M Poulson	

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03976

E 03976

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 W Fayette ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Gallion

(a) RESIDENCE NO. 1715 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary E. Gallion

6 DATE OF BIRTH (month, day, and year) July 7-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Toolmaker 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Edw Richardson

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Peter Gallion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz Sinnel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary E. Gallion

(Address) 1715 W. Fayette

15 NOV 23 1925 ROBERT R. KRAUSE, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21 1925

17

I HEREBY CERTIFY, That I attended deceased from 10/9, 1925 to 11/21, 1925

that I last saw h alive on 11/21, 1925

and that death occurred, on the date stated above, at 9.40 P m.

The CAUSE OF DEATH* was as follows:

Epilepsy - (Jacksonian)

Terminal Bronchopneumonia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Lust, M. D.

11/23 1925 (Address) 914 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Nov 24, 1925
20 UNDERTAKER	ADDRESS
F A Wanner & Son	703 Hanover

TION is very important. See instructions on back of certificates.

Spmc. 6-9-19—H. P. Co.—1000 Blks.

E 03977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 03977

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 649 Hall ST. 27-1 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roberta Benton

(a) RESIDENCE. No. 649 Hall ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alex Benton

6 DATE OF BIRTH (month, day, and year): 5/15/1879

7 AGE: Years 46 Months ~~Days~~ 6 Days ~~15~~ 6. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): W. Va.

PARENTS

10 NAME OF FATHER: Allen Bassel

11 BIRTHPLACE OF FATHER (city or town) (State or country): B. C. D.

12 MAIDEN NAME OF MOTHER: Minnie ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Cecilia Butler
(Address) 649 Hall St.

15 Filed 23 1925, 19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21/1925

17 I HEREBY CERTIFY, That I attended deceased from 10/24/1925, to 11/21/1925, that I last saw h[er] alive on 11/20/1925, and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Thos. Bruce Bailey, M. D.

11/23/1925 (Address) 908 Fishers Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Nov 25 1925
20 UNDERTAKER	ADDRESS
Mrs Geo A Hoffa	406 W Lanvale St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital (22-1 161-001 E 03978 Registered No.

City of BALTIMORE: (No. Lombard & Greene Sts. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Green

(a) Residence No. 520 W. Barre St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Oct 25, 1925

7-AGE, ...yrs. ....mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Louis Green

11-BIRTHPLACE OF FATHER (city or town) ~~George~~ Georgetown (State or Country), S.C.

12-MAIDEN NAME OF MOTHER, Virgie Smith

13-BIRTHPLACE OF MOTHER (city or town) Georgetown (State or Country), S.C.

14- (Informant) Virgie Green

(Address) 520 W. Barre St.

15- Filed 3 1925 Robert P. Harrison, 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 25, 1925 to Nov. 22, 1925 that I last saw him alive on Nov. 22 1925 and that death occurred, on the date stated above, at 6-25 P. m. The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. mos. 29 ds.

CONTRIBUTORY (Secondary) Nephritic toxaemia (maternal)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.

Nov. 22 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL W. Laurel Cemetery DATE OF BURIAL, Nov 23 1925

20-UNDERTAKER, Jno. Gerst Hofer & E. W. Conway ADDRESS

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec. T 10-21—M&T—1500 Blks.

18443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 03979 113 E 03979

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 26-3 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabell Smythe

(a) RESIDENCE No. 3329 Smyth Place WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 5 1925

7 AGE Years 4 Months 3 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm J Smythe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marie Gilfillen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Reeds

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed 2 3 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21st 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15th, 1925, to Nov. 21st, 1925, that I last saw h[illegible] alive on Nov. 21st, 1925, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Indigestion, acute gastro intestinal

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A C Reed M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 11/24/25

20 UNDERTAKER J. Rinehart

ADDRESS 1330 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 03980

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03980

162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 206 N. Bruce St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Mathews

(a) Residence No. 206 N. Bruce St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 21st 1925

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or 40 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Mathews

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Charlotte Manuel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), W. Va.

14- (Informant) Charlotte Mathews

(Address) 206 N. Bruce St.

15- Filed DEC 23 1925, 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1925, to Nov. 22, 1925.

That I last saw him alive on Nov. 22, 1925.

and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows

Congenital atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Frederick L. Snyder M. D.

Nov. 22 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS HOSPITAL DATE OF BURIAL, ..., 192..

20-UNDERTAKER. Robert P. Harrison, ADDRESS

Dept. of Health. NOV 23 1925

Instructions on back of certificates.

Per. Com. E. WOOD

Spec.—1-10-21—M&T—1500 Bks.

E 03981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 129 E 03981

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Kate Ave. ST. 15-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Andriesse

(a) RESIDENCE NO. 2816 Kate Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Rosa Andriesse

6 DATE OF BIRTH (month, day, and year) Feby. 8th. 1854.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kraus Cigar Co.

9 BIRTHPLACE (city or town) (State or country) Holland.

PARENTS

10 NAME OF FATHER Israel Andriesse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland.

14 Informant Mr. Andriesse (Address) 2816 Kate Ave.

15 23 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23/ 1925

17

I HEREBY CERTIFY, That I attended deceased from July 19 25 to Nov. 23 19 25,

that I last saw h[illegible] alive on Nov. 23 19 25

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Arteriosclerosis

Chronic interstitial nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) D.G. Andriesson, M. D.

Nov 5, 19 25 (Address) 2816 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem. DATE OF BURIAL 11/25/ 1925

20 UNDERTAKER David Sondheim ADDRESS 115 20 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Linden Ave. + Brooks Lane.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03982

CERTIFICATE OF DEATH

90 E 03982

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Georgian Court Apts 13-b WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan H. Hirshberg

(a) RESIDENCE NO. Georgian Court Apts. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Hirshberg

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min
	82	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Picture Frame Mnfgr.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Hirshberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Miriam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Saml Lyeman

(Address) Georgian Court Apts.

Filed NOV 23 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/22/1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 10, 1925, to Nov 22, 1925,

that I last saw him alive on Nov 22, 1925

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) yrs mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I Frederick Leitz, M. D.

11-23, 19 25 (Address) 2040 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem. DATE OF BURIAL: 11/24/1925

20 UNDERTAKER: Ward Sondheim ADDRESS: 17-20 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03983

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03983

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Myrtle Place ST. 26-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine Weber

(a) RESIDENCE NO. 3414 Myrtle Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Weber

6 DATE OF BIRTH (month, day, and year) July 8-1849

7 AGE	Years	Months	Days	If LESS than 1 day, brs. or min.
	76	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Kehres

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Becker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Weber

(Address) 3414 Myrtle Place

Robert P. Harrison,

Burial Permit Clerk

Registrar

23 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 19, 1925, to Nov 21, 1925, that I last saw her alive on Nov 21, 1925, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Primus Intersticia Hepatis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. Myocarditis

(duration) 5 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) Jno Oppliger M. D.

25 19 25 Address 330 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL Nov. 24 1925

20 UNDERTAKER Zirkle + Zirkler — ADDRESS 1739 E. Eager St.

CAUSE OF DEATH to be properly classified. Exact statement of DEATH is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 03984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03984

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Green (C)

(a) RESIDENCE NO 1528 W. Fairmount Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ---mos.---ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	Colored	Married.

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Lee Green (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Lee Green.(C) husband.
(Address) 1528 W. Fairmount Ave.

15 Filed 2 3 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 21, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

Nov. 28, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	11/24 1925
20 UNDERTAKER David Easton	ADDRESS 916 Pa. Ave

Spec.—1-10-21—M&T—1500 Blks.

E 03985

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03985

CERTIFICATE OF DEATH.

REGISTERED NO. 11-5-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3775 Foster Ave. ST., 20-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Timothy Kelly.

(a) RESIDENCE No. 3775 Foster ave ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ? ? ?

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Patrick Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Leahy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Hannah Lynch (Sister) (Address) 3775 Foster ave.

15 23 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Nov 21, 1925, that I last saw him alive on 21 Nov, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Emphysema

(duration) To my knowledge 3 weeks yrs. mos. ds.

CONTRIBUTORY (Secondary) Ends cardiac Cardiac Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Heart Sounds

(Signed) [illegible], M. D.

11/21, 1925 (Address) 301 Collwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL Nov. 24th 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03986

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3570 E. Lombard St. ST., 26 WARD)

REGISTERED NO. 26-6 74-09

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Mary Ball.

(a) RESIDENCE No. 3570 E. Lombard ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B. Ball.

6 DATE OF BIRTH (month, day, and year) April 26-1856

7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs or.....min.
	69	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Hotchkurenther

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Kunigunda Hotchkurenther

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Natalia Eckstein (Daughter)

(Address) 3441 E. Lombard St.

15 Filed NOV 23 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21st 1925.

17

I HEREBY CERTIFY, That I attended deceased from Nov 21, 1925, to Nov 21, 1925,

that I last saw her alive on Nov 15, 1925,

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Allen Bonham, M. D.

11-23, 1925 (Address) 1131 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. Nov.

DATE OF BURIAL: 25th 1925

20 UNDERTAKER: Selby & Zeiler

ADDRESS: 403 S. Wolfe St.

Burial Permit Clerk

CAUSE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 03987

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 03987

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augie Stern

(a) RESIDENCE NO. 428 S. 12th St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1 - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER August Stern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Bertha Roth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant August Stern

(Address) 428 S. 12th St. Robert P. Harrison, M.D.

15 Filed ....., 19.....

Registrar

23 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1925

17

I HEREBY CERTIFY, That I attended deceased from 11/20, 1925, to 11/23, 1925,

that I last saw he alive on 11/23, 1925,

and that death occurred, on the date stated above, at 6:10 AM m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 1 9 ds.

CONTRIBUTORY (Secondary) Cut gluma - 5 days

Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11/21/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lungs findings

(Signed) Robert P. Harrison, M. D.

, 19 (Address) 1 W. Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer — DATE OF BURIAL: Nov. 25 1925

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 03988

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03988

CERTIFICATE OF DEATH.

Registered No. C 19-279

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret May Bell

(Residence in Baltimore: No. 424 S. Parrish St. St.; yrs. 4 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

6-DATE OF BIRTH Oct 1 1921
(Month) (Day) (Year)

7-AGE, 4 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of Industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country) Baltimore, Md

PARENTS.

10-NAME OF FATHER, Charles A. Bell

11-BIRTHPLACE OF FATHER, (State or Country) Md

12-MAIDEN NAME OF MOTHER, Catherine L. Cooper

13-BIRTHPLACE OF MOTHER, (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas H. Bell

(Address) 424 S. Parrish St.

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Cl...

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 22, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st, 2nd, & 3rd degree burns of body. (Accidental)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Clothes caught fire from flame from

(Duration) yrs. mos. ds.

(Signed) J. J. P. Hennessy M. D.
(Coroner.)

Nov. 23, 1925 (Address) 202 Equitable Bldg

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Nov 24 1925
20-UNDERTAKER	ADDRESS
Harry A. Witzke	1531 W. London

is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 03989

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03989

CERTIFICATE OF DEATH.

X 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 75-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George D Day

(a) RESIDENCE No. Glenelg Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Day

6 DATE OF BIRTH (month, day, and year) May 12, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work George D Day none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edward ~~Wilson~~ Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Alcinda Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Virginia Day

(Address) Glenelg Md.

15 Filed ..., 19... Registrar

23 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-23 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-19-1925, to 11-23, 1925.

that I last saw h, alive on 11-23- , 1925

and that death occurred, on the date stated above, at 10 20 Am

The CAUSE OF DEATH* was as follows:

Art. Sclerosis - Obesity

Auricular Fibrilization - Myocarditis

Emphazema.

(duration) 13 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-pneumo.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Glenelg

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Francis F. Ellis, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Howard Co Woodlawn Cem	Nov. 26 1925
20 UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

TION is very important. See instructions on back of certificates.

E 03990 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03990

CERTIFICATE OF DEATH.

100-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Evelyn Wilkinson.....

(Residence in Baltimore: No. 5330 Denmore Ave. St.; yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	single

6-DATE OF BIRTH. about June (Month) (Day) 1925 (Year)

7-AGE.	If LESS than 1 day.
yrs. 11 mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Louis Wilkinson

11-BIRTHPLACE OF FATHER, (State or Country). N. C.

12-MAIDEN NAME OF MOTHER. Flossie Wilkinson

13-BIRTHPLACE OF MOTHER, (State or Country). N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Mitchell

(Address) 5330 Denmore Ave.

15- Filed: NOV 28 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 22 (Month) (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Otitis Media.

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessey M. D. (Coroner.)

Nov. 23 1925 (Address) 2702 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Forest Lawn	11/24/25

20-UNDERTAKER.	ADDRESS
Dawn Earley	916 Penna

IMPORTANT—Certificate of death may be prosecuted. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

164 18

E 03991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20 2 V

E 03991

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 19-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Smith

(a) RESIDENCE No. 1723 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Smith

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48 yrs.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Dorcla Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 24 1925, 19 ... HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1925, to Nov 22, 1925, that I last saw her alive on Nov. 22, 1925 and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Purpura of [illegible] by [illegible] body.

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Pulmonary edema.

(duration) yrs. mos. [illegible] ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? [illegible] Date of Nov. 14, 1925

Was there an autopsy? [illegible]

What test confirmed diagnosis? Exploratory.

(Signed) Eustace Brown, M. D.

, 19 (Address) 1103 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Star Cem	11/25/1925
20 UNDERTAKER Dame Easton	ADDRESS 916 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 03992 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

31 E 03992

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 703 Edmondson St. 17-2 (Ward)

2-FULL NAME Elma Edwards

(a) RESIDENCE. No. 703 Edmonson Ave St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Elma Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Tankard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Eliza Edwards
(Address) 703 Edmondson Ave

15 Filed 19 Registrar

NOV 24 1925 Burial Permit

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-22-1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 19 1925, to Nov 22nd 1925, that I last saw him alive on Nov 22 1925, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis & Pneumonia (Lobar)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic diseases

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. E. Kaiser, M. D.

19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Nov 29 1925
20 UNDERTAKER	ADDRESS 1027 Druid Hill Ave
John H. Trader	

Spec.—1-10-21—M&T—1500 Bks.

(George Duffield)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03993

90 03993

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 S Chas. St. 231 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Duffield

(a) RESIDENCE NO. 920 S Chas. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster 23

(b) General nature of Industry, business, or establishment in which employed (or employer) Sunkel Wagon

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Thomas Hill Md

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

14 Informant Elizabeth Ward

(Address) 920 S Chas St

15 Filed NOV 24 1925 ROBERT R. KRAMER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1925, to Nov 24, 1925,

that I last saw h[illegible] alive on Nov 20, 1925

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows: Valvular

Endocarditis Dropsy

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Observation — Symptoms

(Signed) Otto Wolman, M. D.

11/23 1925 (Address) 712 S Chapel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Nov 25, 25
20 UNDERTAKER John W. Toadvine	ADDRESS 1027 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 03994

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N Caroline ST. 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Le Compt

(a) RESIDENCE NO. 521 N Caroline ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Priscilla Le Compt

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Josephine Turriance daughter
(Address) 521 N. Caroline St

15 NOV 24 1925 HUBERT F. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1925, to Nov 22 1925, that I last saw him alive on Nov 22 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young M. D.

11/23 1925 (Address) 1429 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: Nov. 25 1925

20 UNDERTAKER: Chas. H. Johnson — ADDRESS: 416 N. Caroline St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 03995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 03995

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Montford Ave ST. 6-3 WARD)

2-FULL NAME Louise M Rose

(a) RESIDENCE NO. 25 N Montford Ave ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Rose

6 DATE OF BIRTH (month, day, and year) July 23. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) ---

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Ammer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anthurer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bethurer

14 Informant Miss Minnie Rose
(Address) 25 N. Montford Ave

15 Filed Nov 19 1925 RUPERT B. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9 1925 to Nov 21 1925 that I last saw her alive on Nov. 21 1925 and that death occurred, on the date stated above, at 12.45 A.M. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of ---

Was there an autopsy? No

What test confirmed diagnosis? ---

(Signed) J. C. Shepard M. D.

1173 1925 (Address) 1531 E. Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov. 25 1925
20 UNDERTAKER	ADDRESS
H. Sander & Sons Inc.	1710 Pleasant

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

E 03996

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03996

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at Balto City Hospital

CITY OF BALTIMORE: (No. 76-7 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institutinn, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Columbus Carroll

(a) RESIDENCE NO. Virginia Ave Fullerton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E Carroll

6 DATE OF BIRTH (month, day, and year) July 24 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	3	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work night watchman
(b) General nature of industry, business, or establishment in which employed (or employer) 039
(c) Name of employer Crown Oil Works

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Carroll

11 BIRTHPLACE OF FATHER (city or town) ~
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Parents died when

14 Informant Annie Carroll
(Address) Va ave Fullerton

15 Filed NOV 24 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio sclerosis

(duration) yrs. mos. ds.

(Signed) James M Fenton, M. D.
(Coroner.)

Nov 24 1925 (Address) 700 E Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Nov. 26 1925
20 UNDERTAKER	ADDRESS
Frederick Lasserre & Sons	Fullerton

TION is very important See instructions on back of certificate. ...ate may be properly classified. Exact statement of OCCUPA-

Cor.—1-12-23—M&T—100 Bks.

03997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 03997

8-2 90

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 1734 E. Lanvale St ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Hennick

(a) RESIDENCE NO. 1734 E. Lanvale St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	~~married~~ widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis A. Hennick

6 DATE OF BIRTH (month, day, and year) July 18-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Henry Dawes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Elizabeth R. Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Elizabeth R. Dawes
(Address) 1734 E. Lanvale St.

15 NOV 24 1925 19 ROBERT R. KRAUSE Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pulmonary Oedema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral (Cardiac) Insuffiency

(duration) yrs. mos. ds.

(Signed) J. S. H. Cullen, M. D.
(Coroner.)

11-23-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	11/24 192 5
20 UNDERTAKER	ADDRESS
William Cook	502 E North Ave

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03998

CERTIFICATE OF DEATH.

38 ✓

E 03998

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 209 W. Henrietta St. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Hicks

(a) RESIDENCE. No. 209 W. Henrietta ST. WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Hicks

6 DATE OF BIRTH (month, day, and year) 2/18/1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Robert Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Julia Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

11 Informant Sadie Hicks
(Address) 679 Vine St

15 Filed NOV 24 1925 ROBERT P. KNIGHT, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21/1925

17 I HEREBY CERTIFY, That I attended deceased from 11/20/1925 to 11/21/1925 that I last saw h alive on 11/21/1925 and that death occurred, on the date stated above, at 10:45 p m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Extreme Nephritis

(duration) 1 yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? no.

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Jno. Carley M. D.

11/21/1925 (Address) 908 Sharp St Bmo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Nov 25 1925
20 UNDERTAKER	ADDRESS
C. E. Brown & Son	New Monty

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 03999

HEALTH DEPARTMENT—CITY OF BALTIMORE

Molly Hop.

CERTIFICATE OF DEATH.

E 03999

101-001

1-PLACE OF DEATH M. Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 22-2 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Brooks

(a) RESIDENCE NO. 607 S Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	B.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Miss.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Henry Stewart

(Address) 607 S. Charles St.

15 Filed NOV 24 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1925

17

I HEREBY CERTIFY, That I attended deceased from 11/14, 1925, to 11/21, 1925

that I last saw h alive on 11/21, 1925

and that death occurred, on the date stated above, at 2:10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Cardiac Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John E. Rowent, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Nov 25 1925

20 UNDERTAKER L. W. Brown & Son — ADDRESS 1580 W. Mont St

CAUSE OF DEATH should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04000

CERTIFICATE OF DEATH.

3/

E 04000

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 10-2 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Sporrer

(a) RESIDENCE NO. 1025 N. Central ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879 January 28

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Sporrer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Josephine Jacobi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed NOV 24 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1925, to Nov. 22, 1925, that I last saw him alive on Nov. 22, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Delirium tremens

(duration) yrs. Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W. D. McRae Jr. M. D.

11-23-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Nov. 25 19 25

20 UNDERTAKER: Henry Horick Son — ADDRESS: 120 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04001

CERTIFICATE OF DEATH.

188-003

E 04001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Hayes

(a) RESIDENCE NO. 1008 Warden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divoreed (write the wd.)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha M Hayes

6 DATE OF BIRTH (month, day, and year) May 6 1883 ~~Unknown~~

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Truck Helper
(b) General nature of industry, business, or establishment in which employed (or employer) Gas & Electric Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Cavanaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Bertha M. Hayes (wife)
(Address) 1008 Warden Ave

NOV 24 1925 ROBERT R. KR[illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull- struck by automobile

Inquest Nov 24/25)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. Scott Ellers, M. D.
(Coroner.)

11-23-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery Govans — DATE OF BURIAL Nov 25 1925

20 UNDERTAKER Hoech Son — ADDRESS 130 E Eager St

Information should be careful. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Aten

E 04002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04002

CERTIFICATE OF DEATH.

124 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 163 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma Aten.

(a) RESIDENCE NO. 701 Popular Grove ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed.

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of William Aten

6 DATE OF BIRTH (month, day, and year) 1855. May 11th

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	70.	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... Ohio
(State or country)

PARENTS

10 NAME OF FATHER Joseph Fox

11 BIRTHPLACE OF FATHER (city or town) Penna.
(State or country)

12 MAIDEN NAME OF MOTHER Hanna Zehnder

13 BIRTHPLACE OF MOTHER (city or town) Penna.
(State or country)

14 Informant Mercy Hospital.
(Address)

15 Filed NOV 24 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1925.

17

I HEREBY CERTIFY, That I attended deceased from Nov. 13 .19 25. to Nov. 23 .19 25.

that I last saw h~~e~~r alive on Nov 23 .19 25.

and that death occurred, on the date stated above, at 6.50 p.m.

The CAUSE OF DEATH* was as follows:

1 Empyema of Gall Bladder.

2 Chronic Peritonitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) General Peritonitis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes. Date of Nov. 13, 1925

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Operative

(Signed) John E. Norment, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 27 1925
20 UNDERTAKER	ADDRESS
Josiah Syfer	1608 W. North

WARNING—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—PREFERABLY BLACK

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04003

CERTIFICATE OF DEATH.

90 E 04003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2145 Walbrook Ave. ST., 15-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Dettmer

(a) RESIDENCE NO. 2145 Walbrook Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Elizabeth Dettmer

6 DATE OF BIRTH (month, day, and year) Apr. 30th, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Columbus Dettmer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Wren

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant William Dettmer

(Address) 1716 Poplar Grove St.

15 Filed NOV 24 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1920, to Nov. 23, 1925, that I last saw h~~e~~ alive on Nov 23, 1925 and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis — bom history about 4 mo. — under my care 17 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilitation Heart.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S Willett, M. D.

11-24 25 (Address) 2200 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Nov 29 1925
20 UNDERTAKER	ADDRESS
Jas B Cook	1003 Madison

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04004

CERTIFICATE OF DEATH.

91-002

E 04004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Hall alley ST., 24-1 WARD)

2-FULL NAME Catharine Baumgartner

(a) RESIDENCE No. 1113 Hall alley ST., 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~, (write the word)
female	white	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Baumgartner

6 DATE OF BIRTH (month, day, and year) Mar 15 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work not any

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Anna Meister

(Address) 1233 Durst alley

15 NOV 24 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-24- 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1921, to Nov 24, 1925,

that I last saw her alive on Nov. 20, 1925,

and that death occurred, on the date stated above, at 1.a m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(duration) annual yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) annual yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E E Burton, M. D.

11/24, 1925 (Address) 301 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A & C — DATE OF BURIAL 11-25 1925

20 UNDERTAKER E & B Hart 115 E Lexington — ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec--12-23-21—E.B.R.S.—400 Blks.

E 04005

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04005

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 618 S. Bethel St., 2 Ward) Registered No. 2-290

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Barbara Sonnenfelser

(a) Residence No. 618 S. Bethel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) July 29, 1840

7-AGE. 35 yrs. 2 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer). Cont. Labor

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Louis Sonnenfelser

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Mary Unger

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

14-

(Informant) Mrs. Mary Sonnenfelser

(Address) 618 S. Bethel St.

15-

Filed NOV 24 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 19 25 to Nov. 22 25, that I last saw h[illegible] alive on Nov. 22 25, and that death occurred, on the date stated above, at 10 a m. The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ~~No~~ Date of

Was there an autopsy? ~~No~~

What test confirmed diagnosis? Symptoms

(Signed) Frank Donley M. D.

11-23, 25 (Address) 233 S. Bethel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Carmel — DATE OF BURIAL. Nov. 25. 19 25

20-UNDERTAKER. Louis Heeman — ADDRESS 32 S. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04006

CERTIFICATE OF DEATH.

22-2 151

E 04006

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 E. Montgomery St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William P. Sauerhoff.

(a) RESIDENCE NO. 44 E. Montgomery St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of (or WIFE of) Katherine Sauerhoff

6 DATE OF BIRTH (month, day, and year) July 13, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fish culturist 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: U. S.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John Sauerhoff.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Susan Culley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Virginia Craig. (daughter)

(Address) 44 E. Montgomery St.

15 NOV 24 1925 ROBERT A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 19 25

17

I HEREBY CERTIFY, That I attended deceased from September 27, 19 25, to November 22, 19 25,

*that I last saw him alive on November 22, 19 25

and that death occurred, on the date stated above, at 7.15 p.m.

The CAUSE OF DEATH* was as follows:

Gangrene of the left foot.

Senile.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No. Date of ---

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis

(Signed) Otto Reinhardt, M. D.

11/24 1925 (Address) 2017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Nov 25 1925

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04007 × 90 E 04007

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mun Hosp. ST. ... WARD) 41

2-FULL NAME Thomas H. Snyder

(a) RESIDENCE NO. English Lookout Rd ST. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma R Snyder

6 DATE OF BIRTH (month, day, and year) March 22nd 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	55	8	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Forman 031
(b) General nature of industry, business, or establishment in which employed (or employer) Machine Shops
(c) Name of employer B & O R R Civil Co Md

9 BIRTHPLACE (city or town) ... (State or country)

PARENTS

10 NAME OF FATHER John Snyder

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Morrison

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Cecil Co Maryland

14 Informant Emma R Snyder (Address) Daisy Ave. English Council

15 Filed ... 192 ROBERT R. KRAUTER, Burial Permit Clerk.

NOV 24 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ... yrs. ... mos. 1 ds.

(Signed) G Hale, M. D.
(Coroner.)
Nov 26 1925 (Address) 173 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Nov 27th 192 5
20 UNDERTAKER	ADDRESS
George Schilling & Sons	1136 E Monument St

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

E 04008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 04008

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City 45 Hospital ST., or WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Fuller

(a) RESIDENCE NO. 429 East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Chas King

11 BIRTHPLACE OF FATHER (city or town) Phila Pa (State or country) Maryland

12 MAIDEN NAME OF MOTHER Peter Parren

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frank Records

(Address)

Filed NOV 24 1925 JOSEPH A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 10 1925 to Nov 22 1925 that I last saw he alive on Nov 21 1925 and that death occurred, on the date stated above, at 7 50 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Pul. Hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clyn Findings

(Signed) W. D. McFarlane Jr. M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Iron Cemetery — DATE OF BURIAL Nov. 27 1925

20 UNDERTAKER Robt E Williams — ADDRESS 1515 McElderry St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

AAS·AFEST

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04009

CERTIFICATE OF DEATH

E 04009

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin E. Phelps

(a) RESIDENCE NO. 641 N. Fayette St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Ida Phelps

6 DATE OF BIRTH (month, day, and year) Oct 10/186 2

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	1	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Poultry Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) 045
(c) Name of employer

9 BIRTHPLACE (city or town) N. Y. —
(State or country)

PARENTS

10 NAME OF FATHER John Phelps

11 BIRTHPLACE OF FATHER (city or town) N. Y. —
(State or country)

12 MAIDEN NAME OF MOTHER Blackman

13 BIRTHPLACE OF MOTHER (city or town) N. Y. —
(State or country)

14 Informant John H. Phelps
(Address) 1829 N. Durham St

15 Filed NOV 24 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base Skull

(Duration) yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Struck by Auto

(Duration) yrs. — mos. — ds.

(Signed) H. B. Worthington M. D.

Nov 23 192 5 (Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Nov 25th 192

20 UNDERTAKER F. B. Wesfeldt ADDRESS 1850 W. Baltimore St

Burial Permit Issued by ADOLPH A. KRAUTER, Registrar

MAKE ENTRIES CAREFULLY, WITH UNFAILING INK. THIS IS A PERMANENT RECORD. EVERY ITEM of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 04010

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 N Dallo ST., 18-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr George Plutt

(a) RESIDENCE No. 1206 N. Baltimor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 9 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 21st 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant 045

(b) General nature of industry, business, or establishment in which employed (or employer) Mens Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt.

PARENTS

10 NAME OF FATHER Christian Plutt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hanie Plutt

(Address) 1745 Carey St

15 Filed NOV 24 1925 ROBERT N. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 13, 1925, to Nov 21, 1925, that I last saw h[illegible] alive on Nov. 19, 1925, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A Evans, M. D.

, 19 (Address) 101 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 24 1925
UNDERTAKER	ADDRESS
F05 Wilfert	1850 N Bell St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04011

CERTIFICATE OF DEATH.

E 04011

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 17-3 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Porter

(a) RESIDENCE NO. 526 Pierce ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wm. Henmon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Stella White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant City Hospital Records
(Address) Baltimore - Maryland

15 NOV 24 1925 ROBERT R. KRAMER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 21 1925

17 I HEREBY CERTIFY, That I attended deceased from November 19, 1925 to November 21, 1925.

that I last saw her alive on November 21, 1925,

and that death occurred, on the date stated above, at 8-45 A/m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. 2 mos. ds.

18 Where was disease contracted? if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General & Labora Tory

(Signed) R. Hooper Small, M. D.

Nov 23 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Merry H. Lancaster	11/24 25
20 UNDERTAKER Samuel S. Hensley & Son	ADDRESS 78 N Eddy St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04012

74001

74 E 04012

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 27-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Connelly

(a) RESIDENCE No. South ave. Mt. Washington WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 16. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Edmund McCaffray

(Address) South ave Mt Washington

15 Filed NOV 24 1925 NICHOLAS R. KRAUTER, Registrar

Social Service Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-23 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6. 1925. to Nov. 23. 1925.

that I last saw her alive on Nov. 23. 1925.

and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) John E. Norment, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Green Mount Cemetery	11-25 1925
20 UNDERTAKER Henry W. Mears & Son	ADDRESS 804 N Calvert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

E 04013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 1001 E 04013

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mun Hosp. (St.) 18-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard A. Vandegrift

(a) RESIDENCE No. 908 Bennett Pl St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura M Vandegrift

6 DATE OF BIRTH (month, day, and year) Aug 10 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	3	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cable splicer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer C & P Telephone Co

9 BIRTHPLACE (city or town) (State or country) Chesterton Md

PARENTS

10 NAME OF FATHER Richard E Vandegrift

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Pansy Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Laura M Vandegrift (Address) 908 Bennett Pl

NOV 24 1925 ROBERT R. KRAUTER, Registrar Judicial Records Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 6 hours yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) G C Hadley, M. D.

Nov 23 1925 (Coroner.) (Address) 1437 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cemetery Kent Co — DATE OF BURIAL Nov 25 1925

20 UNDERTAKER E Le Roy Stiffler — ADDRESS R.F.D. No. 1 Govans

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

Schmalzer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04014

CERTIFICATE OF DEATH.

88 E 04014

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 43 ST., WARD)

2-FULL NAME Frederick J Schmalzer

(a) RESIDENCE NO. Hopkins Hotel Mc Caskey Railway & Craft ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Coppersmith
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John Schmalzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs J. Schmalzer
(Address) 1708 Lakeside Ave

Filed NOV 24 1923 ALBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute alcoholism

(duration) yrs. 2 mos. 4 ds.

(Signed) James M Fenton, M. D.
(Coroner.)

Nov 23, 1923 (Address) 702 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., 2 ds. In the State yrs., mos.,

Where was disease contracted, if not at place of death? Railway & Craft

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE 1

20 UNDERTAKER Philip Herring A

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04015

CERTIFICATE OF DEATH.

E 04015

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3150 Leeds ST., 20-2 WARD)

REGISTERED NO. 24001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mann

(a) RESIDENCE NO. 3150 Leeds ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick Mann

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Caroline Smith
(Address) 3150 Leeds St.

15 Filed NOV 24 1925 KURT H. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1925, to Nov 20, 1925, that I last saw h.. alive on Nov 20 1925, and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 5 mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

11/23/25 (Address) 1729 N. Fremont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov. 24, 1925
20 UNDERTAKER Chas. W. Dill	ADDRESS 3109 Fredk Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04016

CERTIFICATE OF DEATH.

E 04016

1-PLACE OF DEATH

City of BALTIMORE: (No. 1622 Druid Hill St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Betty Marburne

(a) Residence No. 1622 Druid Hill St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1845

7-AGE, 80 + yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Invalid

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Accomac Co.
(State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14- (Informant) Betty Smith

(Address) 1623 Madison Ave

15- Filed NOV 24 1925 RUDOLF F. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 22. 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 19 1925 to Nov 22 1925

That I last saw h alive on Nov 22 1925

and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) yrs. 5 mos. 3 ds.

CONTRIBUTORY (Secondary) Age. Arterio Sclerosis

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. Hurwitz M. D.

1924 19 (Address) 1209 Eutaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Rest Lawnyleaven — DATE OF BURIAL, 11/24 1925

20-UNDERTAKER. Samuel B Bradley — ADDRESS 1[illegible] Madison St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Mary R. Jones.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04017

CERTIFICATE OF DEATH.

90 E 04017

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 St. 467 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jones

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant City Hospital Records
(Address) Baltimore Maryland

15 Filed NOV 24 1925 19 ROBERT F. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 21 1925

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to November 21, 1925, that I last saw her alive on November 21, 1925, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic myocarditis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Facial Erysipelas & Myocardial failure (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith M. D.

11-24-1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery — DATE OF BURIAL Nov 25 1925

20 UNDERTAKER Edward Bryson — ADDRESS 1691 Orleans St

N.B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04018

CERTIFICATE OF DEATH.

E 04018

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3213 Vickers Road ST. 45-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Charles Fortman

(a) RESIDENCE NO 3213 Vickers Road ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence B. Fortman

6 DATE OF BIRTH (month, day, and year): Sept 3-1885

7 AGE — Years: 40 — Months: 2 — Days: 19 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Executive Mgr

(b) General nature of industry, business, or establishment in which employed (or employer): Eastern

(c) Name of employer: Hardware Co.

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Henry Fortman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Teresa Neos

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Mrs John Staff

(Address): 3105 Windsor Ave

15 Filed: V 24 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 22-1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1925, to Nov. 22, 1925, that I last saw h[illegible] alive on Nov. 22, 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

Since Nov. 9, 25

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchio Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A Merritt Lovell M. D.

, 19 (Address) 3705 Liberty Hgts. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 11/25-1925

20 UNDERTAKER: Chas E. Fraus & Son — ADDRESS: 1180 W. Mt Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Blks.

(Gruetter)

E 04019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04019

CERTIFICATE OF DEATH.

1129

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1921 N. Henry (St.) 705 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A. Gruetter

(a) RESIDENCE (Usual place of abode) No. 1921 N. Henry St., Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 10th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) N.D.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Pa

PARENTS

10 NAME OF FATHER George Gruetter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Tribbe

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Phylphina Gruetter
(Address) 1921 N. Henry St

NOV 24 1925

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1925, to Nov 22, 1925, that I last saw h— alive on Nov 22, 1925, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Uremia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Chemistry

(Signed) Norbert E. Nitsch, M. D.

11/25, 1925 (Address) 2151 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 25th 1925
20 UNDERTAKER	ADDRESS
Johannah Cooles	1004 Dispatch St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04020

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 13-457

City of BALTIMORE (No. 1007 W 40 St S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Batchelor

(a) Residence No. 1007 W 40 St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-(write word) Married, ~~Widowed, or Divorced~~

5a-If married, widowed, or divorced, WIFE of (or) HUSBAND of Steele Batchelor

6-DATE OF BIRTH (month, day and year) Dec 23 1887

7-AGE. 37 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Md

PARENTS

10-NAME OF FATHER Charles Connelly

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER Elizabeth Cook

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md

14-(Informant) Steele Batchelor

(Address) 1007 W 40 St

15-Filed NOV 24 1925

Robert F. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 23rd 1925

17-I HEREBY CERTIFY, That I attended deceased from Oct 20th 1925 to Nov 23rd 1925

that I last saw h alive on Nov. 23rd 1925

and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs 10 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis.

(Signed) Geo. L. Cross M. D.

. 19 (Address) 28 W. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Nov 25 1925

20-UNDERTAKER Chenoweth & Son ADDRESS 3617 Chestnut Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-E 04021

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 821 Bradley St., 17-3 WARD)

2-FULL NAME Alfred Copland

(a) RESIDENCE NO. 821 Bradley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 22 1925

7 AGE — Years — Months — Days — If LESS than 1 day 15 hrs or 35 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Boy

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Carroll Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Emma Copton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Emma Copton (Address) 821 Bradley St.

15 Filed NOV 24 1925, 19 Robert F. Hoffman, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 22, 1925, to Mar 22, 1925, that I last saw him alive on Mar 22, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis
Prematurity (6 months)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Carey, M. D.

, 19 (Address) 1127 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Cemetery — DATE OF BURIAL: Nov. 25 1925

20 UNDERTAKER: Kate R. Williams — ADDRESS 321 N. Schroeder St

Burial Permit Clerk

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 04022

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 76-7 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Nagle

(a) RESIDENCE NO. B. V. A. Bay View Asylum

(Usual place of abode)

ST., WARD

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hat Blocker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER not known.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant City Hospital Records
(Address) Baltimore Md.

15 Filed ....., 19 .....
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 23 1925

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to November 23, 1925, that I last saw him alive on November 21, 1925, and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis,
Hypertension, Chronic Nephritis
Chronic Myocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Small, M. D.

11. 23, 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 25 1925

20 UNDERTAKER: William Cook & Sons — ADDRESS: Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC... TION is very important. See Instructions on back of certificates.

NOV 24 1925

Spec.—1-10-21—M&T—1500 Bks.

(Dr Magness 1206 E Preston St)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04023

CERTIFICATE OF DEATH.

90 E 04023

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1805 Ensor ST., 9-5 (WARD)

2-FULL NAME Edward W Maxfield

(a) RESIDENCE NO. 1805 Ensor ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary J Maxfield

6 DATE OF BIRTH (month, day, and year): July 8 1864

7 AGE — Years: 61 — Months: 4 — Days: 14 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Mfg

(c) Name of employer: Murphy

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Maxfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Mary Mummy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mary Maxfield
(Address) 1805 Ensor St

15 Nov 24 1925, 19 .....
Robert F. Duffield,
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1925, to Nov. 22, 1925, that I last saw him alive on Nov. 22, 1925, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Chronic myocardial disease.

(duration) 1 yrs. 6 mos 10 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Lee Magness M. D.

11, 23, 1925 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem & Mt 25 — DATE OF BURIAL: 1925

20 UNDERTAKER: William Oak Nov 24 — ADDRESS: 5026 Falls

B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04024

CERTIFICATE OF DEATH.

90 E 04024

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1803 McCulloh ST. 14-1 WARD)

2-FULL NAME Georgeanna Johnson

(a) RESIDENCE NO. 1803 McCulloh ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer D. C. Anderson Co.

9 BIRTHPLACE (City or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Benjiman Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Lillie Kenloss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Benjiman Johnson
(Address) 1803 McCulloh St

15 Filed ....., 19.... Registrar

Robert F. Garrison,

NOV 24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1925, to Nov 22, 1925, that I last saw h[illegible] alive on Nov 22, 1925, and that death occurred, on the date stated above, at 12 00 P m.

The CAUSE OF DEATH* was as follows:

acute cardiac dilitation with acute pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Stroke (weight 370 lbs.)

(duration) 11 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Harry D. Hartzog M. D.

Nov. 19 25 (Address) 37 W Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL 11/24 1925

20 UNDERTAKER Samuel J. Newsley ADDRESS 628 N. Eutaw

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

See Letter on file from M. H. Foster M.D.

E 04025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04025

179 Nov 28-1925 445

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U S Marine Hosp. ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jone Johnson

(a) RESIDENCE NO. 1110 Mosher St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 24, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27	37	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 07

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Olivia Johnson

(Address) 1110 Mosher St

15 Filed NOV 24 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1925, to Nov. 23, 1925, that I last saw h[illegible] alive on Nov. 23, 1925, and that death occurred, on the date stated above, at 6:35 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Cardiac dilatation

uremic poisoning

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis. uremia [illegible] Hypertension not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy + Clinical

(Signed) H. E. Foster, M. D.

, 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem.

DATE OF BURIAL 11/26 1925

20 UNDERTAKER Samuel Beasley

ADDRESS 538 N Bdle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

[illegible] should be stated EXACTLY. PHYSICIAN should [illegible]te

[illegible] should be carefully supplied. AGE should

[illegible] ROBERT P. PATTERSON,

[illegible] Chief Bureau Vital Statistics

Spec—12-20-21—E.B.R.S.—400 Bks.

E 04026

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04026

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 606 W Lanvale St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Horace S. Garrison

(a) Residence No. 606 W Lanvale St., 17 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Sarah L. Garrison

6-DATE OF BIRTH (month, day and year) Dec 3 1901

7-AGE. 23
24 yrs. 11 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Porter 070

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Balto
(State or Country), Md

PARENTS.

10-NAME OF FATHER, Horace Garrison

11-BIRTHPLACE OF FATHER (city or town)..... Unknown
(State or Country),

12-MAIDEN NAME OF MOTHER, Rosa Pitchett

13-BIRTHPLACE OF MOTHER (city or town)..... Unknown
(State or Country),

14-

(Informant)... Sarah L. Garrison

(Address)... 606 W. Lanvale

15-

NOV 24 1925 192.. Robert P. Harrison
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-20-25

17- I HEREBY CERTIFY, That I attended deceased from 11-16 1925 to 11-20 1925

that I last saw h.. alive on 11-19 1925

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Kimmel M. D.

11-20 1925 (Address) 1126 Druid Hill

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn Cem	11/25 1925
UNDERTAKER.	ADDRESS.
Samuel Hemsley	W Balto

Filled EXACTLY. PHYSICIANS should state CAUSE OF DEATH supplied. AGE should be stated so that it may be properly classified. See instructions on back of certificates. Exact statement of OCCUPATION is very important.

Cor.—1-12-23—M&T—100 Bks.

Quill

E 04027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04027

CERTIFICATE OF DEATH.

118-002

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 506 Iceland. ST., 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt Quill

(a) RESIDENCE No. 506 Iceland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth Quill

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 48; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: Samuel Quill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rebecca Barnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Ruth Quill 506 Iceland St.

15 Filed , 192 Robert P. Harrison, Registrar

NOV 24 1925 Deputy Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Obstruction of Bowels.

(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. C. Hades, M. D. (Coroner)

Nov 24 192 (Address) 1413 Mos Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 11 24 192 5

20 UNDERTAKER: Samuel Hemsley — ADDRESS: Biddle

Cor.—1-12-23—M&T—100 Bks.

E.04028 HEALTH DEPARTMENT—CITY OF BALTIMORE E.04028

CERTIFICATE OF DEATH.

27-9 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Belgian Ave ST., WARD) REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Owen J Mclaughlin

(a) RESIDENCE NO. 703 Belgian Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) April 13-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	67	7	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Hotel
(b) General nature of industry, business, or establishment in which employed (or employer) Manager
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Farrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant William Cook
(Address) 502 E.North Ave

15 Filed NOV 24 1925, 192.. Robert P. Garrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Chr Myocarditis

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Angina Pectoris- high blood Pressure (duration) yrs. mos. ds.

(Signed) J. J. Mullen, M. D.
(Coroner.)
11-23-25, 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..yrs., ..mos., ..ds. In the State ..yrs., ..mos., ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral bam	11/25 192 5
20 UNDERTAKER J. J. Moran	ADDRESS 3000 E Ballot

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04029 E 04029

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Smith

(a) RESIDENCE No. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) not known

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant City Hospital Records

(Address) Baltimore Md

15 Filed , 19

Registrar

Burial Permit Clerk

NOV 24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 21 1925

17

I HEREBY CERTIFY, That I attended deceased from October 27, 1925, to November 21, 1925,

that I last saw him alive on November 21, 1925,

and that death occurred, on the date stated above, at 11 PM.

The CAUSE OF DEATH* was as follows:

Subacute encephalitis

(Path. Anat. & Biology)

(duration) yrs ? mos ds.

CONTRIBUTORY (Secondary) Terminal bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? General & laboratory

(Signed) R. Hooper Smith, M. D.

Nov 23 1925 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn cemetery	Nov 25, 1925
20 UNDERTAKER Mrs Sus. E. Dennis per T. E. Nelson	ADDRESS 1303 Pennsylvania Ave

marion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 04030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04030

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1325 W Lafayette Av St. 15-13 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Mc Coy

(Residence in Baltimore: No. 1325 W Lafayette Av St.; yrs., 3 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): single

6-DATE OF BIRTH: August 6 1922 (Month) (Day) (Year)

7-AGE: ....yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER, Arthur McCoy

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER, Dorothy Morgan

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. D. McCoy

(Address) 1325 W Lafayette Av St

15-

Filed ..... 192.....

Robert P. Harrison, Registrar.

V 74 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 22, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac. Bronchitis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) 1 yrs. ....mos. 4 ds.

(Signed) J. T. Harrison M. D. (Coroner.)

Nov. 23 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemtery — DATE OF BURIAL, Nov. 25 1925

20-UNDERTAKER, Mrs Geo. W. Dennis — ADDRESS 1303 Pressman St

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-25—M&T—100 Blks.

E 04031 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04031

CERTIFICATE OF DEATH. 189

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mer Hosp. ST. 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. H. Wanderly

(a) RESIDENCE NO. 1220 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emmorine Wanderly

6 DATE OF BIRTH (month, day, and year) July 17. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	4	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stableman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Fayette mills 024

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Geo. Wanderly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Rebecca Draper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant (Address) University Hospital

15 Filed NOV 24 1925 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 23 25

17 I HEREBY CERTIFY, That I took charge of the remains described above, on the ....day of ....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ....(Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH was as follows:* Accidents Cerebral Hem. Fracture Skull, by horse Lacki

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Lacki

(duration) ....yrs. ....mos. ....ds.

(Signed) C. C. Hagen M. D.
(Coroner)

Nov 23/25 (Address) 1743 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkersburg Pa. DATE OF BURIAL Nov. 25 1925

20 UNDERTAKER William Cook ADDRESS 502 E. Hale Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

E 04032

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Fleet ST. 3-4 WARD)

2-FULL NAME Jennie Kelek

(a) RESIDENCE NO. 1515 Fleet ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 15-23

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ballo- Poland

PARENTS

10 NAME OF FATHER Antoni Kelek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Kate Galary s.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Antoni Kelek

(Address) 1515 Fleet St

15 NOV 25 1925 ROBERT P. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 23, 1925, to Nov 24 1925, that I last saw her alive on Nov 24 1925 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Laryngeal)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John H. Kelberger, M. D.

, 19 (Address) 1709 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL 11/25 1925

20 UNDERTAKER F. W. Ozazewski ADDRESS 1900 Eastern Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04033

CERTIFICATE OF DEATH.

E 04033

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mun Hosp. ST., 22-1 WARD) 19

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Scott.

(a) RESIDENCE No. 504 Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 0/0

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Thomas Scott

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Harriet Bryan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Minnie Mealey
(Address) [redacted] S Green St

NOV 25 1925 RUPERT B. KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 31 19 25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows: Hemorrhage Gun Shot wound of Chest

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

(Signed) J. C. Gladden Coroner

Nov 2 5 19 25 (Address) 1736 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zi[redacted]	11-28 1925
20 UNDERTAKER John H. Toadvine	ADDRESS 1037 Lend Hill Ave

STATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-20-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04034

CERTIFICATE OF DEATH.

71-001 E 04034

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2619 Dulaney St. 70-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Blair Anna Wertz

(a) RESIDENCE NO. 2619 Dulaney ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 31 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	207	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Edward Wertz

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country)

12 MAIDEN NAME OF MOTHER Emma Cox

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country)

14 Informant Edward Wertz
(Address) 2619 Dulaney St

15 Filed NOV 25 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1925, to Nov. 23, 1925.

that I last saw her alive on Nov. 23, 1925.

and that death occurred, on the date stated above, at 8 10 p.m.

The CAUSE OF DEATH* was as follows:

Simple Meningitis

CONTRIBUTORY (Secondary) (duration) yrs. mos 14 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. D. Driscoll, M. D.

, 19 (Address) 211 Mulberry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Nov 26 1925
20 UNDERTAKER	ADDRESS
Wm. Wm. H. S. Sinclair	1737 N. Pratt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 04035

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 Bellwood Ave (Gardenville) ST., 27-11 WARD)

2-FULL NAME Edith May Springer

(a) RESIDENCE NO. 26 Bellwood Av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Harry L. Springer

6 DATE OF BIRTH (month, day, and year): Nov 23 91

7 AGE — Years: 34 — Months: — Days: 1 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Frank B. Tucker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Carrie Merrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Jacob Schaffline

(Address) 26 Bellwood Ave

15 Filed NOV 25 1925 AUGUST L. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1925, to Nov 24, 1925, that I last saw her alive on Nov 23, 1925, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Intussusception

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm. Pearce, M. D.

11/25, 1925 (Address) 1 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. — DATE OF BURIAL: 11/27/1925

20 UNDERTAKER: Philip Hennig — ADDRESS 2016 Orleans

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04036

CERTIFICATE OF DEATH.

90 ✓

REGISTERED NO. E 04036

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbert Gray.(C)

(a) RESIDENCE No. 926 Hillman. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ; --- mos. ---- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 17, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	---	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Junk dealer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER George Gray.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mollie Taylor.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant George Gray.(C) father.
(Address) Monkton. Md.

NOV 25 1925 Registrar

RUPERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 21, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt, M. D. (Coroner)

Nov. 25, 1925 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Luke Cem. Monkton Md

DATE OF BURIAL Nov 26 1925

20 UNDERTAKER Mrs P.G. Elliott

ADDRESS 1225 Eastland

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04037

CERTIFICATE OF DEATH.

31 E 04037

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (T.B.) 5-1 St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Eugene Bantum

(a) RESIDENCE No. 140 Colvin st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 040

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Bantum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Alberta Thomas

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed NOV 25 1925 ROBERT E. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1925, to Nov. 23, 1925, that I last saw him alive on Nov. 23, 1925, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) W O McCarey M. D.

11-23-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Funnel Cemetery	11-28-1925
20 UNDERTAKER	ADDRESS
Mac R. A. Elliott	1525 Ashland Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-Col E 04038

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 E. Monument St. - V. WARD)

2-FULL NAME Donald B. Gentt

(a) RESIDENCE. No. 1105 E. Monument St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 8 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Feb. 16 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Geo. F. Gentt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Viola Baldwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

11 Informant Geo. F. Gentt

(Address) 1105 Monument E

NOV 25 1925 ROBERT R. BRADDOCK Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 20th 1925, to Nov 22, 1925, that I last saw him alive on Nov 22, 1925 and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever 2 wks known

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Regular F. C. Hawk. M. D.

(Signed)

Nov 23rd 1925 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury-Cemetry	Nov 26 1925

20 UNDERTAKER Mrs R. A. Elliott ADDRESS 1705 Usher ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

188268 E 04039

HEALTH DEPARTMENT—CITY OF BALTIMORE E 04039

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Thelemy

(a) RESIDENCE No. 133 E. Biddle St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 27-1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	17 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Robert Thelemy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Betty Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Md.

14 Informant Parents

(Address)

15 NOV 25 1923 RUPERT B. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1923

17

I HEREBY CERTIFY, That I attended deceased from Oct 4, 1923, to Nov 21, 1923, that I last saw her alive on Nov 21, 1923 and that death occurred, on the date stated above, at 9:00 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. 45 mos. 7 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. J. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

NOV 25 1923

867

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Kurtz

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04040

CERTIFICATE OF DEATH.

57 E 04040

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raymond Dukeland ST., 26-5 WARD)

2-FULL NAME Charles E. Kurtz

(a) RESIDENCE NO. 3308 Fait Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Kurtz

6 DATE OF BIRTH (month, day, and year) May 23, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 816

(b) General nature of Industry, business, or establishment in which employed (or employer) Natl Enam. & Stamp. Co

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER Joseph Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Mr. Geo E. Kurtz

(Address) 3308 Fait Ave.

15 Filed NOV 25 1926 RUPERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/11 .1926. to 11/24 .1926.

that I last saw h~~im~~ alive on 11/24 .1926.

and that death occurred, on the date stated above, at 6:40 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Diabetic gangrene

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of 11/23/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jos Hiett Wightman M. D.

.19 (Address) West Baltimore Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem. DATE OF BURIAL Nov 26 1926

20 UNDERTAKER Wm Tickner & Sons ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 04041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓ E 04041

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 W. North Ave ST., 15-13 WARD)

2-FULL NAME Ethel Adele Owens

(a) RESIDENCE No. 1718 W. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of J. Albert Owens

6 DATE OF BIRTH (month, day, and year) Mar. 6 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of Industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Theodore Batterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Emberson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant Mr. Albert Owens (Address) 1718 W. North Ave.

15 Filed ..... 19 ..... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) Nov. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1925, to Nov. 23, 1925, that I last saw her alive on Nov. 23, 1925, and that death occurred, on the date stated above, at 6:20 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis.

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Auscultation

(Signed) J. M. Dilworth M. D.

(Address) 62 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	Nov. 25 1925
20 UNDERTAKER	ADDRESS
Wm. J. Pickuer Sons	North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04042

CERTIFICATE OF DEATH.

16-3 12

E 04042

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Riggs Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gertrude Hynes.

(a) RESIDENCE NO. 2700 Riggs Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest H. Hynes

6 DATE OF BIRTH (month, day, and year) July 16-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co, Md.

PARENTS

10 NAME OF FATHER Louis H. Wooden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Co., Md.

12 MAIDEN NAME OF MOTHER Anna Blizzard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Co., Md.

14 Informant Anna M. Blizzard

(Address) 2700 Riggs Ave

15 Filed NOV 25 1925 JOHN L. KRAUTER, Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 19 1925 to Nov 23 1925.

that I last saw her alive on Nov 22nd 1925.

and that death occurred, on the date stated above, at 6.15 A. m.

The CAUSE OF DEATH* was as follows:

Renal Tuberculosis

Pyonephrosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Ruptured Renal Pyonephrosis & Osteomyelitis (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of March 9th 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Geo. L. Wisong, M. D.

, 19 (Address) 4006 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem — DATE OF BURIAL Nov 25 1925

20 UNDERTAKER Zickler & Zickler — ADDRESS 1739 E. Eager St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04043

CERTIFICATE OF DEATH.

178 E 04043

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary St. 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Marie Lemmert

(a) RESIDENCE No. 708 St Paul St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Oct 6-1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	1	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Teacher-Dancing
(b) General nature of industry, business, or establishment in which employed (or employer): Peabody
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John R. Lemmert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Nettie Fernser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant (Address): John R. Lemmert 708 St Paul St

15 Filed NOV 25 1925 CARL B. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 24/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-Intracranial Hem. Threw herself in front of a moving auto/otruck. Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mental Depression (duration) yrs. mos. ds.

(Signed) J. S. O'Ballin, M. D. (Coroner)

11-24-25, 192 (Address) 500 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cemetery	Nov. 25 192 5

20 UNDERTAKER: John O. Mitchell ADDRESS: 1201 W. Fayette St

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04044

CERTIFICATE OF DEATH.

101-001 E 04044

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 958 N. Chapel St ST., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Johnson

(a) RESIDENCE NO. 958 N. Chapel St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Columbus Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Nettie Askins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant "ettie Camphor (mother)
(Address) 958 N. Chapel St

Filed NOV 25 1925 HUBERT F. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came this death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Probably ~obar)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Bach, M. D.
(Coroner.)

11-24-25 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetary DATE OF BURIAL Nov 26 1925

20 UNDERTAKER Jos. F. H. Rochester ADDRESS 1413 W. Lanvale St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 04045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 04045

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 902 McCulloh ST. 11-2 WARD)

2-FULL NAME Thomas McBride

(a) RESIDENCE NO. 902 McCulloh ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): Feb 15 1889

7 AGE — Years: 36 — Months: 9 — Days: 9 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): C/O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgia

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Ann McBride

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont Know

14 Informant: Lillian McBride

(Address): 902 McCulloh St

15 NOV 25 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 13 1925, to November 24 1925, that I last saw him alive on November 23 1925, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lung

Tuberculosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Tuberculosis of Lung

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Wassermann

(Signed) Dr. L. Wilkenmach, M. D.

11-24 1925 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: [illegible] Commissioner Health,

ADDRESS

NOV 25 1925

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04046

CERTIFICATE OF DEATH.

76 ✓ E 04046

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 558 St. Mary ST. 17 ✓ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L. Robinson

(a) RESIDENCE NO. 558 St. Mary ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rosa Robinson

6 DATE OF BIRTH (month, day, and year) — — 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of Industry, business, or establishment in which employed (or employer) 10 01

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rosa Robinson

(Address) 558 S. Mary

Filed NOV 25 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1925, to Nov. 21, 1925.

that I last saw him alive on Nov. 21, 1925.

and that death occurred, on the date stated above, at 9:50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ✓ ds.

CONTRIBUTORY (Secondary) Paresis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) W. F. Howell M. D.

1925 (Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 11 26 1925

20 UNDERTAKER Samuel Hemsley

ADDRESS 578 S Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04047

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 E 04047

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5106 York Road ST., 27-8 WARD)

2-FULL NAME Anna E. Owens

(a) RESIDENCE NO. 5106 York Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred all her life yrs. mos. ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin B. Owens

6 DATE OF BIRTH (month, day, and year) June 30, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80	4	22 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Harris

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know

12 MAIDEN NAME OF MOTHER Margaret A. Kinnamon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Talbott Co. Md.

14 Informant Mrs. E. M. Duncan
(Address) 5106 York Road

15 Filed NOV 25 1925 RUDOLPH F. KRAUSER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1924, to Nov 23, 1925, that I last saw her alive on Nov 23, 1925, and that death occurred, on the date stated above, at 6 15 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis of left side due to Haemorrhage of brain

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan, M. D.

Nov 24, 1925 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 11/25 1925

20 UNDERTAKER Henry W. Mears and Son

ADDRESS 805 N. Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 04048 HEALTH DEPARTMENT—CITY OF BALTIMORE 24-001 E 04048

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 705 N. Vincent St. 16-7 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Annie Wilkes

(Residence in Baltimore: No. 705 N. Vincent St. St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. about (Month) 1 (Day) 85 (Year)

7-AGE. 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer). 041

9-BIRTHPLACE. (State or Country). Georgia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER. (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora Brown

(Address) 1722 N. Laurens

15- NOV 25 1925 Burial Permit Clerk. AUGUST F. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 15, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D. (Coroner.)

Nov. 16 1925 (Address) 2502 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL. HOPKINS HOSPITAL DATE OF BURIAL. 19..

20-UNDERTAKER. Commissioner Health. ADDRESS NOV 25 1925

THE MORGUE.

For Chas. E. Woodall

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04049

CERTIFICATE OF DEATH.

31

E 04049

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3509 Edgewood Rd St. 15-2 Ward) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME John Haug

(Residence in Baltimore: No. 3509 Edgewood Rd St.; 47 yrs., 10 mos., 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. January 4th, 1878
(Month) (Day) (Year)

7-AGE. 47 yrs. 10 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber Supplies
(b) General nature of industry, business, or establishment in which employed (or employer): 043

9-BIRTHPLACE. (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER. John J. Haug

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Bertha Leonhardt

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Wiesemann

(Address) 3509 Edgewood Rd

15- NOV 25 1925 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 23rd, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1925, to Nov 23rd 1925, that I saw her alive on Nov 23rd 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 2 ds.

(Signed) L. B. Schlosshauer M. D.

11/26 1925 (Address) 1901 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery DATE OF BURIAL. Nov 25, 1925

20-UNDERTAKER J. B. Wilfert ADDRESS 1850 W. Baltimore St

CAUSE OF DEATH must be plainly written, and technical or unusual terms should be avoided. Every statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Liturnick

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

B 04050

CERTIFICATE OF DEATH.

E 04050

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Bath Jenil ST., Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nick Liturnick.

(a) RESIDENCE NO. 928 Mc Donough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	34.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 640

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Karilo Litivnick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant John Litivnick

(Address) 928 Mc Donough St

Filed NOV 25 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1925.

17

I HEREBY CERTIFY, That I attended deceased from Nov 14 1925 to Nov 23 1925.

that I last saw h~~e~~ alive on Nov 23 1925,

and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia.

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) James Welsh, M. D.

, 19 (Address) 1213 Eight St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Nov 26 1925

20 UNDERTAKER Mary Grebianek ADDRESS 425 S P St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Dr. Dorsey 1129 St Paul St. ✓

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04051

CERTIFICATE OF DEATH.

101-001

E 04051

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1702 Ashburton ST. 15-9 (WARD)

2-FULL NAME Matilda Schaefer

(a) RESIDENCE NO. 1702 Ashburton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 56 7

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hair Dresser

(b) General nature of industry, business, or establishment in which employed (or employer) 886

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER August Schaefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Schaefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant August Schaefer

(Address) 1702 Ashburton St

15 Filed ... 19 ... RUPERT B. KRAMER Registrar

NOV 26 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 1925

17

I HEREBY CERTIFY, That I attended deceased from 11-22, 1925, to 11-24, 1925,

that I last saw her alive on 11-23, 1925

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

LOBAR PNEUMONIA

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. J. Dorsey, M. D.

, 19 (Address) 1129 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park - Nov	27 1925

20 UNDERTAKER ADDRESS

Wm Cook 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

04052

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 04052

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Forest Ave Hillsdale WARD 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabel Gillespie

(a) RESIDENCE NO. Forest Ave Hillsdale WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry E Gillespie

6 DATE OF BIRTH (month, day, and year): Dec 3 1875

7 AGE: Years 46 Months 11 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Phila Pa

PARENTS

10 NAME OF FATHER: Daniel Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Strain

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Harry E Gillespie

(Address): Forest Ave Hillsdale

15 Filed NOV 25 1925 ALBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1925, to Nov 23, 1925, that I last saw h... alive on Nov 22, 1925, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows: Carcinoma of Uterus

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Rheumalgia

(Signed) W. C. Smith, M. D.

Nov 23 1925 (Address) 1504 Gilsey Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem't

DATE OF BURIAL: Nov 16 1925

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 04053

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Winston Ave St. 27-9 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Eleanor Woolston.

(a) RESIDENCE NO. 710 Winston Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married.

5a If married, widowed, or divorced (or) WIFE of William E. Woolston.

6 DATE OF BIRTH (month, day, and year) April 15-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house-wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

PARENTS

9 BIRTHPLACE (city or town) Anne Arundel Co, (State or country) Maryland.

10 NAME OF FATHER Edward E. Anderson

11 BIRTHPLACE OF FATHER (city or town) Anne Arundel Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anne V. Spear

13 BIRTHPLACE OF MOTHER (city or town) Anne Arundel Co (State or country) Maryland.

14 Informant Mrs Minnie Myers. (Address) 710 Winston Ave.

15 Filed NOV 25 1925 PAUL A. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 23 1925

17 I HEREBY CERTIFY, That I attended deceased from August 18-, 1925, to November 23, 1925, that I last saw h[illegible] alive on November 21, 1925, and that death occurred, on the date stated above, at 10:20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of Oct. 7-1925

Was there an autopsy? no What test confirmed diagnosis? urinalysis

(Signed) Chester Riland, M. D.

11-23 1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	11/26 1925
20 UNDERTAKER William Cook	ADDRESS 502 E Wolk

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04054 — 3 — E 04054

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Eaton

(a) RESIDENCE NO. 12 W. Montgomery st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Eaton

6 DATE OF BIRTH (month, day, and year) May 22— 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpentar

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 015

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Eaton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Alberta Burns

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Hospital Records

(Address) MURIEL E. KRAUTER

NOV 25 1925 Burial Permit Clerk.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24, 1925

17 I HEREBY CERTIFY, That I attended deceased from October 6, 1925, to Nov. 24, 1925, that I last saw him alive on Nov. 24, 1925, and that death occurred, on the date stated above, at 4.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. D. McCrane M. D.

11-23-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leadenhall — DATE OF BURIAL 11/27 1925

20 UNDERTAKER Edwin Cook Son & Elmira — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04055

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 04055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Penna Ave. St. 14-1 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Crafton

(a) RESIDENCE. No. 1421 Penna Ave St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47				

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Steven Crafton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Suey Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Suey Brown

(Address) 1421 Penna ave

15 Filed NOV 25 1925 ROBERT M. KRAUTH, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1925, to Nov 20th, 1925, that I last saw h[illegible] alive on Nov 23, 1925, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) About yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) About yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Jas Casper, M. D.

. 19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Int Cultura Cem	11/26 1925

20 UNDERTAKER ADDRESS

Jas. W. Skinner 1625 E. Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 04056

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 04056

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 929 S Streeper St ST 13 WARD)

(If death occured a hospital or institutio give its NAME instead street and number a fill out No. 18.)

2-FULL NAME Wm F Crane

(Residence in Baltimore: No. 929 S Streeper St St.; yrs. mos. ds.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: December 1 (Month) (Day) (Year)

7-AGE: 56 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: shipyard
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): dont know

PARENTS

10-NAME OF FATHER: dont know

11-BIRTHPLACE OF FATHER (State or country): dont know

12-MAIDEN NAME OF MOTHER: dont know

13-BIRTHPLACE OF MOTHER (State or country): dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Green

(Address) 929 S Streeper

15-

Filed NOV 25 1925 ROBERT R. KRAUTER, Burial Permit Clerk REGISTRAR

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 15 (Month) 25 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased fro Nov 1, 1925, to Nov 25 1925 that I saw h alive on Nov 15, 1925 and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH* was as follows:

Pulmonary TB

Indefinite (Duration) yrs. mos.

Contributory (SECONDARY) Pulmonary TB (Duration) yrs. 1 mos.

(Signed) W. J. McAvoy M.

Nov, 1925 (Address) 6375 Eldorado

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUS state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Trinity Cem

DATE OF BURIAL: Nov. 26 1925

20-UNDERTAKER: Stephen J. Fialkowski

ADDRESS: 1000 S Kenwood Ave

Spec.—1-12-23—M&T—500 Bks.

E 04057

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04057

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 115 Augusta

CITY OF BALTIMORE: (No. Aged Home St. 5-1 WARD)

2-FULL NAME Molly Rosen

(a) RESIDENCE No. 11 Fairgrith St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 87 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Rosen

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old age

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant S. R. Rosen

(Address) 2403 Callow Avenue

15 NOV 25 1925 Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 24th, 1925, to Nov 24th, 1925, that I last saw h alive on Nov 24, 1925, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Coma

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob L Weiner, M. D.

11-25, 1925 (Address) 308 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosh Rood

DATE OF BURIAL 11/25 1925

20 UNDERTAKER Jack Levy

ADDRESS 1729 E Balto

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 E 04058

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST. 4-3 WARD)

2-FULL NAME Veronica Hildebrand

(a) RESIDENCE No. 1637 Montpelier St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of August C. Hildebrand

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Wakefield Mass

PARENTS

10 NAME OF FATHER John Berg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant August C Hildebrand

(Address) 1637 Montpelier St

15 Filed NOV 25 1925, 19

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 23, 1925, to Nov 24, 1925, that I last saw h alive on Nov 24, 1925, and that death occurred, on the date stated above, at 2.55 p. m.

The CAUSE OF DEATH* was as follows:

Diphtheria, Tons. Pharyngitis.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Positive Diph. Culture

(Signed) Myron G. Tull, M. D.

11/25 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL Nov 26 1925

20 UNDERTAKER Robt J Turner & Son ADDRESS 1442 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04059 E 04059

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 17-3 WARD)

2-FULL NAME Dr. George Theophius Kemp

(a) RESIDENCE NO. 116 W. 25th. Street ST. 12 WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 65 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) About 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	65	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer): Medicine

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Dr. Wm. M. Kemp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Maryland

12 MAIDEN NAME OF MOTHER: Emily Amalung

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Maryland

14 Informant: Mr. E. W. Kemp (nephew)
(Address) Relay Md.

15 25 1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1925, to Nov. 24, 1925, that I last saw him alive on Nov. 24, 1925 and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) George B. Brice M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Nov-26-25.

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS: 108 W. NORTH AVE

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04060

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2-Hillside-Road ST. 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JOHN DICK HALLIDAY

(a) RESIDENCE No. 2308-N-Calvert-St. ST. 12 WARD (Resident)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? 57 yrs. 10 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophy Sadtler Halliday

6 DATE OF BIRTH (month, day, and year) Jany-11-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Broker

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Robt. John Halliday

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Christeen Dick.

13 BIRTHPLACE OF MOTHER (city or town) Phila. (State or country) Penna.

14 Informant Mrs. Sophy S. Halliday (wife)
(Address) 2308-N-Calvert-St., City.

15 [illegible] Robert F. Harrison Registrar

25 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1925.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1923 to Nov. 24 1924.

that I last saw him alive on Nov. 24 1924

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Nov. 1923

Was there an autopsy? no

What test confirmed diagnosis? Exploratory Incision

(Signed) Stanley McAleer, M. D.

, 19 (Address) 1609 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
GREEN MOUNT CEMETERY	Nov-27-25

20 UNDERTAKER	ADDRESS
STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)	108 W. NORTH AVE

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONTRA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114

E 04061

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary O Neill

(a) RESIDENCE No. Mt Hope Retreat ST., 28th WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 29 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt	54	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) (?) Ireland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) (?) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Records of Mt Hope Retreat

15 Filed 1925, 19 Robert P. Bartlett, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 13th, 1905, to Nov 25, 1925, that I last saw her alive on Nov 24 1925, and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Acute Ulcero Colitis

Abt (duration) 0 yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Chr. Mania Hydrarrhis

Abt (duration) 20 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Nov 27/ 1925

20 UNDERTAKER STEWART & MOHLER COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 04062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

112 E 04062

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Alice Anna ST., 7-3 WARD)

2-FULL NAME Mary Anderson

(a) RESIDENCE NO. 1924 Alice Anna ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 20, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	0	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Ladislaus Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Anna Buddemeier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Anna Anderson

(Address) 1924 Alice Anna St

15 Robert P. Harrison, Registrar

NOV 25 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 8 1925, to Nov. 25 1925, that I last saw her alive on " 24 1925, and that death occurred, on the date stated above, at 9 9 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. 1/2 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Chas S Keen, M. D.

11/25/25 (Address) 405 E Pat St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL Nov. 27 1925

20 UNDERTAKER M F Sadowski ADDRESS 905 S Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

186366

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04063

CERTIFICATE OF DEATH.

E 04063

REGISTERED NO. 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Pike Kenney

(a) RESIDENCE No. 1614 Mc Henry St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. McKenney

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Wilmer Ayers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Jane Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

15 25 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 12 -, 1925, to Nov 24, 1925, that I last saw her alive on Nov 24, 1925 and that death occurred, on the date stated above, at 10 20 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach with metastases to Liver

(duration) 1 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 11/14/25

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) J. Ly Resident, M. D.

, 19 (Address) John Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Park Cemetery	Nov 27 1925

20 UNDERTAKER ADDRESS

Chas. S. Black 742 W. Fourth Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04064

E 04064

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Durham St ST. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give NAME instead of street number and fill out No.)

2-FULL NAME Anthony Albrecht

(a) RESIDENCE NO. 114 N. Durham St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Albrecht

6 DATE OF BIRTH (month, day, and year) May 10-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	7 6	23 12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Employee
(b) General nature of industry, business, or establishment in which employed (or employer) S. C. D. 040
(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Anthony Albrecht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna Albrecht
(Address) 114 N. Durham St

15 Filed NOV 25 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23-25 19

17 I HEREBY CERTIFY, That I took charge of remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer of throat

(duration) yrs. mos.

CONTRIBUTORY (Secondary) (duration) yrs. mos.

(Signed) J. S. H. Geiter (Coroner)

11-25-25 192 (Address) 508 E. North

*State the Disease Causing Death, or in deaths from Violent state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF Nov

20 UNDERTAKER Lilly & Geiter ADDR 4038

MARGIN RESERVED FOR BINDING

NB.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. A. F. E. T. Y.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04065

CERTIFICATE OF DEATH.

129 E 04065

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 John ST. 14 E WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Jane Gilbert

(a) RESIDENCE No. 1710 John ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (~~HUSBAND~~) of (or) WIFE of Isaac C. Gilbert.

6 DATE OF BIRTH (month, day, and year) Feby 28-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	77	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co Md (State or country)

PARENTS

10 NAME OF FATHER John N. Treadwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co

12 MAIDEN NAME OF MOTHER Mary Magness

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co

14 Informant Howard E. Gilbert (Address) 1710 John St

15 25 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 6 1925, to Nov 25 1925,

that I last saw h alive on Nov 25 1925,

and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Interstitial Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Chambers, M. D.

Nov 27 1925 (Address) 1504 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem — DATE OF BURIAL: Nov 28 1925

20 UNDERTAKER: Harry W. Ehlen — ADDRESS: 1 W North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04066 X 49 E 04066

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N. Broadway ~~JOHNS HOPKINS HOSPITAL~~ St. 6-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Lewis County

2-FULL NAME Louis McWain

(a) RESIDENCE NO. Garrison Kentucky Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Louis McWain

6 DATE OF BIRTH (month, day, and year) [illegible] 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railway Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Railroading

(c) Name of employer — Railroad

9 BIRTHPLACE (city or town) (State or country) Garrison Ky.

PARENTS

10 NAME OF FATHER Wilson McMain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Garrison Ky

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Garrison Ky

14 Informant Dr. Robert W. McKay

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 25 1925, 19 Howard P. Jeffries Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 3, 1925, to Nov 24, 1925,

that I last saw him alive on Nov 24, 1925,

and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Bladder (Primary)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis Chronic Interstitial

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Garrison Ky.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert W. McKay, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Garrison Ky

DATE OF BURIAL 11/26/25 19

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 04067

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Gen. Hays St. 13-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry E Merritt

(a) RESIDENCE NO. 2144 Woodbery ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ Annie E Merritt

6 DATE OF BIRTH (month, day, and year) July 4th 1879

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46 yrs	4 mo	21 days	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Automobile Trimmer
(b) General nature of industry, business, or establishment in which employed (or employer) Cadalac of Balto
(c) Name of employer Cadilac Co

9 BIRTHPLACE (city or town) Thurmont
(State or country) Md

PARENTS

10 NAME OF FATHER Wm E Merritt

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Williams

13 BIRTHPLACE OF MOTHER (city or town) Thurmont
(State or country) Md

14 Informant Annie E Merritt
(Address) 2144 Woodbery ave

15 NOV 25 1925 192 Robert P. Barrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Streptococcic infection of blood.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Struck on arm which is thought

(duration) yrs. mos. 3 ds.

(Signed) J. T. Hennessey, M. D.
(Coroner.)
Nov. 25, 1925 (Address) 281 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetary	Nov 28th 1925
20 UNDERTAKER Geo Schilling Sons	ADDRESS Monument & Lexington St

ATION IS very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04068

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04068

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 134 W. Cross St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Scherer

(a) Residence No. 134 W. Cross St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Scherer

6-DATE OF BIRTH (month, day and year) July 2 - 1877

7-AGE, 48 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Plumber 059

(b) General nature of Industry, business, or establishment in which employed (or employer) Wm. J. Henkel

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER, August Scherer.

11-BIRTHPLACE OF FATHER (city or town) Md (State or Country),

12-MAIDEN NAME OF MOTHER, Sophia Rehling

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country),

14-

(Informant) Mrs. Scherer

(Address) 134 W. Cross

15-

Filed 25 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 25-1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1925 to Nov 24 1925

that I last saw h alive on Nov 24 1925

and that death occurred, on the date stated above, at 6 A M

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) yrs. 1 mos. ds

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Not known

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

Nov 25, 1925 (Address) Lyon & Wannard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	11/27 1925
20-UNDERTAKER,	ADDRESS
I. Frew McCully	130 E. Fort

Cor.—1-12-23—M&T—100 Bks.

Bednarek

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04069

CERTIFICATE OF DEATH.

X 168

E 04069

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bay View Hosp. (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph. Bednarek.

(a) RESIDENCE No. Wilkesbarre Penn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bednarek

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

034

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER George Bednarek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Constance

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Adolph Bednarek (Address) Wilkesbarre Pa

15

NOV 26 1925

EUPLAT R. KRAUTER, Local Registrar Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Hanging

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) yrs. mos. 1 ds.

(Signed) H. C. Bladel, M. D.

(Coroner)

(Address) 1436 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilkesbarre, Pa.

DATE OF BURIAL 11/26 1925

20 UNDERTAKER L. G. Moran

ADDRESS 8 and E Balto

TION IS very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 04070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04070

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 2400 W. Lan WARD) 29

REGISTERED No. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Ringsdorf

(a) RESIDENCE NO. 3021 Holland ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Ringsdorf

6 DATE OF BIRTH (month, day, and year) April 3=1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Structural Iron worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Ostrich Bros

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles P. Ringsdorf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary L Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John W. Ringsdorf
(Address) 3130 E. Monument st

15 Filed NOV 26 1925 Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

a. Traumatic amputation of fingers (3) accidental by saw. (duration) abt 1 hour

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. ds.

(Signed) W. P. Riley M. D.

Nov 25, 1925 (Address) 1632 Cambridge (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) In Baltimore

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Nov 27 1925

20 UNDERTAKER Henry Lutz ADDRESS 1203 N. Broadway

Cor.—1-12-23—M&T—100 Bks.

E 04071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 04071

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 417 E. 31 (St.) 12-4 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Walter

(a) RESIDENCE No. 417 E. 31st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: U R R. 18

9 BIRTHPLACE (city or town) (State or country): Harford Co

PARENTS

10 NAME OF FATHER: George Walter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Caroline

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: John Morrissey (Address) 3632 Roland Ave

15 DATE: NOV 26 1925 ROBERT E. KRAUTH, Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said [illegible] (Quickest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John J. Morrissey M. D. (Coroner.)

Nov 25, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov. 26 1925
20 UNDERTAKER	ADDRESS
E. A. Windfield Jr	501 E 22 St

Cor.—1-12-23—M&T—100 Bks.

Bochnowicz

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04072

CERTIFICATE OF DEATH. 162 E 04072

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 E Lombard St., 1 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonio Bochnowicz

(a) RESIDENCE NO. 2030 E Lombard St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 4-25

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Julian Bochnowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Sumaska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Julian Bochnowicz (Address) 2035 E Lombard St

15 Filed NOV 26 1925 [illegible] R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxia Livida

Duration ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) De Lambre

Duration ... yrs. ... mos. ... ds.

(Signed) G E Blades, M. D.
(Coroner.)

Nov 26 1925 (Address) 1373 Bank

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL 11/26 1925

20 UNDERTAKER F. W. Ozazewski ADDRESS 1750 Eastern Ave

NOTE—A very important set of instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04073

CERTIFICATE OF DEATH. 199

E 04073

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hanover St. Bridge. ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lunz.

(a) RESIDENCE NO 23 N. Streeper St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a If married, widowed, or divorced, HUSBAND of Barbara Lunz.

6 DATE OF BIRTH (month, day, and year) May 7, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman 062
(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City Water Dpt.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Lunz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Barbara Lunz. (wife)
(Address) 23 N. Streeper St.

Filed NOV 26 1925 ROBERT P. KRAUTER, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 23, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy and inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of skull, hip, arms, leg, neck and pelvis. Struck and knocked down by an automobile recklessly driven. Homicide. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Nov. 25, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Holy Redeemer DATE OF BURIAL Nov 27th 1925

20 UNDERTAKER Lilly & Feiler ADDRESS 438 N. Wolfe

Cor.—1-12-23—M&T—100 Blks.

E 04074

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04074

CERTIFICATE OF DEATH. 81-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 E Pratt ST., 767 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Nelson Sr.

(a) RESIDENCE No. 3911 E Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C Nelson

6 DATE OF BIRTH (month, day, and year) June 14 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 050
(c) Name of employer Armour

9 BIRTHPLACE (city or town) (State or country) Md Baltimore

PARENTS

10 NAME OF FATHER Edward Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) John W Nelson 609 N Curley

15 Filed NOV 26 1925 HELEN R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to Dec death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by illuminating gas in his home accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardosclerosis

(duration) 1 yrs. mos. ds.

(Signed) John M Fowler, M. D. (Coroner)

Nov 26 1925 (Address) 709 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	11/28 1925
20 UNDERTAKER Sergeant Finley	ADDRESS Fulton & Lafayette

Spec.—1-1021—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04075

CERTIFICATE OF DEATH.

90 E 04075

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 76-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Swindell

(a) RESIDENCE NO. 2206 Hunter ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred not known ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) 1875-1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	about 50			
Known	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odo

(b) General nature of Industry, business, or establishment in which employed (or employer) not known

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Anderson Swindell

11 BIRTHPLACE OF FATHER (city or town) (State or country) north Carolina

12 MAIDEN NAME OF MOTHER Sally Gibbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant City Hospitals Records

(Address) Baltimore Maryland

15 NOV 27 1925 ROBERT R. KRAUTER Registrar

Assistant Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 22 1925

17

I HEREBY CERTIFY, That I attended deceased from September 25, 1925, to November 22, 1925.

that I last saw him alive on November 22, 1925.

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Myocarditis (chronic)

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General Laboratory

(Signed) R. Hooper Smith M. D.

Nov 26 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL Nov 27 1925

20 UNDERTAKER Robt E Williams ADDRESS 1115 McElderry St

CAUSE OF DEATH in plain terms, so that it may be properly Classified. EXACT STATEMENT OF CONDITIONS IS VERY IMPORTANT. See instructions on back of certificates.

Spec—12-23-21—E.B.F.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04076

CERTIFICATE OF DEATH.

129

E 04076

1-PLACE OF DEATH

City of BALTIMORE: (No. Md State Penitentiary Hospital Ward) 10-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles Gibson

(a) Residence No. Md State Penitentiary St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gibson

6-DATE OF BIRTH (month, day and year) Nov 1, 1867

7-AGE. 58 yrs. mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, John Henry Gibson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Mary Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Talbot Co. Md

14- (Informant) Md State Pen

(Address)

15- Filed NOV 27 1925 CHARLES P. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 24, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 9, 1925 to Nov 24, 1925

that I last saw him alive on Nov 24, 1925

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

① Arteriosclerotic Cardio Vascular disease

② Chronic Nephritis

③ Acy Pneumonia Left Lung

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Bronchopneumonia (Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Albert L. Anderson M. D.

11/25, 1925 (Address) Md State Pen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md — DATE OF BURIAL, 11/27/1925

20-UNDERTAKER Daniel Easton — ADDRESS 916 Pine

instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04077

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Bradley Av ST., 17-3 WARD)

2-FULL NAME Albert Carter

(a) RESIDENCE NO. 610 Bradley Av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer General

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Thomas Carter

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Susie Page

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Susie Carter
(Address) 610 Bradley Av.

15 Filed ... 192... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) ... yrs. 5 mos. ... ds.

CONTRIBUTORY (Secondary) Said to have [redacted] gassed in France (duration) ... yrs. ... mos. ... ds.

(Signed) D. T. Hennessy, M. D.
(Coroner.)
192 5 (Address) 201 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem	11/26/1925
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pa ave

NOV 27 1925 CHAS. J. KRAUSE Registrar

Burial Permit Given.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04078

CERTIFICATE OF DEATH.

9 E 04078

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 W. Lanvale St. (If not in hospital, give WARD) 11-7

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Retha Johnson

(a) RESIDENCE No. 1409 W Lanvale St WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1/1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City (State or country)

PARENTS

10 NAME OF FATHER Sid Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Selina Walls

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant Sid Johnson

(Address) 1409 W. Lanvale St

NOV 27 1925 ROBERT P. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24/1925

17 I HEREBY CERTIFY, That I attended deceased from 11/20/25 to 11/24/1925.

that I last saw h[illegible] alive on 11/24/25, 19....,

and that death occurred, on the date stated above, at 5-13 8.. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) under yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (Dr to)

(duration) sixty yrs. 1 mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard J. Feng, M. D.

11/27/1925 (Address) 9 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Conn	11/27/1925
20 UNDERTAKER	ADDRESS 916
Daniel Easton	Conn

TION is very important. See instructions on back of certificates.

KODAK S·I·A

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04079

CERTIFICATE OF DEATH.

129

E 04079

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 E. Hoffman ST. 8-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. McGinn

(a) RESIDENCE No. 2035 E. Hoffman ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. McGinn

6 DATE OF BIRTH (month, day, and year) Nov 28 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67.	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Morrow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Belgium

12 MAIDEN NAME OF MOTHER Mary A. Cutter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Elizabeth Johnson

(Address) 2035 E. Hoffman St.

DEC 27 1925

Filed ..... 19 ..... ROBERT N. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 4, 1925, to Nov 24, 1925, that I last saw her alive on Nov 23, 1925 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Arteria sclerosis, auto intoxication & chronic interstitial nephritis

(duration) yrs. 2+ mos. ..... ds.

CONTRIBUTORY (Secondary) Heart failure & asthenia

(duration) yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & symptoms

(Signed) Jay A Dalbey, M. D.

, 19 (Address) 1625 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Cathedral Cemetery	11/27 1925
20 UNDERTAKER	ADDRESS
George J Ruth	1735 Harford Ave

CAUTION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 04080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 188-006 E 04080

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hos. ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Layton Malloy

(a) RESIDENCE No. Sparrows Point Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXXXXXXXXXXX

6 DATE OF BIRTH (month, day, and year) July 22 1903

7 AGE	Years	Months	Days 29	If LESS than 1 day, ... hrs. or ..... min.
	22	3	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country) Bennettsville S.C.

PARENTS

10 NAME OF FATHER Joseph Malloy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bennettville South Carolina

12 MAIDEN NAME OF MOTHER Jane Easton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Willie Malloy (Brother)
(Address) 900 Argyle Ave.

15 Filed ..... 192 ROBERT R. KRAUTER, Registrar

NOV 27 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: (Sparrows Point)
Probable fracture of skull. (accidental)
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Car load of coke was dumped on him
(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner)
Nov. 26, 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem (Eastern Ave)

DATE OF BURIAL Nov 27 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 lbs.

04081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04081

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 26-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Biebels

(a) RESIDENCE NO. Bay View Asylum ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred not known yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	not known

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) not known

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Germany

PARENTS

10 NAME OF FATHER Adam Biebels

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna ——

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant City Hospital Records
(Address) Baltimore Md

15 Filed NOV 27 1925 ROBERT P. KRAUTER Registrar
Special Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 23 1925

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to November 23, 1925, that I last saw him alive on November 22, 1925, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration
Arterial Sclerosis
Chronic Myocarditis
(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? General laboratory

(Signed) R. Hooper Smith, M. D.

NOV 25 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	11/27 1925
20 UNDERTAKER F. J. Fahey Sons	ADDRESS 1815 Eight St

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

Currens

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04082

CERTIFICATE OF DEATH.

E 04082

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5508 Craig ave ST. Garden 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elezebeth Currens

(a) RESIDENCE. No. 5508 Craig ave ST., WARD. Westminster
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of David E Currens

6 DATE OF BIRTH (month, day, and year) Jan 4th 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Hawk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Carroll S. Pearre
(Address) 2810 Woodbrook ave

15 Filed ..., 19.

NOV 27 1925 ROBERT F. KRAMER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1925, to Nov. 27, 1925, that I last saw her alive on Nov. 26, 1925, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chron Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Hoover, M. D.

11-27, 1925 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Keiders	Nov 30th 1925
20 UNDERTAKER	ADDRESS
H Bankard & Son	Westminster

THIS is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

04083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/E 04083

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. W-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gus Schoepes

(a) RESIDENCE NO. 2426 Frederick Ave, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Male~~ ~~White~~

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Schoepes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Butcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Baltimore City Hosp.

Filed NOV 27 1925 ROBERT E. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1925, to Nov. 25, 1925, that I last saw him alive on Nov. 25, 1925, and that death occurred, on the date stated above, at 10:15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Left Upper Pott's Disease Lower Cervical and upper Dorsal

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Autopsy & Microscopical Exam

(Signed) W. P. McLane, M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Nov 28 1925

UNDERTAKER Wm Cook — ADDRESS 502 E Hoffman

TION is very important. See instructions on back of certificates.

Spec—1-10-21—M&T—1500 Bks.

1862 87

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04084

CERTIFICATE OF DEATH.

E 04084

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Buck

(a) RESIDENCE No. ..... North Carolina ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced (write the word) Widow.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 27 1846

7 AGE Years 79 Months 2 Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Samuel Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 NOV 27 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1925, to Nov. 27th, 1925, that I last saw her alive on Nov. 27th, 1925 and that death occurred, on the date stated above, at 6 50 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Cotuma

(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 11/11/25

Was there an autopsy? No

What test confirmed diagnosis? physical examination

(Signed) Cecil K. Bagley, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pee Dee S. C. DATE OF BURIAL Nov 27 1925

20 UNDERTAKER Kirby & Jenkins Sons Co ADDRESS Orchard & Calhoun

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates.
TION is very important.

Spec.—1-12-23—M&T—500 blks.

E 04085

HEALTH DEPARTMENT—CITY OF BALTIMORE 43

CERTIFICATE OF DEATH.

E 04085

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3143 Strickland ST., 70-2 WARD)

2-FULL NAME Charles T. E. Schneider

(a) RESIDENCE No. 3143 Strickland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Minnie Schneider

6 DATE OF BIRTH (month, day, and year) Aug 16th 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	9.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Theo Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mt Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md Green

14 Informant Alvin Schneider (Address) 3143 Strickland St

Filed NOV 27 1925 VIOLET R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1925

17 I HEREBY CERTIFY, That I attended ~~deceased~~ from Oct 23rd, 1924, to Nov 25th, 1925, that I last saw ~~living~~ alive on Nov 24th, 1925, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the jaw

(duration) 1 yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1625 44 W. Fayette St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray & physical finding.

11/26 1925 (Signed) Harry Weisel M.D.

(Address) 1224 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Swartz's Cem.	Nov 28 1925
20 UNDERTAKER Geo M. Frick & Son	ADDRESS 811 W Lex St

Cor.—1-12-23—M&T—100 Bkn.

E 04086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 ✓ E 04086

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear 5300 Block Greenmount Ave ST. 16-5 WARD)

2-FULL NAME Charles John Schulze

(a) RESIDENCE No. 2509 W. Lanvale St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year) May 16-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Real Estate Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 016
(c) Name of employer: Welsh Const. Co

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Ferdinand Schulze

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eleanora Falcke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Wm C. Mitchell
(Address) 2509 W. Lanvale St

15 Filed NOV 27 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and (from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.)) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Arteriosclerosis

(Marked Tabes)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Leuetic Infection

Duration 20 yrs. mos. ds.

(Signed) J. S. St. Callen, M. D.
(Coroner.)

11-26-25 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paules Violettville — DATE OF BURIAL: 11/27/25 1925

20 UNDERTAKER: Geo. Huber & Son — ADDRESS: 2503 E. Monument

Fold back on certificate. Read carefully important instructions on back of certificate.

Cor.—1-12-25—M&T—100 Bks.

E 04087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 04087

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 N. Castle ST., 7-2 WARD)

2-FULL NAME Anthony F. Samneth

(a) RESIDENCE No. 522 N. Castle St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Nov 17-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	0	8 9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John Sammeth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Onna Drexler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: John Sammett
(Address): 522 N. Castle St

15 Filed NOV 27 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Intestinal Toxemia

(Prematurity, 7 mons _estation)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J. S. H. Owen, M. D.
(Coroner.)

11-27-25 192 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	Nov 27th 1925
20 UNDERTAKER	**ADDRESS**
Lilly & Zeiler	2038 Wolfe

Spec.—1-10-21—M&T—1500 Bks.

E 04088 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04088

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. 16-5 44

CITY OF BALTIMORE, (No. ..... ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Muhlbauer (John Muhlbauer)

(a) RESIDENCE (No. 2004 Harlem Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 8 mos. 21 ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Annie J. Muhlbauer

6 DATE OF BIRTH (month, day, and year) March 4 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman on boat

(b) General nature of industry, business, or establishment in which employed (or employer) Jr Davidson Rec

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Adam Muhlbauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs Annie J. Muhlbauer

(Address) 2004 Harlem Ave.

Filed NOV 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/21, 1925, to 11/25, 1925, that I last saw h[illegible] alive on 11/25, 1925, and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH was as follows:

Cancer Cardiac Incl of Stomach

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes—

What test confirmed diagnosis? Clinical X Ray P. M.

(Signed) [illegible], M. D.

11/27/1925 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Matthews Cemetery	Nov. 28 1925
20 UNDERTAKER	ADDRESS
Henry Storch Son	1301 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 04089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 04089

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 76-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bentley Baker

(a) RESIDENCE No. Baltimore City Hospitals ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ...
(State or country) Maryland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant City Hospital Record
(Address) Baltimore, Maryland

15 Filed NOV 27 1925 ... Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 25 1925

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to November 25, 1925,

that I last saw him alive on November 25, 1925,

and that death occurred, on the date stated above, at 8 55 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

Secondary Anemia

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

Myocardial Failure (duration) ... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Ground & Laboratory

(Signed) B. Harper Smith, M. D.

Nov 26 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Glen — DATE OF BURIAL Nov 28 1925

20 UNDERTAKER R. L. Parham — ADDRESS 706 Leadenhall

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04090 | 3 | E 04090

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1724 Webster ST. 24-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Gertrude Taylor

(a) RESIDENCE No. 1724 Webster ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 16-1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cashier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Garden Theatre

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Richard E Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice V. Langford.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Alice R. Taylor. (Address) 1724 Webster St

15 Filed NOV 27 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1925, to Nov 26, 1925, that I last saw h alive on Nov 26, 1925 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Campbell M. D.

Nov 27, 1925 (Address) 1444 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem. DATE OF BURIAL Nov 28 1925

20 UNDERTAKER Finkelstein & Finkelstein ADDRESS 1739 E. Eager St.

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04091 E 04091

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found floating at foot of 24-2 REGISTERED NO. 169

CITY OF BALTIMORE: (No. Battery Ave. ST. WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Oettle.

(a) RESIDENCE NO 106 W. Beverly St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed or divorced HUSBAND of ~~WIFE of~~ Anna Oettle.

6 DATE OF BIRTH (month, day, and year) September 2, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	2	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Car repairman, 13
(b) General nature of industry, business, or establishment in which employed (or employer) W.B.& A.R.R.Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Joseph Oettle.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Anna Oettle.(wife)
(Address) 106 W.Beverly St.

15 NOV 27 1925 Burial Permit Clerk. ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

Missing November 7, 1925.

16 DATE OF DEATH (month, day, and year) Body found November 23, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Drowning.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

Nov, 27, 1925 (Address) 1007 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Hill Cemetery	Nov. 27 1925
20 UNDERTAKER	ADDRESS
Clarence A. Trumpler	3204 W. Lemmon

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04092

CERTIFICATE OF DEATH.

E 04092

1-PLACE OF DEATH

City of BALTIMORE: (No. 515 Rossiter Ave St., 27th Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Sallie M. Hitchcock

(a) Residence No. 515 Rossiter Ave St., 27th Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 2 mos. 25 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6-DATE OF BIRTH (month, day and year) July 17th 1850

7-AGE. 75 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Glencoe
(State or Country), Baltimore County

PARENTS.

10-NAME OF FATHER, Jacob Shock

11-BIRTHPLACE OF FATHER (city or town) Baltimore County
(State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Ann Ogden

13-BIRTHPLACE OF MOTHER (city or town) Baltimore County
(State or Country), Maryland

14-(Informant) William J. Hitchcock

(Address) 515 Rossiter Ave

15-Filed ..... 192 ..... Registrar.
OCT 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 26, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 19.25 to Nov 25 19.25

that I last saw h.. alive on Nov 25 19.25

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chr. Ens. Nephritis

Chr. Myocarditis

(Duration) 5 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 5 ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. K. Bishop M. D.

Nov 26 1925 (Address) 501 Sheridan Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park — DATE OF BURIAL. 11/28 1925

20-UNDERTAKER. William Cook — ADDRESS 502 E Wash St

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001 E 04093

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 111 St., 11-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alford Ashton.

(a) RESIDENCE NO. 1525 John St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary I Ashton

6 DATE OF BIRTH (month, day, and year) Dec 18, 1882.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Alex Milburn

9 BIRTHPLACE (city or town) (State or country) Salem Mass.

PARENTS

10 NAME OF FATHER Thomas Ashton

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary A Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mary I Ashton

(Address) 525 John St

Filed NOV 27 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1925, to Nov. 25, 1925, that I last saw him alive on Nov. 25, 1925, and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia -

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Renal Efficiency

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John E Norment, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Waterbury Conn. DATE OF BURIAL Nov. 28 1925

20 UNDERTAKER William Cook ADDRESS 1032 E Northbury

CHARLES R. KRAUTER, Registrar

TION is very important. See instructions on back of certificates.

04094

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 04094

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1212 W. Lanvale St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony V. Blackwell

(Residence in Baltimore: No. 1212 W. Lanvale St. St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	Single

6-DATE OF BIRTH, 11-1-25
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
yrs. 7 mos. 25 ds.	hrs. or min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: none
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Harvey Blackwell

11-BIRTHPLACE OF FATHER, (State or Country). S. C.

12-MAIDEN NAME OF MOTHER, Sadie Brown

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sadie Blackwell

(Address) 1212 W. Lanvale St.

15- NOV 27 1925 JOSEPH R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 26, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, found that said deceased came to death on the day stated above.
(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Syphilis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. T. Hamilton M. D.
(Coroner.)

Nov. 27 1925 (Address) 2 E. Edmondson Av

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Lubrum Cemetery	11-27-1925

20-UNDERTAKER,	ADDRESS
Bayne-Waters	1152 myrtle ave

Cor.—1-12-23—M&T—100 Bks.

E 04095

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04095

CERTIFICATE OF DEATH.

181-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Fawn. ST., 3-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonio De Lorenzo.

(a) RESIDENCE No. 907 Fawn. ST., WARD 3

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marietta De Lorenzo

6 DATE OF BIRTH (month, day, and year) Jan 13th 1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Marble Worker
(b) General nature of industry, business, or establishment in which employed (or employer) 076
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Antonio De Lorenzo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Josephine De Lorenzo
(Address) 907 Fawn St

15 Filed ..... 192.. GUBERT R. KRAUTER, Registrar
NOV 27 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental -
Gas Poisoning (Ill.)
(Duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (Secondary) Asphyxia
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. G. Slade, M. D.
(Coroner)
Nov 26 1925 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
new Cathedral	Nov 30th 1925
20 UNDERTAKER Frank E. Fitzstone	ADDRESS 1800 E 32nd

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 04096

CERTIFICATE OF DEATH.

179E 04096

1-PLACE OF DEATH South Balto General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James C Clinton

(a) RESIDENCE NO. 438 E. Clement ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Clinton

6 DATE OF BIRTH (month, day, and year) Feb 14, 1854.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor Oil

(b) General nature of industry, business, or establishment in which employed (or employer) Lyon, Conklin

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John C Clinton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James H. Nelson. Md. (Address) 213 Eighth St

15 Filed ..... 19 ..... RUPERT F. KRAUER, Registrar

NOV 21 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1925 to Nov. 25 1925

that I last saw him alive on Nov. 25 1925

and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis Arteriosclerosis

Chronic Interstitial nephritis

(duration) 30 yrs. mos ds.

CONTRIBUTORY (Secondary) Interstitial nephritis (duration) 30 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) James H Nelson M. D.

, 19 (Address) 213 Eighth St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Nov 28 1925
20 UNDERTAKER	ADDRESS
F. A. Krause & Sons	703 Hanover

TION is very important. See instructions on back of certificates.

Spec.–1-10-21–M&T–1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04097

CERTIFICATE OF DEATH.

185 E 04097

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View Asylum ST.) 24-2 (WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Miller

1a) RESIDENCE No. 113 Bloomberg ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Mueller.

6 DATE OF BIRTH (month, day, and year) 1866.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Nicholas Norman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Ann Kenna

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant Hospital Records (Address) Bay View Hospital

15 Filed NOV 27 1925 ROBERT F. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-29 1925 to Nov 25 1925 that I last saw her alive on Nov 25 1925 and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Comminuted Fracture of Right femur + ischium Accidental fall at her home while walking

(duration) yrs. 5 mos. 26 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Lab Test

(Signed) Wm. C. Chandler Md M. D.

19 (Address) Bay View Hospital MW

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. Nov 27- 1925 — DATE OF BURIAL

20 UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 04098

E 04098

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 W. Dare ST. 22-2 WARD)
Darlin

2-FULL NAME ———

(a) RESIDENCE NO. 121 W Dare ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Infant

6 DATE OF BIRTH (month, day, and year) 11/26/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Infant - boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Richard C Darlin

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rhoda Mary

13 BIRTHPLACE OF MOTHER (city or town) Kingsale (State or country) Maryland.

14 Informant Rhoda C Darlin
(Address) 121 W Dare JOHNS HOPKINS HOSPITAL

NOV 27 1925 HUBERT R. KRAMER, Registrar
Burial Permit filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/23, 1925, to 11/26, 1925, that I last saw h[illegible] alive on 11/26, 1925, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth
(5½ month pregnancy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Maternal Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Dan Drenchen, M. D.

11/26, 1925 (Address) 121 W Dare St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER [illegible]

ADDRESS

NOV 27 192[illegible]

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04099

CERTIFICATE OF DEATH.

162 E 04099

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 S Highland St., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Nucci

(a) RESIDENCE NO. 132 S Highland St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/25-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
				½

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Satinio Nucci

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Francesca Japhnd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Satinio Nucci (Address) 132 S Highland St JOHNS

15 Filed NOV 27 1925 19 ROBERT R. KRAUER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25 1925

17

I HEREBY CERTIFY, That I attended deceased from 11/25, 1925, to 11/25, 1925, that I last saw h[illegible] alive on 11/25, 1925, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum
or Debility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos A Cahyn, M. D.

11/25, 1925 (Address) 2105 N Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	NOV 27 1925
20 UNDERTAKER Commissioner Health,	ADDRESS

SECTION 18 very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 04100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 04100

1-PLACE OF DEATH: First Balto Gen. Hosp. Dis

CITY OF BALTIMORE: (No.) 1623 (St.) Penn ave (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Edna Elizabeth Smith

(a) RESIDENCE No. Overlea Md ST., Linden Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. 2 ds. 23 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert M Smith

6 DATE OF BIRTH (month, day, and year): Sept 3d 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Edward Redmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Frederika Redmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Albert M Smith (Husband) Overlea Md

15 27 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26 1925

I HEREBY CERTIFY, That I attended deceased from Nov 21, 1925, to Nov 26, 1925, that I last saw h e alive on Nov 26, 1925, and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows:—

1 Generalized Peritonitis

Appendicitis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of Nov. 21-1925

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hubert Brickenridge M. D.

19 (Address) N.B.H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: 11/30/25

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans

TION is very important. See instructions on back of certificate

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04101 E 04101

CERTIFICATE OF DEATH.

15-13 161-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Presbury ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Warfield

(a) RESIDENCE NO. 1713 Presbury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Elijah Warfield

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Hawkins

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Elijah Warfield.
(Address) 1713 Presbury St.

15 Filed 27 1925 Robert P. Harris, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1925, to Nov. 26, 1925, that I last saw h[illegible] alive on Nov. 26, 1925, and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

Nov. 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19

20 UNDERTAKER

ADDRESS

Commissioner of Health.

NOV 27 1925

Burial Permit Issued.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E. 04102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04102

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Harford ave ST., 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine Tabeling

(a) RESIDENCE NO. 1619 Harford ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of William Tabeling

6 DATE OF BIRTH (month, day, and year) Nov 4/59

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66 Year		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer — 37

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Edelman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. William Tabeling

(Address) 1619 Harford ave

15 Filed 11-27-1925, 19 Robert F. Morrison Registrar

Burial Permit sent

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11. 23, 1925

17

I HEREBY CERTIFY, That I attended deceased from 9.10. 1925, to 11. 23. 1925

that I last saw her alive on 11. 23. 1925

and that death occurred, on the date stated above, at 10.21 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Chronic Nephritis

Bronchopneumonia

(duration) yrs. 2 mos. 13 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Edward Norris M. D.

11.24, 1925 (Address) 109 Eastwest st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov. 27, 25
20 UNDERTAKER	ADDRESS
George J. Ruth	1735 Harford ave.

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E 04103 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1231 Valley St. 129

CITY OF BALTIMORE: (No. ..... ST. 10-2 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George C. McCloskey

(Residence in Baltimore: No. 1231 Valley St.; Life ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	single.

6-DATE OF BIRTH, June (Month) 11 (Day), 1901 (Year)

7-AGE, 24 yrs. 5 mos. 14 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... clerk
(b) General nature of industry, business, or estsblishment in which employed (or employer) ..... In Store

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Charles McCloskey

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Fannie Hagan

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mamie McCloskey

(Address) 1231 Valley St.

15- Jan 27 1925, Robert P. Harrison, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 25 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1925, to 11/25/1925, that I saw h[e] alive on 11/25/1925, and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Hypertension

Uremia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ted Reynolds M. D.

11/27/1925 (Address) 608 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Nov. 28, 1925
20-UNDERTAKER	ADDRESS
D. Henry Lutz	1203 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04104

CERTIFICATE OF DEATH.

X49 E 04104

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST., 26-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ary Jones

(a) RESIDENCE No. 134 Highland Ave Winston Salem ST., N.C. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) North Carolina

PARENTS

10 NAME OF FATHER Robert Jones

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Etta Fuspe

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina

14 Informant City Hospital Records
(Address) Baltimore Maryland

15 Filed ....., 19 .....

Robert F. Harrison, Registrar

Burial Permit Clerk.

27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 24 1925

17

I HEREBY CERTIFY, That I attended deceased from November 18, 1925, to November 24, 1925, that I last saw him alive on November 24, 1925, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Periosteal Sarcoma of Pelvis
Myocarditis
Subacute nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? General Laboratory

(Signed) R. Hooper Lovell, M. D.

Nov 25 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Winston-Salem N C	Nov 27 1925
20 UNDERTAKER	**ADDRESS**
Mr - Mrs R S Stimpson	1737 N Pratt

TION is very important. See instructions on

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04105 74001 E 04105

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 614 West Saratoga ST. 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Giuseppe Fonti

(Residence in Baltimore: No. 614 W. Saratoga St.; 40 yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, January 26th, 1867. (Month) (Day) (Year)

7-AGE, 63 yrs. 10 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Peddler
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Joseph Fonti

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosa Liberto

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dominick Fonti

(Address) 614 W. Saratoga St

15-

Filed Nov 27 1925 Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 26, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21st 1925, to Nov. 26th 1925, that I saw him alive on Nov. 26th 1925, and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry M. Corenthal M. D.

Nov. 27th, 1925 (Address) 2332 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Nov. 28, 1925.

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave.
Per Holtz

Spec.—1-10-21—M 4-T—1500 Blks.

E 04106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04106

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Philadelphia Rd. & Ver Hornes Lane ST., 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Sanft.

(a) RESIDENCE No. Philadelphia Rd. & Ver Hornes Lane ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Sanft.

6 DATE OF BIRTH (month, day, and year) July 4-1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	56	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Sanft.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Ewald.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs. Anna Hughes. (Daughter)

(Address) Phila Rd & Vernon Lane.

27 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1925

17

I HEREBY CERTIFY, That I attended deceased from 11-1-25 to 11-25-25, 19 25.

that I last saw h alive on 11-25-25, 19 25.

and that death occurred on the date stated above, at 7.45 p. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis — Pericarditis — Sub-acute Rheumatism

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Fred Smith, M. D.

(Address) 800 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Oak Lawn Cem. Nov. 28th 1925

20 UNDERTAKER — ADDRESS

Tilly & Zeiler 403 S Wolfe St

Burial Permit Clerk

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

E 04107

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04107

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3728 (3728) Gough ST., 16-6 WARD)

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwig J. Dochterman

(a) RESIDENCE NO. 3728 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Simon

6 DATE OF BIRTH (month, day, and year) Aug 6, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Schluderberger

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER John Dochterman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Martha Dochterman
(Address) 3728 Gough St

15 Filed 27 1925, 192 Robert P. Harrison, Registrar

Vital Records Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Coronary Thrombosis
1 hr. 30 min.
Cardiac Insufficiency

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) James M Fenton, M. D.
(Coroner.)

Nov 27, 1926 (Address) 700 E Lake

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem. Nov. 28th	1926
20 UNDERTAKER	ADDRESS
Lilly & Feiler 403	E Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

Dr Dilcrth, 2800 Fenwick Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04108 46 E 04103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Reisterstown Rd. ST., 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Belle Fillmore

(a) RESIDENCE NO. 2600 Reisterstown Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 23, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER George Fillmore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lucy Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Edwin Booth (Address) 2600 Reisterstown Rd.

15 Filed Nov 27 1925 19... Robert ... Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1925

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to Nov. 26, 1925, that I last saw her alive on Nov. 24, 1925, and that death occurred, on the date stated above, at 2 05 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pathological Specimen.

(Signed) J. M. Dellinger, M. D.

(Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Nov 28 1925

20 UNDERTAKER Wm. Cook ADDRESS 502 E Northern

TION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Dr Hess 5600 Old York Rd

E 04109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Lyman ave Govans 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L Shanfarger

(a) RESIDENCE No. 413 Lyman ave Govans ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L Shanfarger

6 DATE OF BIRTH (month, day, and year) Sept 15 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	55	2	11 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Hopefield Co Mo

PARENTS

10 NAME OF FATHER William Shanfarger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Christine Cornwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Albany New York

14 Informant Carrie A Rutledge

(Address) 413 Lyman Ave.

15 FILED 27 1925 [illegible] Registrar

[illegible] Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1925 to Nov 26, 1925, that I last saw him alive on Nov. 25, 1925, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Hess., M. D.

11-26, 1925 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pawn Grove, Penna — DATE OF BURIAL Nov 29 1925

20 UNDERTAKER Wilhelm Lock & Co E Baltimore — ADDRESS

THIS IS very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bka.

E 04110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04110

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Glenn A. Jacob

(a) RESIDENCE NO. 2115 Wilhelm St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): May 30-22

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Frank J. Jacob

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Lillie Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Frank J. Jacob
(Address) 2115 Wilhelm St

15 Filed 27 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26-1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia
(Autopsy at Hopkins Hospital)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) History Measles 10 days ago.

(duration) yrs. mos. ds.

(Signed) J. H. Collier, M. D.
(Coroner.)

11-27-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Nov 28 1925

20 UNDERTAKER: Wilhelm Mock ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 04111

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04111

+ 60-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 6-1 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Edward Robert Mosser

(a) RESIDENCE NO. Hendricks, W. Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nellie Huggins Mosser

6 DATE OF BIRTH (month, day, and year) May 19, 1885

7 AGE: 40 Years | 6 Months | 8 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Trainmaster-Railway.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C. W. B. & S. Ry. Co.

9 BIRTHPLACE (city or town) (State or country) Claysburg, Pa

PARENTS

10 NAME OF FATHER George W. Mosser

11 BIRTHPLACE OF FATHER (city or town) (State or country) McConnellsburg Pa.

12 MAIDEN NAME OF MOTHER Jennie E. Leth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Claysburg Pa

14 Informant Mrs Nellie Mosser (wife).

15 (Address)

28 1925

Robert F. Barrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1925, to Nov 27, 1925, that I last saw him alive on Nov 27, 1925, and that death occurred, on the date stated above, at 8:05 A.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

about (duration) 12 yrs mos da.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Nov 21, 1925

Was there an autopsy? yes

What test confirmed diagnosis Clinical examination.

(Signed) Walter W. Eagle, M. D.

Nov 29 1925 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hendricks W. Va — DATE OF BURIAL: Nov 28, 25

20 UNDERTAKER: Mayhew-Ford Inc — ADDRESS: 711 N. Broadway

Funeral Director's Clerk

C.N is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 04112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 04112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 11 W. Perry ST. (WARD) 22-2101-09

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME William West

(a) RESIDENCE NO. 11 W. Perry ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Annie West

6 DATE OF BIRTH (month, day, and year) Unk 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) 0/4

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Annie West (Address) 11 W. Perry St.

15 Filed 28 1925 Robert P. Patterson, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/22 1925 to 11/27 1925, that I last saw h alive on 11/27 1925, and that death occurred on the date stated above at 8 a. m.

The CAUSE OF DEATH* was as follows:

Acute Sepsis

Pneumonia

(duration) yrs mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What was confirmed diagnosis? none

(Signed) Dan Trundle, M. D.

11/27, 1925 (Address) 12 W. 3rd Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 11-28 1925

20 UNDERTAKER: John W. Tradum — ADDRESS: 1027 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 04113

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 04113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N Dallas ST., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Mondowney

(a) RESIDENCE NO. 106 N Dallas. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): 1865 unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): West River M. D

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): John Mondowney 106 N Dallas St

15 NOV 28 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) mos. 1 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) mos. 1 ds.

(Signed) G. C. Wadd, M. D.

Nov 26 25, 192 (Coroner) (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Nov 28 1925
20 UNDERTAKER	ADDRESS
Mrs Chas. G. Bailey	1425 Jefferson

S·A·E

DAK

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04114

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1904 Penrose Ave St., 20-5 Ward) Registered No. 88

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Teresa Mc Connell

(a) Residence No. 1904 Penrose Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 1st 1831

7-AGE. 10 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), England

PARENTS.

10-NAME OF FATHER, Patrick McConnell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Hall

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mr Frank Mc Connell

(Address) 1904 Penrose Ave

15- Filed 1925 Robert P. Harrigan, Registrar.

28 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 25. 1925.

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1925 to Nov 25 1925

that I last saw her alive on Nov 25 1925

and that death occurred, on the date stated above, at 1:20 p.m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) yrs. 12 mos. ds

CONTRIBUTORY (Secondary) Arteriosclerosis Unknown

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm O'neill M. D.

11/26 1925 (Address) 108 N. Sutton Pl

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cem	Nov 28 1925
20-UNDERTAKER. P. Carey Son	ADDRESS
P. Carey & Sons	901 Hollins

Spec—12-23-21—E.B.R.S.—400 Eks.

E 04115 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04115

CERTIFICATE OF DEATH.

21-2 129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1225 James St — St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Quinn

(a) Residence No. 1225 James St — St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Peter Quinn

6-DATE OF BIRTH (month, day and year) Nov 2. 1864

7-AGE. 61 yrs. — mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... House work.

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Adam Seibel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Penna

14- (Informant) Mr Peter Quinn

(Address) 1225 James St —

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 25 1925.

17- I HEREBY CERTIFY, That I attended deceased from Nov 9 19 25 to Nov 25 19 25

that I last saw h.. alive on Nov 25 19 25

and that death occurred, on the date stated above, at 10. P. m.

The CAUSE OF DEATH* was as follows:

Arteri sclerosis.

Chronic Nephritis.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) yrs. mos. 20 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?..... No

What test confirmed diagnosis? Clinical

(Signed) E. Marcelle M. D.

Nov 26, 1925 (Address) 1141 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Nov 28 1925

20-UNDERTAKER, Peter J. Corrigan & Co. ADDRESS 901 Hollins St.

Spec.–1-10-21–M&T–1500 Bks.

E 04116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04116

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of Poor ~~House~~ WARD)

2-FULL NAME George Kirshaw

(a) RESIDENCE NO. Preston Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Dudley.

6 DATE OF BIRTH (month, day, and year) June 1855

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
70	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert Co, (State or country) Maryland.

PARENTS

10 NAME OF FATHER Charles Kirshaw

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Maria Grey

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Florence. (Address) Little Sisters of the Poor

15 Filed 11 28 1925, 19 Robert F. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/23, 1925, to 11/26, 1925.

that I last saw h~~im~~ alive on 11/26, 1925.

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wirth, M. D.

"27, 1925 (Address) 914 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Catholic Cem	Nov 28 1925
20 UNDERTAKER Keenan & Ford per J. J. Keenan	ADDRESS 901 Hollins St

FOR INFORMATION OF PHYSICIAN. See instructions on back of certificate.

Spec.—1-10-23—M&T—1500 Bks.

16335

E 04117

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04117

CERTIFICATE OF DEATH.

49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL 3-2 ST. WARD)

2-FULL NAME John Buck

(a) RESIDENCE NO. 319 S. Caroline ST., 3 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Buck

6 DATE OF BIRTH (month, day, and year) Unk. 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
49		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 086

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Christian Buck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Ark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 28 1925 [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1925, to Nov. 25, 1925, that I last saw him alive on Nov. 25, 1925, and that death occurred, on the date stated above, at 9 15 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage, acute

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary neoplasm

(duration) yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of -

Was there an autopsy? yes Autopsy

What test confirmed diagnosis?

(Signed) Chester S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov. 28 1925
20 UNDERTAKER Lilly-Zeiler	ADDRESS 4008 Wolfe

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 04118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Eastern Ave ST., 2-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Jane Collins

(a) RESIDENCE NO. 1915 Eastern ave ST., 2 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 91 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Georgeth Collins

6 DATE OF BIRTH (month, day, and year) Oct 1st 1834

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	91	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Jubb.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Chas. E. Collins

(Address) 1915 Eastern ave.

15 Filed Nov 28 1925 Robert P. Merriken, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from July —, 1925, to Nov 25, 1925, that I last saw h[illegible] alive on Nov 24, 1925, and that death occurred, on the date stated above, at 11 45 a. m.

The CAUSE OF DEATH* was as follows:

Senile Reg.
Senile Deg. Cardio-Renal
Septic

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Contrac Failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank Bramer, M. D.

, 19 (Address) 125 S Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery — DATE OF BURIAL: Nov 28th 1925

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 403 S. Fremont Ave

E 04119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04119

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Bridges

(Residence in Baltimore: No. 642 S Linden Ave St.; yrs. 15 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH, about 1897 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
28 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General natnre of industry, business, or establishment in which employed (or employer) Thos. Mullikin

9-BIRTHPLACE, (State or Country) S. C.

PARENTS.

10-NAME OF FATHER, Henry Bridges

11-BIRTHPLACE OF FATHER, (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Bridges

(Address) 227 N. Pompeston

15- NOV 8 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 27, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Street car accident

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Nov. 27 1925 (Address) 502 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	November 28 1925

UNDERTAKER. John H Toadvine ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

E 04120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04120

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5488 W. Lanvale (St.) (17-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Morsell

(a) RESIDENCE No. 5488 W. Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza A. Morsell

6 DATE OF BIRTH (month, day, and year) April 1, 1848

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
77	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 816

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joshua Morsell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna G. Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Joseph A Morsell

(Address) 5488 W. Lanvale St.

15 Filed Nov 28 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 19 25

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 19 24 to Nov. 25, 19 25

that I last saw h alive on Nov. 18, 19 25

and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W. J. Carr, M. D.

(Address) 515 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	Nov. 30 1925
20 UNDERTAKER	ADDRESS
J. L. Brown & Son	1220 W. Mt. St.

Spec.—1-10-21—M&T—1500 Bks.

E 04121 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04121

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Druid Hill ave ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Means

(a) RESIDENCE No. 1512 Druid Hill Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~M~~ Female

4 COLOR OR RACE C

5 ~~Single~~, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James Means

6 DATE OF BIRTH (month, day, and year) Dec 9 - 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	45	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tennessee

PARENTS

10 NAME OF FATHER Isaac Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Elizabeth Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ella Cobbert

(Address) 1512 Druid Hill ave

15 Filed 28 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-26 1925

17 I HEREBY CERTIFY, That I attended deceased from 10-11, 1925, to 11-26, 1925, that I last saw h.er alive on 11-25, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency +
Paroxysmal tachycardia
Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. R. S. Hughes, M. D.

19 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster Va Mobusk Co

DATE OF BURIAL Nov 29 1925

20 UNDERTAKER J. H. Brown & Son

ADDRESS 105 E. Monument St

Rappahannock R.R.

TION IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 04122

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04122

CERTIFICATE OF DEATH.

58-001

1-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 S. Madeira Street ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine . Kopec

(a) RESIDENCE NO. 230 S. Madeira Street ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of George . Kopec

6 DATE OF BIRTH (month, day, and year) Nov. 25 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	61	-	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph . Midura

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Victorya. Wrzesien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. George . Kopec

(Address) 230 S. Madeira Street,

15 Filed 28-1925, 19 Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26/25

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 19 25 to Nov 26 25, 19 ..., that I last saw h alive on Nov 24, 19 25, and that death occurred, on the date stated above, at 430 P m.

The CAUSE OF DEATH* was as follows:

Pernicis Anaemia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W G Wades, M. D.

19 (Address) 1436 B way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St . Stanislaus Cem.	Nov 30 1925

20 UNDERTAKER John or Weber 1803 Bank st

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 04123

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-E 04123

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Bank Street ST. 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wanda. Czosnowska

(a) RESIDENCE NO. 1826 Bank Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 12 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	4	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Conrad. Czosnowski

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary. Bentkowski

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mrs. Mary. Czosnowski (Address) 1826 Bank Street

15 Nov 28 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26/25

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 19 25, to Nov 26, 19 25, that I last saw h alive on Nov 25, 19 25, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrage due to Thrombus.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) General debility following influenza

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D. M. D.

(Address) 1X S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	Nov 28 1925

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

Spec.—12-23-21—E.B.R.S.—400 Eks.

(See over)

E 04124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04124

1-PLACE OF DEATH Union Memorial Hospital 45 Registered No.....

City of BALTIMORE: (No. 3310 Calvert St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. David Daniel Paton

(a) Residence No. Princeton N. J. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 0 ds. 30 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 3-4-1854

7-AGE. 71 yrs. 8 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Scotland New York

PARENTS

10-NAME OF FATHER, W. Paton

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Annie Agnew

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), New York

14- (Informant) D. Stewart Paton

(Address) Princeton N.J.

15- Dec 28 1925 Robert P. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 27th 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 29, 1925 to Nov 27, 1925.

that I last saw him alive on 11-27-X, 1925.

and that death occurred, on the date stated above, at 12 30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 11-18-25

Was there an autopsy? 2nd

What test confirmed diagnosis? Signs & Symptoms

(Signed) R. J. Bedford M. D.

, 19 (Address) Union memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenwood Cem Brooklyn NY — DATE OF BURIAL. Nov 29th 1925.

20-UNDERTAKER. Henry H Jenkins Sons Co — ADDRESS McCulloh Packard Sts

Spec.—1-10-21—M.S.T—1500 Blks.

E 04125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 04125

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2141 Druid Hill Av St. 14-1 WARD)

2-FULL NAME Manuela Thomas

(a) RESIDENCE NO. 2141 Druid Hill Av ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Roderick Thomas

6 DATE OF BIRTH (month, day, and year) Feb 15, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montgomery Alabama

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Unknown

14 Informant Claudia Pearson

(Address) 2141 Druid Hill Ave

15 Filed 28 1925, 19 Robert P. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20th, 1925, to Nov. 27th, 1925, that I last saw h[illegible] alive on Nov. 26th, 1925, and that death occurred, on the date stated above, at 6:15 a m.

The CAUSE OF DEATH* was as follows:

Bilateral Pneumonia

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) yrs. mos 2 ds.

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Elias, M. D.

11/27, 1925 (Address) 924 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemty. DATE OF BURIAL 11/30/1925

20 UNDERTAKER Mgr. Geo. E. Holland ADDRESS 1631 Druid Hill Ave

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04126

E 04126

CERTIFICATE OF DEATH.

188-001

REGISTERED NO.

1-PLACE OF DEATH B.& O.R.R.Yards Locust Point under Fort Ave. Bridge.

CITY OF BALTIMORE: (No. ..... ST. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland F.Smith.

(a) RESIDENCE No 1224 Riverside Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia A.Smith.

6 DATE OF BIRTH (month, day, and year) December 13,1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Flagman, 13
(b) General nature of industry, business, or establishment in which employed (or employer) B.& O.R.R.Co. 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore,Md.

10 NAME OF FATHER George Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

PARENTS

14 Informant Sophia A.Smith.(wife)
(Address) 1224 Riverside Ave.

15 Filed 28 1925 192 Robert P. Harrison, Registrar. Vital Records Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 25,1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Run over and mangled about the body by train drawn by Engine No.4122 on B.& O.R.R.Co. Occidental Death.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner), M. D.

Nov,28,1925 (Address) 214 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mor. Cathedral Cem	Nov. 30 1925
20 UNDERTAKER A. Edward Evans	ADDRESS 3[illegible] Fulton Ave

Spec.—1-10-21 M&T 1500 Blks.

E 04127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04127

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (ST.) B.C.H. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph I. Dodson

(a) RESIDENCE NO. 560 Oxford st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Petersburg (State or country) Virginia

PARENTS

10 NAME OF FATHER Andrew Dodson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address) [redacted]

15 Filed 28 1925, 19 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-25-25 19

17 I HEREBY CERTIFY, That I attended deceased from July 2, 19 25, to Nov. 25, 19 25, that I last saw him alive on Nov. 25, 19 25, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) M. D. McLane, M. D.

11-26-25 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton DATE OF BURIAL 19

20 UNDERTAKER Weller Easton ADDRESS

Commissioner Health NOV 28 1925

Par. No. E. 04127.

Spec.—1-10-21—M&T—1500 Blks.

E 04128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 ✓ E 04128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city Hospitals (17) ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Thomas

(a) RESIDENCE NO. 1046 Shields Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Joe Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14

Informant Hospital Records

(Address)

Filed 28 1925, 19 Robert P. Warfield, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1925, to Nov. 23, 1925, that I last saw him alive on Nov. 23, 1925, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) M. O. McLane Jr. M. D.

11-23-25 (Address) Baltimore city Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

NOV 28 19

Spec.—4-10-21 M&T 1500 Blks.

E 04129 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04129

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 76-7 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Watts

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	86			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer) 052

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John W. Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Virgie Hampton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant City Hospital Records (Address) Baltimore Md

15 Filed NOV 28 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 28 1925

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to November 28, 1925, that I last saw him alive on November 24, 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage, Myocardial Failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General Laboratory

(Signed) R. Hooper Smith M. D.

11-24 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Form 510 E. Wilson NOV 28 1925

Spec.—1-12-23—M&T—500 Blks.

E 04130

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 04130

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals.

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Jenson,

(a) RESIDENCE No. 1604 E.Monument St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Baltimore City Hospitals, Baltimore, Md.

15 Filed [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11--26 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-25, 1925, to 11-26, 1925, that I last saw h. im alive on 11--25, 1925, and that death occurred, on the date stated above, at 4.35 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Godwin M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 04131

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04131

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 512 N. Stricker ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Kelly

(a) RESIDENCE NO. 512 N. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: ~~Colored~~ Black

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Leon Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. C.

12 MAIDEN NAME OF MOTHER Josephine Fields

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Leon Kelly (Address)

15 FILED 11/28 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 26, 1925, to Nov 27, 1925, that I last saw him alive on Nov 27, 1925, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. R. Byers M. D.

(Address) 1405 E Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

UNDERTAKER: C. B. Frost 1405 McElderry

DATE OF BURIAL: 11/28/25

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 04132 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04132

CERTIFICATE OF DEATH 111-001

1-PLACE OF DEATH Franklin Sq. Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1419 ST. Fayette WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Addison

(a) RESIDENCE No. 1519 W. Lafayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of late Fannie W. Addison (or WIFE of)

6 DATE OF BIRTH (month, day, and year) Aug 17. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	57	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Addison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mr. Walter Addison

(Address) 4010 Bonner Rd (Forest-Park)

15 Filed 28 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1925, to Nov 25, 1925, that I last saw h. alive on Nov 25, 1925 and that death occurred on the date stated above, at 11.10 P.M.

The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonary Ulcer

(duration) 15 yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Louis Gundelfinger M. D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Nov 28, 1925

20 UNDERTAKER Jos Soerdens & Son — ADDRESS 217 S. Paca St

FROM IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

E 04133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 04133

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1621 Harlem Ave St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Brumley Parker

(Residence in Baltimore: No. 1621 Harlem Ave St.; yrs. 49 mos. 2 ds. 6)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Sept. (Month) 20 (Day) 1876 (Year)

7-AGE: 49 yrs. 2 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country): Balto.

PARENTS.

10-NAME OF FATHER: Dev. T. Crump

11-BIRTHPLACE OF FATHER, (State or Country): Va

12-MAIDEN NAME OF MOTHER: Harriet Brumley

13-BIRTHPLACE OF MOTHER, (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Jos. Parker

(Address) 1621 Harlem Ave.

15 NOV 28 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 26 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) no other history.

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. T. Hennessy M. D. (Coroner.)

Nov. 27 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem DATE OF BURIAL, Nov 28 1925

20-UNDERTAKER, Wm Tuckerman ADDRESS North Ave

Spec.—1-12-23—M&T—500 Bks.

(Bopp)

E 04134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 04134

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp 2900 ST. ..... WARD)

2-FULL NAME Mrs. Barbara Bopp

(a) RESIDENCE No. 5 Landsdowne Lane ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 50 yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Wife

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Bopp —

6 DATE OF BIRTH (month, day, and year) Aug 17 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	77	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Arnold (Address) 5 Landsdowne Lane

15 Filed ..... 19 Robert P. Harrison, Registrar

28 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-26 1925

I HEREBY CERTIFY, That I attended deceased from 11-25, 1925, to 11-26, 1925.

That I last saw her alive on 11-26, 1925

And that death occurred, on the date stated above, at 1.45 Pm

The CAUSE OF DEATH* was as follows:

Fracture of neck of Femur. (Right) (over)

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

or Shock. (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home —

Did an operation precede death? no Date of —

Was there an autopsy? Yes - 11-26-25

What test confirmed diagnosis? X Ray and Autopsy

(Signed) Jerard Tonvell, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov 28, 25
20 UNDERTAKER	ADDRESS
F. B. Wolfert	850 W Baltimore St

Burial Permit Clerk

Spec—12-23-2—E.B.R.S.—400 Eks.

E 04135

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04135

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 340 Poplar Grove St., 27-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ira A. Armstrong

(a) Residence No. 340 Poplar Grove St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or WIFE of) Florence McVan

6-DATE OF BIRTH (month, day and year): 3/31/1860

7-AGE: 65 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Druggist

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): Clinton Co. N.Y.

PARENTS

10-NAME OF FATHER: Ira Armstrong

11-BIRTHPLACE OF FATHER (city or town) (State or Country): N.Y.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14-(Informant) Mrs. F. Armstrong

(Address) 340 Poplar Grove Ave

15-Filed ..., 192.. Robert P. Harrison, Registrar.

8 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov. 27, 25

17- I HEREBY CERTIFY, That I attended deceased from November 27, 1925, to Nov 27, 1925, that I last saw him alive on Nov 27, 1925, and that death occurred, on the date stated above, at 9.45A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chr. Myocarditis

Chr. L.S. Nephritis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab findings

(Signed) E. W. Besly, M. D.

Nov 28, 1925 (Address) 201 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Scottsville, N.Y. DATE OF BURIAL: 11/28/25 19....

20-UNDERTAKER: J. W. Jenkins ADDRESS: 1633 E. North Ave.

E 04136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04136

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 820 Vincent St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Barrett

(Residence in Baltimore: No. 820 Vincent St. St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	married

6-DATE OF BIRTH. About 1884
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
41 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, E. M. Johnson

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Liza Roberts

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Bogard.

(Address) 820 N. Vincent St.

15-
NOV 29 1925
ROBERT B. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 27, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

Nov. 28, 1925 (Address) 280 Kennedy Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn Cem	11/30/1925
20-UNDERTAKER.	ADDRESS 916
Daniel Easton	Eager

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04137

CERTIFICATE OF DEATH.

78

E 04137

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1903 Brunt St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Turner

(Residence in Baltimore: No. 1903 Brunt St. St.; yrs. 63 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	Colored	Married

6-DATE OF BIRTH. About 1862
(Month) (Day) (Year)

7-AGE. 63 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER, Geo. Turner

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER, Sarah Turner

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Turner

(Address) 1903 Brunt St.

15-

Filed NOV 29 1925, 192.. WILLIAM F. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 26, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Nov. 26 1925 (Address) 2502 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	11/29/1925
20-UNDERTAKER,	ADDRESS
Daniel Easton	916 Eaton

Cor.—1-12-23—M&T—100 Bks.

E 04138

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04138

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Opher

(a) RESIDENCE No. 619 N. Caroline St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Opher

6 DATE OF BIRTH (month, day, and year) Aug 15-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employe:

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Lenton Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margaret Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Walter Opher
(Address) 619 N. Caroline St

15 Filed NOV 29 1925 192 RUDOLF R. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock-hemorrhage due to carcinoma of uterine cervix involving adjacent organs. (Autopsy at Holkins Hospital)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. C. Pullen (Coroner), M. D.

11-28-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 11/30/1925

20 UNDERTAKER Daniel Easton — ADDRESS 916 Eutaw

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04139

CERTIFICATE OF DEATH.

31 E 04139

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Baltimore City Hospitals (St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Javina Gibbons

(a) RESIDENCE No. 728 Pennsylvania Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 041

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Nicholson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lucretia Stanley

13 BIRTHPLACE OF MOTHER (city or town) Frederick (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed ..., 19.. Registrar

NOV 29 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1925, to Nov. 27, 1925, that I last saw her alive on Nov. 27, 1925, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLane Jr, M. D.

11-27-25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 11/29/1925

20 UNDERTAKER Daniel Easton

ADDRESS 516 Eutaw

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04140

CERTIFICATE OF DEATH

100-0 E 04140

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. 11-2 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Denny

(a) RESIDENCE NO. 929 N Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Commings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER H. Wrngton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant City Hospital Records

(Address) Baltimore Md

15 Filed NOV 29 1925 ROBERT F. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 26 1925

17

I HEREBY CERTIFY, That I attended deceased from October 20 1925 to November 26, 1925, that I last saw her alive on November 26, 1925, and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Cerebral Sclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Terminal) (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & laboratory

(Signed) R. Poague Smith, M. D.

Nov 27 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 11/29/1925

20 UNDERTAKER Daniel Easton

ADDRESS 911 Pine

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04141

1-PLACE OF DEATH

City of BALTIMORE: (No.) 103 N. Amity St., 18 Ward) Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles Johnson

(a) Residence No. 103 N. Amity St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) July 1905

7-AGE. 17 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). Do

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Harford Co.

PARENTS.

10-NAME OF FATHER. Frank Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Montgomery Co.

12-MAIDEN NAME OF MOTHER. Mary Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Howard Co.

14- (Informant). Emma Berry

(Address) 103 N. Amity St

15- Filed [illegible] 1925 ROBT. P. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-27-25

17- I HEREBY CERTIFY, That I attended deceased from 11/20, 1925, to 11/27, 1925, that I last saw h[illegible] alive on 11/25, 1925, and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. 4 mos. 27 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. L. Jackson, M. D.

11/27, 1925 (Address) 808 W. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Asbury Ann	11/30/1925
20-UNDERTAKER.	ADDRESS
Daniel Easton	916 Pa Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04142

CERTIFICATE OF DEATH

129 E 04142

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 215 N. Broadway ST., 6-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lazar Monen (MONEN)

(a) RESIDENCE NO. 215 N. Broadway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 3 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Judas Monen

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none since 1880

(b) General nature of industry, business, or establishment in which employed (or employer) Retired Farmer

(c) Name of employer County Farm Tailor

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Baran Monen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Pinkus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis
(Address) 1439 E. Baltimore St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 19 1924 to Nov 27 1925
that I last saw him alive on Nov 27 1925
and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis
Heart failure

(duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Nephritis (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of ... .

Was there an autopsy? no .

What test confirmed diagnosis? Physical & Laboratory

(Signed) Nathan Helfgott, M. D.

Nov 28 1925 (Address) 1717 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrens Rosedale — DATE OF BURIAL 11/29 1925

20 UNDERTAKER Jack Lewis 1439 E. Baltimore St — ADDRESS

04143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

Registered No. C 04143

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hosp. St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Simon Cooper

(Residence in Baltimore No. 2025 Eutaw Place St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-DATE OF BIRTH. Nov. 5 (Month) 1876 (Day) (Year)

7-AGE. 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Einstein

11-BIRTHPLACE OF FATHER. (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Einstein

13-BIRTHPLACE OF MOTHER. (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada Cooper

(Address) 2025 Eutaw Place

15-

Filed NOV 29 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. 27, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot in head
(Suicide)
(Revolver) (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. C. Hennessy M. D.
(Coroner)

Nov. 28 1925 (Address) 2202 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death. yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale — DATE OF BURIAL. 11/29 1925

20-UNDERTAKER. Jack Lewis — ADDRESS 1439 E Balto

Spec.—1-12-23—M&T—500 Bks.

E 04144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14-001

E 04144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1729 Linden ave ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Kaplan

(a) RESIDENCE NO 1729 Linden ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	w	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leah Kaplan

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Moses Kaplan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachel Lekess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Leah Kaplan

(Address) 1729 Linden ave

15 NOV 29 1925 19 HYMAN L. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1925, to Nov 27, 1925, that I last saw him alive on Nov 27, 1925, and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

Thrombosis of cerebral artery

Glycosuria (duration uncertain)

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) Frank N. Gusler, M. D.

Nov 29, 1925 (Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rest. Cem.	11/29 19 25
20 UNDERTAKER	ADDRESS
Jack Lewis	409 E Balto St

Cor.—1-12-23—M&T—100 Blks.

E 04145

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04145

CERTIFICATE OF DEATH.

+179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Booker Jr.

(a) RESIDENCE No. 702 I St Sparrows Pt. Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Nov 4 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	0	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Sparrows Pt. Md

PARENTS

10 NAME OF FATHER: Jas. E. Booker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Josephine Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Jas E. Booker
(Address) Sparrows Pt. Md

15 Filed ... 192 ... Registrar

NOV 29 1925 ROBERT I. KRAMER, BURIAL PERMIT CLERK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia ~~Accidebtly~~ fell into tub of hot water at residence on Nov 19/25

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. Gittings, M. D.
(Coroner.)

11-27-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., 7 ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fairview Cem	Nov 28 1925
20 UNDERTAKER	ADDRESS
Sam'l H Chase Est	1400 Mosher

E 04146

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04146

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. General Bryan

(Residence in Baltimore: No. 564 W. Preston St. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	single

6-DATE OF BIRTH. about ....., 1887
(Month) (Day) (Year)

7-AGE. 43 yrs. mos. ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cooker
(b) General nature of industry, business, or establishment in which employed (or employer). Crown Cork & Seal

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER. (State or Country). Unknown

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER. (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Brooks

(Address) 839 Vine St.

15-

Filed ..... 192.....

NOV 23 1925 ROBT. J. KRAUTER Registrar.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 22, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage.

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) ..... was other lesions.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy (Coroner.) M. D.

Nov. 23 1925 (Address) 2802 Eastern Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt. Zion Cemetery DATE OF BURIAL, 11-24, 1925

20-UNDERTAKER. Payne & Waters ADDRESS 1152 Myrtle Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04147 E 04147

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital REGISTERED NO. 123

CITY OF BALTIMORE: (No. ..... ST., 8 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Cora Elizabeth Nauman

(a) RESIDENCE NO. 1811 N. Montford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of Henry J. Nauman

6 DATE OF BIRTH (month, day, and year) April 2, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Delaware City

PARENTS

10 NAME OF FATHER Thomas E Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware City

12 MAIDEN NAME OF MOTHER Ella M Gibbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware City

14 Informant Mrs Wm Bergman
(Address) 107 Montebello Terrace

15 Filed NOV 29 1925 ..... 19 ..... AUGUST F. GRAUTER, Registrar
BURIAL PERMIT GIVEN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1925, to Nov 28, 1925, that I last saw h[er] alive on Nov 28, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Obstruction Jaundice
(Gall Stones) Cholelithiasis

(duration) ..... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cholemia Peritonitis

of Lungs (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Arnold L. Jensen, M. D.

11/28 1925 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Nov 30th 1925

20 UNDERTAKER George Schilling & Sons — ADDRESS 1120 E Monument St

IMPORTANT: See instructions on

Spec—12-23-21—E.B.R.S.—400 Bks.

Glasse.

E 04148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04148 Registered No. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospital St., 96-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Glasse

(a) Residence No. Baltimore City Hospital St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer) 075

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), France

PARENTS.

10-NAME OF FATHER, Jean Glasse

11-BIRTHPLACE OF FATHER (city or town) (State or Country), France

12-MAIDEN NAME OF MOTHER, Belinda Glasse

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), France

14- (Informant) Mrs. Mary C. Glasse

(Address) 50 Main St. Hillsdale

15- NOV 29 1925 RUFUS L. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 25 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1925 to Nov. 25, 1925

that I last saw [illegible] alive on Nov. 25, 1925

and that death occurred, on the date stated above, at 10 00 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis, Edema of Extremities & Carbuncle on Left Shoulder. (5 days)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobular Bronchopneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? At Balto City Hospital

Did an operation precede death? Yes Date of 11-21-25

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & History

(Signed) Ira F. Chaffee, M. D.

, 19 (Address) Balto City Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 11/30/25 19
Forest Lawn Cem	
20-UNDERTAKER. Fahey & Sons.	ADDRESS 318 Light

Cor.—1-12-23—M&T—100 Bks.

E 04149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

181-001 E 04149

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Wolfe

(a) RESIDENCE NO. 14 S. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Wolfe

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) 080
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Wolfe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis
(Address) 1439 E. Belto. Md

15 Filed NOV 29 1925 192 RUEBEN R. AMAUEL Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema-Cerebral Degeneratio

Poisoning by Illuminating Gas

Accidental (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Wolfe, M. D.
(Coroner.)

11-29-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Nat. Mt Carmel	11/29 1925
20 UNDERTAKER	ADDRESS
Jack Lewis 1439	1439 E Balt

Spec.—1-12-23—M&T—500 Blks.

E 04150

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04150

CERTIFICATE OF DEATH.

25-2 +45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospt ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Lancaster

(a) RESIDENCE NO. Pegaro Va. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Lancaster

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	53.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Robert Lancaster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emma Underwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant M. J. Pilcher

(Address) Pegaro Va

15 Filed NOV 25 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1925, to Nov 29, 1925

that I last saw him alive on Nov. 29, 1925

and that death occurred, on the date stated above, at 1 10 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum with Metastasis to glands.

(duration) ..... yrs. 14 mos ..... ds.

CONTRIBUTORY (Secondary) Past. Operation for shock

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/27/25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis T. Ellis M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roanoke Va

DATE OF BURIAL 11-29-1925

20 UNDERTAKER Robert Brooks & Son

ADDRESS Salem Va

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04151

CERTIFICATE OF DEATH.

Married Blk. 12 E 04151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Griffis Ave ST. 25-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter. Krieg.

(a) RESIDENCE No. 1215 Griffis Ave ST., married B. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa B Krieg.

6 DATE OF BIRTH (month, day, and year) May 14 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67.	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Peter Krieg.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs Louise B Krieg (Address) 1215 Griffis ave

15 NOV 29 1925 RECEIVED A. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 15 1925 to Nov 27 1925 that I last saw h alive on Nov 26 1925 and that death occurred, on the date stated above, at 4 20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. 2 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo Kieffer M. D.

Nov 27 1925 (Address) 2322 Nortbild

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 12-30 1925

20 UNDERTAKER Wm Chas A G Ridde — ADDRESS 1100 Washington Ave

Spec.—1-10-21—M&T—1500 Bks.

Huber.

HEALTH DEPARTMENT—CITY OF BALTIMORE

21

CERTIFICATE OF DEATH.

04152

1-PLACE OF DEATH

REGISTERED NO. E 04152

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 520 N Carey ST. 14-1 WARD)

2-FULL NAME Susan A Huber

(a) RESIDENCE NO. 520 N Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 14, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry E Stuber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Susan L Simpson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Nellie Stuber

(Address) 520 N Carey St

15 Filed NOV 29 1925, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 25, 1925, to Nov 29, 1925, that I last saw her alive on Nov 25, 1925, and that death occurred, on the date stated above, at 1240 a m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death? x

Did an operation precede death? no Date of x

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) V Van Williams, M. D.

, 19 (Address) 601 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lindenwood Park

DATE OF BURIAL Dec 1 1925

20 UNDERTAKER G. H. Little

ADDRESS 1305 Edmondson Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04153

CERTIFICATE OF DEATH.

90E 04153

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 E. Eager St ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel H. Margolis

(a) RESIDENCE No. 1518 E. Eager St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Margolis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Wolf Margolis
(Address) 1518 E. Eager St.

15 Filed NOV 29 1925 (Levinson) ROBERT A. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Cohen, M. D.
(Coroner.)

11-29-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	Nov 29 192 5
20 UNDERTAKER	ADDRESS
S. Levinson Bro	[illegible]

Spec—12-23-21—E.B.R.S.—400 Blks.

E 04154 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 E 04154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1717 Balton St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William W Scarlett

(a) Residence No. 1717 Balton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Diadema Scarlett

6-DATE OF BIRTH (month, day and year) July 19 1841

7-AGE. 84 yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Manager 86

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thos Scarlett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Ellen Ferguson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-INFORMANT, Clarence E Scarlett

(Address) 1717 Balton St

15-Filed NOV 29 1925 ROBERT P. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 29 1925

17-I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Nov 29, 1925

that I last saw him alive on Nov 28, 1925

and that death occurred, on the date stated above, at 3.40 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) Unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. A. O'Neill M. D.

11/29, 1925 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Blackwood Cem DATE OF BURIAL, Dec 3 1925

20-UNDERTAKER, Wendell Dippel & Son ADDRESS 373 N

Spec.—1-10-21—M&T—1500 Blks.

E 04155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04155

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Calvert & Saratoga ST. 27-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Katherine H Leib

(a) RESIDENCE NO. 3142 Eutaw Ave ST. Arcadia WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced ~~Husband of~~ or) WIFE of Walter H Leib

6 DATE OF BIRTH (month, day, and year) June 11, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	15 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, (State or country) Md

PARENTS

10 NAME OF FATHER Martin Kraft

11 BIRTHPLACE OF FATHER (city or town) Balto, (State or country) Md

12 MAIDEN NAME OF MOTHER Pauline Hengel

13 BIRTHPLACE OF MOTHER (city or town) Bach, (State or country) Md

14 Informant Walter White

(Address) 3142 Eutaw Ave Arcadia

NOV 29 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from August 6, 1925 to Nov 27, 1925, that I last saw her alive on Nov 27, 1925, and that death occurred, on the date stated above, at 7 a 3 m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardio Vascular Disease

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Ans None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) John E Klauber M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Nov 30 1925

20 UNDERTAKER Robt E Lauer

ADDRESS W. Lom

Spec.—1-10-21—M&T—1500 Blks.

04156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 04156

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 E 20th ST. 9-3 WARD)

2-FULL NAME Herbert C. Becker

(a) RESIDENCE NO. 703 E 20th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 ~~Single~~, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Clementa Becker

6 DATE OF BIRTH (month, day, and year) June 19 1875

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
50 years	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]30

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Co Pa.

PARENTS

10 NAME OF FATHER Franklin W. Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary L Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Clementa Becker

(Address) 703 E 20th St.

15 Filed NOV 28 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from OCT 2 1925, 19 . to NOV 27 1925, 19 .

that I last saw h[illegible] alive on NOV 27 1925, 19 .

and that death occurred, on the date stated above, at 5.25 P m.

The CAUSE OF DEATH* was as follows:

General Toxemia &

Bronchitis

Influenza (duration) 1 yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Tumor Mediastinal (duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray T.B.H.

(Signed) Fred'k Becker M. D.

NOV 28 1925, 19 (Address) 728 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery

DATE OF BURIAL Dec 1 1930

20 UNDERTAKER Robt J Gurney Sons

ADDRESS 1442 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04157

CERTIFICATE OF DEATH.

E 04157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 N Monroe ST. 17 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah J Correll

(a) RESIDENCE NO. 202 N Monroe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Correll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Martha E Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Thos. E. Watts (Address) 529 Monroe st

15 NOV 29 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1925, to Nov 26, 1925, that I last saw her alive on Nov 26, 1925, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis

(duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration Unknown) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. A. Triple M. D.

11/28 1925 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	11/30 1925

20 UNDERTAKER Geo A Tinley ADDRESS Fulton st Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 04158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 04158

1-PLACE OF DEATH University Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. 1-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Zubrowski

(a) RESIDENCE NO. 321 S. Eleonard St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Zubrowski

6 DATE OF BIRTH (month, day, and year) August 17, 1898

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
27	3	9 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labors

(b) General nature of industry, business, or establishment in which employed (or employer) 0+0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto-

PARENTS

10 NAME OF FATHER John Zubrowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Lilly Kowalewski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Mary Zubrowski

(Address) 321 S. Eleonard St

NOV 29 1925 ADOLPH P. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 25, 1925, to Nov 27, 1925, that I last saw him alive on Nov 27th, 1925, and that death occurred, on the date stated above, at 4 35 P m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. Byerly, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus — DATE OF BURIAL Dec 1 1925

20 UNDERTAKER M. A. Sadowski — 705 ADDRESS N. Amer St

Spec.—6-9-19—H. P. Co.—1000 Bka.

Justus

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04159 E 04159

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Cross Country & South Bend Rd. Ward) 129 W Washington St

REGISTERED NO. 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thurlow Weed Justus

(a) RESIDENCE. No. Cross Country & South Bend Rd. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta White

6 DATE OF BIRTH (month, day, and year) July 30, 1860

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	28 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman Lumber 045

(b) General nature of industry, business, or establishment in which employed (or employer) dealer (retired)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bloomfield Ohio

PARENTS

10 NAME OF FATHER James R Justus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bloomfield O

12 MAIDEN NAME OF MOTHER Hanna Ephlyar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Allen I. Justus (Address) Marietta Ohio

NOV 29 1925

J. & T. R. KRAUTER, Funeral Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1925, to Nov 27, 1925, that I last saw h[illegible] alive on Nov 26, 1925, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Arterio Sclerosis
Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Physical

(Signed) A. C. Hunt, M. D.

(Address) 4509 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Nov 30 1925

20 UNDERTAKER Harry H. Witzke ADDRESS 1534 W. Lombard

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04160

CERTIFICATE OF DEATH.

5129

E 04160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 W. Lombard St. 20-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Drazba OR. AKROMAS

(a) RESIDENCE. No. 1912 W. Fairmount ave ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	maried

5a If married, widowed, or divorced (or) WIFE of Joseph P. Drazba

6 DATE OF BIRTH (month, day, and year) Noknow

7 AGE 29 Years — Months — Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0?/

(c) Name of employer No

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Vincent Paplavckas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Joseph P.Drazba

(Address) 653 W Lombard Street

15 Filed OCT 29 1925 19 ADOLPH E. KRAUSE Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1925, to Nov. 26, 1925, that I last saw her alive on Nov. 26, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Uremia

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? 1912 W. Fairmount ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Buchness, M. D.

, 19 (Address) 375. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov.30.1925
20 UNDERTAKER	**ADDRESS**
John Grebliauckas	425.S Paca St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04161

HEALTH DEPARTMENT—CITY OF BALTIMORE

04161

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 W. Fayette St. 19-1 Ward)

REGISTERED NO. 29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie S Reinhardt

(a) RESIDENCE. No. 1705 W. Fayette St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis A.Reinhardt

6 DATE OF BIRTH (month, day, and year) Dec.21,1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Louis Unkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louis A.Reinhardt
(Address) 1705 W.Fayette Street

15 Filed NOV 30 1925, 19 ROBERT E. KRAUSE Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27/25

17

I HEREBY CERTIFY, That I attended deceased from Nov 24/25, 19, to Nov 27/25, 19, that I last saw her alive on Nov 27/25, 19, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Nephritis with Uraemic Coma

Duration (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hemiplegia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos D Holl, M. D.

Nov 27/25 (Address) 1103 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 1925
20 UNDERTAKER	ADDRESS
Jos B Cook	1038 Eutaw St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04162

CERTIFICATE OF DEATH.

+118-002 E 04162

1-PLACE OF DEATH U. S. Marine Hospital # 1.
Baltimore, Md
CITY OF BALTIMORE: (No. ..... ST. 12-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Davis.

(a) RESIDENCE No. 26 Victor Road, Colchester, Essex England WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? 6 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 11, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	3	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) Wiper
(c) Name of employer S/S Yorkshire London

9 BIRTHPLACE (city or town) England
(State or country)

PARENTS

10 NAME OF FATHER Harry Davis

11 BIRTHPLACE OF FATHER (city or town) England
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Thompson

13 BIRTHPLACE OF MOTHER (city or town) Wales.
(State or country)

14 Informant Self.
(Address)

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1925

17 I HEREBY CERTIFY, That I attended deceased from November 24, 1925, to November 28, 1925, that I last saw him alive on November 28, 1925, and that death occurred, on the date stated above, at 2-30 a m.

The CAUSE OF DEATH* was as follows:
Peritonitis, acute, General

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction
Paralytic Ileus, Toxemia
(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? Aboard ship

Did an operation precede death? Yes Date of Nov 25, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Typical findings and laboratory tests.

(Signed) [illegible], M. D.

, 19 (Address) U.S. Marine Hospital # 1
Baltimore, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Cemetery

DATE OF BURIAL Dec 1925

20 UNDERTAKER S. Lennon Bro

ADDRESS 1127 E Baltimore St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04163

CERTIFICATE OF DEATH.

90 E 04163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 E Fayette St., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celia Goldberg

(a) RESIDENCE NO. 904 E. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? 28 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Goldberg

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46 yrs.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Russia
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Mrs. Goldberg
(Address) 904 Fayette

Filed NOV 30 1925 HARRY R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uyl. dis. Heart.
(Angina Pectoris)

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute dilatation Cardiac
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Feely, M. D.
(Coroner.)

Nov 29, 1925 (Address) 16 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave

DATE OF BURIAL 11/30 1925

20 UNDERTAKER Geo. Levine & Bro.

ADDRESS 1127 E Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04164

CERTIFICATE OF DEATH.

89

E 04164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Homewood Av. 10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Golden

(a) RESIDENCE NO. 1206 Homewood Av. 10 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Golden

6 DATE OF BIRTH (month, day, and year) April 7th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael Curren

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Anne E. Corrigan

(Address) 206 Homewood Av

15 Filed NOV 30 1925 HOPE R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/3 1925 to 11/27 1925

that I last saw h[illegible] alive on 11/27 1925

and that death occurred, on the date stated above, at 1.15 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

about 1 yrs. mos ds.

(duration)

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Clement Cleveland, M. D.

, 19 (Address) 914 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	Nov 30 1925
20 UNDERTAKER	ADDRESS
John F. Coyne & Son Chas J. Howard	901 Baltimore St.

Spec.—1-10-21—M&T—1500 Blks.

04165

HEALTH DEPARTMENT—CITY OF BALTIMORE

88 E 04165

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Runyon and Oakland ST. 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Remo - Jr.

(a) RESIDENCE No. 2920 Westwood Ave, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sylvia T. Remo

6 DATE OF BIRTH (month, day, and year): April 14, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retoucher

(b) General nature of industry, business, or establishment in which employed (or employer): Petaprco

(c) Name of employer: Iron Works

9 BIRTHPLACE (city or town) (State or country): Baltimore md.

PARENTS

10 NAME OF FATHER: Louis-Remo

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Schaff.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Wife

(Address): 2920 Westwood Ave

NOV 30 1925 CARL A. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/28 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/28, 1925, to 11/28, 1925, that I last saw h[illegible] alive on 11/28, 1925, and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis tuberiale ulcerosa tracheal cavitation

Ulcerative tuberculosis (Cut)

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary): Acute exacerbation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] Welch M. D.

(Address) West Balto Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. *(See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Nov. 30 1925

20 UNDERTAKER: H. Sander Sons Inc. — ADDRESS: 1110 Pulaski

Spec.—1-10-21—M&T—1500 Blks.

04166

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 04166

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Streeper ST. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa J. Yost

(a) RESIDENCE No. 115 N. Streeper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Yost

6 DATE OF BIRTH (month, day, and year) Dec 31, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	10	27 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Charles Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Alt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Daniel Yost (Address) 115 N. Streeper St

15 Filed NOV 30 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 27, 1925, to Nov 27, 1925, that I last saw h[illegible] alive on Nov 27, 1925 and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral-Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) John H. Brush, M. D.

19 (Address) 35 N. Potomac St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Dec 1, 1925

20 UNDERTAKER	ADDRESS
H. Sander Sons Inc	1710 Fleet

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04167

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04167

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE (No.) 3515 Falls Road St. 13-47 Ward) Registered No. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. McCauley

(a) Residence No. 3515 Falls Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word) Widowed

5a-If married, widowed, or divorced HUSBAND of (~~or~~) WIFE of Laura J. McCauley

6-DATE OF BIRTH (month, day and year) Oct 5 1853

7-AGE, 71 yrs. 10 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER Jos. McCauley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Sull

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mrs. Mabel McCauley

(Address) 3515 Falls Road

15- NOV 30 1925 PEARL A. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 24/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 1925 to Nov 24 1925

that I last saw h alive on Nov 24 1925

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Acute Hemiplegia

(over)

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Robt. Norment, M. D.

11.30, 1925 (Address) 3543 Chelsea Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge DATE OF BURIAL, Dec 1, 1925

20-UNDERTAKER A. S. Marshall ADDRESS 3539 Falls Rd

Spec. 1-10-21 M&T 1500 Bks.

04168

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-003

04168

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST. 212 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oscar Sawyer

(a) RESIDENCE NO. 517 Wyeth St ST. ..... WARD ...

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan'y 14. 25

7 AGE. Years	Months	Days	If LESS than 1 day, hrs or ... min.
	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Clifton Sawyer

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Lillian Baily

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant ..... (Address) 517 Wyeth St.

Filed NOV 30 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 30th 1925 to Nov 29th 1925.

that I last saw he alive on Nov 29th 1925.

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

dysentery

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Laboratory

(Signed) M. P. Byerly, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Mount View — DATE OF BURIAL Dec: 1. 1925

20 UNDERTAKER C. W. Fill. — ADDRESS 3104 Frederick Ave.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04169

CERTIFICATE OF DEATH.

90 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew aged Home ST. 5-1 WARD)

REGISTERED NO. E 04169

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME Leah Sachs

(a) RESIDENCE No. 115 aisquith st ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	w	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Sachs

6 DATE OF BIRTH (month, day, and year) centenarian.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) old age

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1434 Edmondson Ave

15 Filed NOV 30 1925 19 JOSEPH F. KRAUTER, Registrar

Harriet Fennell Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 28 1925 to Nov 29 1925, that I last saw her alive on Nov 29 1925 and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Myocarditis, Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. J. Boyle, M. D.

11/30 1925 (Address) 20 S. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mark Wood

DATE OF BURIAL 11/30 1925

20 UNDERTAKER Jack Lewis

ADDRESS 1434 Edmondson Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04170

CERTIFICATE OF DEATH.

31 E 04170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. WARD) 6-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth E Engle

(a) RESIDENCE NO. 2205 Lamley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not Stated

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8 OCCUPATION OF DEASCED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Louis Hoeland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ida Ostrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Hosp Records (Address)

15 Filed NOV 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1925

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1925 to Nov 28, 1925, that I last saw her alive on Nov 28, 1925, and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown yrs. mos. ds. (duration)

CONTRIBUTORY (Secondary) Tuberculous Laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Findings

(Signed) W O McFaine M. D.

Nov 28, 1925 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Dec 1st 1925

20 UNDERTAKER Lodge & Schwab ADDRESS 2201 Eutaw Ave.

E 04171

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 176

E 04171

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp 11-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Pearce

(Residence in Baltimore: No. (Joppa, Md.) St.; yrs..... mos..... 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced, (Write the word.) married

6-DATE OF BIRTH. Aug (Month) 30, (Day) 1901 (Year)

7-AGE. 24 yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Wm. M. Baldwin

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Florence Thompson

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Pearce

(Address) Joppa, Md.

15- Filed NOV 30 1925 ROBERT C. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 28, (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

(Duration), yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Miscarriage

(Duration) yrs. mos. 2 ds.

(Signed) J. F. Hennessey, M. D. (Coroner.)

Nov. 29 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Lutheran Cmty	Dec 1, 1925

20-UNDERTAKER,	ADDRESS
Howard K McKenrick	Abingdon Md

Spec.—1-12-23—M&T—500 Blks.

E 04172

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04172

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1156 Carroll Av ST. 21-2 WARD)

REGISTERED NO. 1929

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles. Edward Ginger

(a) RESIDENCE NO. 1156 Carroll Av ST, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna. R. Ginger

6 DATE OF BIRTH (month, day, and year) July 10 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	63	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinner 084

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kurl and Hoppe

9 BIRTHPLACE (city or town) (State or country) Frederick md

PARENTS

10 NAME OF FATHER George. C. Ginger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Susan Staley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Anna. R. Ginger (Address) 1156 Carroll Av

15 Filed NOV 30 1925 ROBERT A. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1924, to Nov 26, 1925.

that I last saw him alive on Nov. 24, 1925

and that death occurred, on the date stated above, at 9 00 m

The CAUSE OF DEATH* was as follows:

1 Mitral Stenosis

and Insufficiency

(duration) 1 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. Morley Strag, M. D.

NOV 30 1925 (Address) 7 Gloucester Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov 30 '25
20 UNDERTAKER	**ADDRESS**
Jos Joerdens Son	2178 Bo...

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04173 40 E 04173

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Jones

(a) RESIDENCE No. 1100 McCulloh Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington, D. C.
(State or country)

PARENTS

10 NAME OF FATHER Thomas Dover

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) Washington
(State or country) D.C.

14 Informant Hospital records
(Address) Baltimore City Hospitals

15 Filed NOV 30 1925 ROBERT F. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29- 1925

17 I HEREBY CERTIFY, That I attended deceased from 11-26, 1925, to 11-29-, 1925,

that I last saw her alive on 11-29-25, 19,

and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Neisserian infection six months' duration- ruptured tubo ovarian abscess - 4 days (History)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General peritonitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1100 McCulloh St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical and lab. tests.

(Signed) Dr. P. Chandler, M. D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL 2222- Ea ave Dr.; DATE OF BURIAL 11/30 1925

20 UNDERTAKER H. Ernest Jarvis ADDRESS 2222- Ea ave Dr.

Spec.–1-10-21–M&T–1500 Bks.

Homer E. Turner

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04174

CERTIFICATE OF DEATH.

57

E 04174

1-PLACE OF DEATH University Hospital 11-4 REGISTERED NO.

CITY OF BALTIMORE: (NO. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Homer E. Turner

(a) RESIDENCE NO. 6 4 & 6th Ave Hogwal Hgts. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara King Turner

6 DATE OF BIRTH (month, day, and year) July 1 1892

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	4	25 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Underwriter

(b) General nature of industry, business, or establishment in which employed (or employer) 01

(c) Name of employer

9 BIRTHPLACE (city or town) La Plata Md
(State or country)

PARENTS

10 NAME OF FATHER John S. Turner

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Melvina Bassett

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant F. T. Turner
(Address) 249 Park Av N.Y. City

15 NOV 30 1925 HUGH E. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27th, 1925, to Nov 28th, 1925, that I last saw h— alive on Nov. 28th, 1925, and that death occurred, on the date stated above, at 10:30 8 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Diabetic Coma

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis. Acute Dilitation of heart. (duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Wm Boyd M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Nov 30 1925
20 UNDERTAKER	ADDRESS
Chas. E. Franck	82 Madison

Cor.—1-12-25—M&T—100 Bks.

Scanati

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04175

CERTIFICATE OF DEATH.

90 E 04175

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View ST. 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME St Louis, Scanati

(a) RESIDENCE NO. 808 Styles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) Italy
(State or country)

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Bay View Hospital Reader
(Address)

15 Filed NOV 30 1925 192 JOSEPH R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1925

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) Yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Thrombosis

(duration) yrs. mos. 1 ds.

(Signed) W. C. Wades, M. D.
(Coroner.)

Nov 30 192 (Address) 443 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents — DATE OF BURIAL Nov 30 1925

20 UNDERTAKER Wendell Dasch Son — ADDRESS 37 Sam'l

Spec.—1-10-21—M&T—1500 Blks.

04176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90E 04176

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Calhoun ST., 19-1 WARD)

2-FULL NAME Bridget Mc Namara.

(a) RESIDENCE NO. 15 N Calhoun. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard. Mc Namara.

6 DATE OF BIRTH (month, day, and year) Aug 15 1852

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... House work.

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER John. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary. McCarthy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Miss Mary. Mc Namara.
(Address) 15 N. Calhoun St.

15 Filed NOV 30 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 28 , 1925 . to Nov 28 , 1925 .

that I last saw h[illegible] alive on Nov 28 , 1925 .

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH*, was as follows:

Acute Gastric indigestion, Causing Acute cardiac dilatation

(duration) yrs. mos. 8 hours

CONTRIBUTORY (Secondary) Senile Arterio sclerosis, and Chronic Myocarditis

(duration) over 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry E. Ohler M. D.

Nov 29 1925 (Address) 1208. W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	12-1 1925
20 UNDERTAKER James Lipman & Son.	ADDRESS 1000 S. Paca St.

04177

HEALTH DEPARTMENT—CITY OF BALTIMORE

1897-003

1897 E 04177

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jermiah Dorsey

(Residence in Baltimore: No. 1426 Wilkens Alley St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH. Feb. 22, 18 57
(Month) (Day) (Year)

7-AGE. 47 yrs. 9 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Launderer
(b) General nature of industry, business, or establishment in which employed (or employer): Empire Laundry

9-BIRTHPLACE. (State or Country). Md.

PARENTS

10-NAME OF FATHER. Jermiah Dorsey Sr

11-BIRTHPLACE OF FATHER. (State or Country) Md

12-MAIDEN NAME OF MOTHER. Charlotte Johnson

13-BIRTHPLACE OF MOTHER. (State or Country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hilda Dorsey

(Address) 1426 Wilkens Alley

15-

Filed ....., 19..

AUGUST F. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. 27, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

amputation of ring finger & little finger of right hand (accidental) (Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary) Cerebral embolism 5 or 10 minutes

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Kennedy M. D.
(Coroner.)

Nov. 28 1925 (Address) 2302 Eden Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cem	11/30/25
20-UNDERTAKER.	ADDRESS
Samuel Hensley	1113 Eden St

E 04178

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04178

CERTIFICATE OF DEATH.

159-002

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 225 Richmond St., 11-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Warneta Jackson

(Residence in Baltimore: No. 225 Richmond St. St.; yrs.,..... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	Single

6-DATE OF BIRTH, Nov. 21, 1925
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Jackson

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Howard

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jackson

(Address) 225 Richmond St.

15- Filed NOV 30 1925 NOELLE E. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 26, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Patent foramen ovale

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Hennessy M. D.
(Coroner)

Nov. 27 1925. (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem	11/30 1925
20-UNDERTAKER, Samuel Hensley	ADDRESS 575 E Balto St

Spec. 1-1021 M&T 1500 Blks.

Rheumbottom ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04179

CERTIFICATE OF DEATH.

70 E 04179

REGISTERED NO.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard & Luzerne ST. 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Rhumbottom

(a) RESIDENCE NO. 1140 N. Gilmore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ephrata Maryland

PARENTS

10 NAME OF FATHER Sam Rhumbottom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Molly Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Record (Address)

15 Filed NOV 30 19 25 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29/1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1925, to Nov. 29, 1925, that I last saw h[illegible] alive on Nov 29, 1925, and that death occurred, on the date stated above, at 7:25 P m.

The CAUSE OF DEATH* was as follows:

Septicemia following operation

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Brain abscess

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? Yes Date of Oct. 29/1925 for low[illegible]

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. K. Knotts, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
White Rock Cem	12/1/1925
20 UNDERTAKER David Carlson	ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04180

CERTIFICATE OF DEATH.

90E 04180

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Argyle ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Briscoe

(a) RESIDENCE NO. 1414 Argyle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 ~~Single, Married, Widowed,~~ or Divorced, (~~what~~): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ann Briscoe

6 DATE OF BIRTH (month, day, and year): 1845

7 AGE: Years: about 80 Months: Days: If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Soldier

(b) General nature of industry, business, or establishment in which employed (or employer): U S Army

(c) Name of employer: Govement

9 BIRTHPLACE (city or town) (State or country): Prince George Co Md

PARENTS

10 NAME OF FATHER: Edw Briscoe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emma Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Lucy Green 1414 S Argyle

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-28 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/1/1925 to 11/28/1925, that I last saw h[e] alive on 11/27/1925, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease, Hemiplegia Left.

Personal knowledge 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. L. Jackson M. D.

(Address) 806 W Baltimore St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tolchester Md

DATE OF BURIAL: 11/30/1925

20 UNDERTAKER: Dennis Easton

ADDRESS 916 Ba ne

Buried Forest City

Spec.—1-10-21—M&T—1500 Bks.

E 04181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04181

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Park Ave) (WARD) 11-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Jackson

(a) RESIDENCE No. 1020 Park ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced, (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Jackson

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Public 041

(c) Name of employer Independent

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Arthur Powell

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Hattie — 11/29

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant (Address) John Thomas Augusta Co. Va

15 Filed NOV 30 1925 ROBERT F. KRAMER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28/1925

17 I HEREBY CERTIFY, That I attended deceased from 9/28, 1925, to 11/28/25, 1925, that I last saw her alive on 11/28/25, 1925, and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Coma Uremia - Nephritis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Slaughter, M. D.

(Address) 92 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodley Springs Va — DATE OF BURIAL 11/30/1925

20 UNDERTAKER Wm E Easton — ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

E 04182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-001

E 04182

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. 16-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hayden Battenfeld

(a) RESIDENCE NO. 1000 Ashburton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 1 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 5 1909

7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or min.
	16	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student H.S.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Daniel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Katherine Banan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant David Battenfeld

(Address) 1000 Ashburton St.

15 Filed NOV 30 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29/1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1925, to Nov. 29, 1925, that I last saw him alive on Nov. 29, 1925 and that death occurred, on the date stated above, at 2:15 p m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) J. Joseph Tenney, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	12/3/1925
20 UNDERTAKER	ADDRESS 916
David Taylor	Cam

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04183

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04183

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1510 Regester St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Herbert

(a) Residence No. 1510 Regester St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Frederick Herbert.

6-DATE OF BIRTH (month, day and year) Dec 12-1847

7-AGE 78 yrs. 9 mos. 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country)

PARENTS.

10-NAME OF FATHER August Eichelman

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Mary F.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) John Lake

(Address) 1510 Regester St.

15- Filed 193 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11-29-25

17- I HEREBY CERTIFY, That I attended deceased from 11-10 19 25 to 11-29 19 25

that I last saw h alive on 11-29 19 25

and that death occurred, on the date stated above, at 11 05 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. 1- ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Dane Miller M. D

19 (Address) 1500 Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Parkwood Cem	12-2-25
20-UNDERTAKER.	ADDRESS
Chas. P. Crane & Son	1130 W. Mt Royal ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 100 E 04184

E 04184

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 351 W. 21st St (ST.) 17th (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank E. Garner

(a) RESIDENCE NO. 351 W. 21st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 10-1921

7 AGE — Years: 4 | Months: — | Days: 18 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm A. Garner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Carrie M. Lamp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Carrie M. Garner

(Address) 351 W. 21st St

15 Filed NOV 30 1925 HUBERT F. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/27/25, 19..., to 11/28/25 19..., that I last saw him alive on 11/28/25, 19..., and that death occurred, on the date stated above, at 11.30 Pm.

The CAUSE OF DEATH* was as follows:

Bronco-Pneumonia

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of ---

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Geo L. Deane M. D.

11/29 25 (Address) 1611 Mt. Royal Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery | DATE OF BURIAL: 12-1-25

20 UNDERTAKER: Chas E. Deane & Son | ADDRESS: 1184 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04185

CERTIFICATE OF DEATH.

74-001 E 04185

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST., 76-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Simms

(a) RESIDENCE NO. B. V. A. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred (80) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1845 - 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
given	80			
given	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town)
(State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) not known

14 Informant City Hospital Records
(Address) Baltimore, Maryland

15 NOV 30 1925 19 ROBERT F. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 27 1925

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to November 27, 1925.

that I last saw her alive on November 27, 1925,

and that death occurred, on the date stated above, at 1A m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Senility

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage &

Bronchopneumonia (duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Gynecological laboratory

(Signed) A. Hooper Smith, M. D.

Nov 29 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Dec 1st 1925
20 UNDERTAKER	ADDRESS
A Jones	118 S. Gilmor St

Spec.—1-12-23—M&T—500 Bks.

E 04186 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04186

CERTIFICATE OF DEATH. 124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Rutland Ave. ST., 7-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hessie Gidings

(a) RESIDENCE No. 911 Rutland Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Calvary (State or country) Ga.

PARENTS

10 NAME OF FATHER James Jackson

11 BIRTHPLACE OF FATHER (city or town) Florida (State or country)

12 MAIDEN NAME OF MOTHER Flossie McCain

13 BIRTHPLACE OF MOTHER (city or town) Florida (State or country)

14 Informant Flossie Jackson (Mother) (Address) 911 Rutland Ave.

15 Filed NOV 30 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27/25

17 I HEREBY CERTIFY, That I attended deceased from 11-24-1925 to 11/27 1925 that I last saw h[illegible] alive on 11/27 1925 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows: Icterus

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Atrophy of Liver

(duration) ..... yrs. 8 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical

(Signed) J. H. Walters M. D.

, 19 (Address) 821 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetrey

DATE OF BURIAL Nov. 30 1925

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1025 Cashland Ave

Spec.—1-10-21—M&T—1500 Bks.

04187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 S. Ellwood av ST., 1-4 WARD) 90

REGISTERED NO. E 04187

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pietro Rosso

(a) RESIDENCE NO. 40 S Ellwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cecil Rosso

6 DATE OF BIRTH (month, day, and year): Aug 6 1894

7 AGE: Years 31 Months 3 Days 21 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Burnish

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Alfonso Rosso.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Pasquala Rosso.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Cecilia Rosso

(Address) 40 S Ellwood ave.

NOV 30 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1923, 19 . to Nov 27, 19 25,

that I last saw h[illegible] alive on Nov 27, 19 25,

and that death occurred, on the date stated above, at 12 10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

To my knowledge (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Heart murmurs

(Signed) [signature] M. D.

, 19 (Address) 301 Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary.

DATE OF BURIAL: Nov 1 1925

20 UNDERTAKER: J. W. Zazenski

ADDRESS 1930 Eastern

Spec—12-23-21—E.B.R.S.—400 Bks.

4188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 04188

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 19 N. Mount St. St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... John G. Gibson

(a) Residence No. 19 N. Mount St. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Ward Gibson

6-DATE OF BIRTH (month, day and year) December 1865

7-AGE, 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 28
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo Gibson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, Mckenrow

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mr John G. Gibson
(Address) 1125 W. Fayette St

15- NOV 30 1925 ROBERT P. KRAUTER Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 28-1925.

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1925 to Nov 28 1925

that I last saw h— alive on Nov 27 1925

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. 12 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) [illegible] M. D.

11/29. 1925 (Address) 1724 Eutaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Holy Redeemer Cem	Dec 1 1925
20-UNDERTAKER Edward J. Cowan & Son	ADDRESS 901 Hollins
per E J Cowan	

Spec—12-23-21—E.B.R.S.—400 Bks.

04189

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04189

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. 617 N Monford St., Ward 3 16)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Elbert

(a) Residence No. 617 N Monford St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 21 25

7-AGE. ....yrs. ....mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Elbert

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Hattie Flowers

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14- (Informant) Hattie Elbert

(Address) 617 N Monford St

15- NOV 30 1925 Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 29 25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21 19 25 to Nov 29 19 25

that I last saw h alive on Nov 29 19 25

and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Acute Otitis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rysamb M. D.

M. 29 25 (Address) 501 N Eutaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Oak Lawn Elm	Nov 30, 19 25
20-UNDERTAKER,	ADDRESS
Wm E. Miller Jr	2334 Eff

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04190

161-001 E 04190

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (NO. 1924 E Chase ST., 8-4 WARD)

2-FULL NAME Luciana Fronnico

(a) RESIDENCE NO. 1924 E Chase ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 28, 1925

7 AGE Years ..... Months Premature 6 months Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Emanuel Fronnico

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Cuno

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Emanuel Fronnico
(Address) 1924 E Chase St

15 Filed NOV 30 1925 ROBERT R. KRAUTER, Registrar
Deputy Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1925, to Nov 29, 1925, that I last saw h... alive on Nov 28, 1925, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth
6 months

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11/29, 1925 (Address) 1924 E Chase St Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS NOV 30 1925

Spec.–1-10-21–M&T–1500 Bks.

04191

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 E 04191

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Asquith ST. 5-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia Brannon

(a) RESIDENCE NO. 207 Asquith ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clinton Brannon

6 DATE OF BIRTH (month, day, and year) Unknown-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ?
(State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Alfred Murray (nephew)
(Address) 648 Rabbey St.

15 Filed ..... Registrar

0 1925

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18 1925, to Nov. 27, 1925, that I last saw her alive on Nov. 27, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) William LeRoy Berry, M. D.

1/31. 1925 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible]	Nov 30 1925
20 UNDERTAKER	ADDRESS
Wm H Chase & Son	451 Madison

Spec.—12-23-21—E.B.R.S.—400 Blks. See Letter in file from Edgard Perkins MD Dec 4-1925 GHH

E 04192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04192

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH: City of BALTIMORE: (No. Rochambeau Apts. Charles & Franklin Sts. St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Anna ~~Butler~~ Galloway

(a) Residence No. Charles & Franklin Sts. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph B. Galloway

6-DATE OF BIRTH (month, day and year): Oct 6 1871

7-AGE: 54 yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Co., Md.

PARENTS.
10-NAME OF FATHER: John H. Butler
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland
12-MAIDEN NAME OF MOTHER: Victorine P. Clark
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

14- (Informant): Joseph B. Galloway
(Address): Charles & Franklin Sts.

15- Filed NOV 30 1925 Robert P. Harrison, Registrar.

Burial Forest Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 29 25

17. I HEREBY CERTIFY, That I attended deceased from January 24th 1924 to November 29th 1925 that I last saw h[illegible] alive on November 29th 1925 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH was as follows*:
Chronic Interstitial Nephritis 2
Uremic Sclerosis.

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation 2 hours
(Duration) — mos.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar D. Perkins M. D.
19 (Address) 1 West Franklin & "Rochambeau"

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Cem. Govans	Dec. 1, 1925

20-UNDERTAKER	ADDRESS
Henry W. Mears & Son	805 N. Calvert St.

Spec. 1-10-21 M&T 1500 Blks.

(Sabatina Acierno)

E 04193

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-1001

E 04193

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sebastina Acierno

(a) RESIDENCE NO. 805 Style (STILES) St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carmina Acierno

6 DATE OF BIRTH (month, day, and year) Unknown 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...brs or ....min.
43				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Raffle Acierno

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Angelina Mapolinata

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant University Hospital (Address)

15 Filed ....., 19 Robert P. Harrison, Registrar

30 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 26th, 1925, to Nov. 29th, 1925, that I last saw him alive on Nov. 29th, 1925, and that death occurred, on the date stated above, at 12:15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Nil Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) H. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincent — DATE OF BURIAL Nov 30th 1925

20 UNDERTAKER Frank V. Lipsitone — ADDRESS 1810 E. 32nd

Spec.—1-10 21—M&T—1500 Blks.

E 04194

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04194

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Ashland Ave ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. A. Hunt (Kelly)

(a) RESIDENCE NO. 816 Ashland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11th 25

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Geo Brown

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Ethel Kelly

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Marie Hurst

(Address) 816 Ashland Ave

15 Filed NOV 30 1925, 19 Robert F. Barrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-28-1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1925, to Nov 28, 1925, that I last saw him alive on Nov 28, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Bowman, M. D.

11/29, 1925 (Address) 733 N. Smith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fairbury Cem	12/1 1925
20 UNDERTAKER	ADDRESS
Jas. M. Steinmetz	1632 E. Monument

Spec.—1-10-21—M&T—1500 Blks.

04195

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04195

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 W. Maple ave St., Overlea WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Ruth Plumhoff

(a) RESIDENCE NO. 17 W. Maple Ave. St., Overlea WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 25th 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	1	—	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Overlea, Balto Maryland.

PARENTS

10 NAME OF FATHER John Frederick Plumhoff

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Johnston

13 BIRTHPLACE OF MOTHER (city or town) Harrisburg (State or country) Pa.

14 Informant Mary Plumhoff (Address) 17 W. Maple Ave Overlea

15 Robert F. Harrison, Registrar

0 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 21st, 1925, to Nov 30th, 1925, that I last saw her alive on Nov 30th, 1925, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) Edward Bernstein M. D.

11/30, 1925 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Dec. 1 1925
20 UNDERTAKER	ADDRESS
Fredk Lease & Son	Louis Fulbeton

Spec.—1-10-21—M&T—1500 Bks.

E 04196

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-0

E 04196

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Davis

(a) RESIDENCE NO. 1709 Orleans St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 7-1924

7 AGE: Years 1 | Months 2 | Days 21 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Noah Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Rose Calhoun

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): JOHNS HOPKINS HOSPITAL Records

15 Registrar: Robert J Garrison

Burial Permit Clerk

30 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1925, to Nov 28, 1925, that I last saw her alive on Nov 28, 1925, and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis

(Signed) Thos. W. Cornwall, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Antioch Cemetery

DATE OF BURIAL: Dec 1926

20 UNDERTAKER: Pratt Williams

ADDRESS: 1515 McElderry st

Spec.—1-12-23—M&T—500 Blks.

E 04197 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04197

113

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3106 Foster Ave. ST 1-4 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert J. Kaczmarek

(a) RESIDENCE No. 3106 Foster Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 19 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Frank J. Kaczmarek

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Julia M. Mechlinska

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Mr. Frank J. Kaczmarek

(Address) 3106 Foster Ave.

15 Dec 1925 Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/29/25

17 I HEREBY CERTIFY, That I attended deceased from November 24, 1925 to November 29, 1925

that I last saw h. alive on November 29 1925

and that death occurred, on the date stated above, at 9 50 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Following Whooping Cough

15 hours.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emil Gruner, M. D.

Dec 3, 1925 (Address) 1500 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: Dec 1 1925

20 UNDERTAKER: John M. Weber ADDRESS: 503 Bank St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04198

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 04198

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: No 508 N. Fremont St. 18-1 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Jeanette Murray

(a) RESIDENCE No. 508 N. Fremont St., WARD.

(Usual place of abode.) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Robt Murray

6 DATE OF BIRTH (month, day, and year) March 8 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63 yrs	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick County

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Robt J. Murray

(Address) 508 N. Fremont St.

15 Filed DEC 30 1925, 19 Robert P. Garrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15 1925 to Nov 29 1925, that I last saw h.e alive on Nov 29 1925, and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH was as follows:

Muscular + Articular Rheumatism

(duration yrs. 7 mos. 13 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration yrs. 7 mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jas Y. Hooper, M. D.

11-30 1925 (Address) 962 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 3 1925
20 UNDERTAKER George J. Smith	ADDRESS 1532 Hollins

Spec—12-23-21—E.B.P.S.—400 Bks.

E 04199 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04199

CERTIFICATE OF DEATH. 128

1-PLACE OF DEATH

City of BALTIMORE: (No. 307 Frdk Ave St. W-2 Ward) Registered No.

2-FULL NAME Wm Medders Robinson

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 307 Frdk Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Aug-2-1923

7-AGE. 2 yrs. 3 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balt

PARENTS.

10-NAME OF FATHER Clarence Robinson

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER Dorothy Medders

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md

11- (Informant) Mrs Robinson

(Address) 307 Frdk Ave

15- Filed 30 1925 192 Robert P. Harriden, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov-30-25

17- I HEREBY CERTIFY, That I attended deceased from Nov-28 1925 to Nov-30 1925, that I last saw h. alive on Nov-30 1925, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute nephritis complicating (Heavy cold. Chronic Empyema with suppuration) and total suppression of urine — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) — yrs. — mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis.* Clinical Symptoms

(Signed) Wesley Cole M. D.

11/30, 1925 (Address) 2302 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cremation at Loudon Park DATE OF BURIAL. Dec 1, 1925

20-UNDERTAKER. George J Smith ADDRESS 153 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04200

E 04200

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Wash. Blvd ST. 15-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherina M. Klingebiel

(a) RESIDENCE No. 2403 Wash Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fredrick Klingebiel

6 DATE OF BIRTH (month, day, and year) Aug 3. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Duties

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles. Weiss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elis. Nootz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Fredrick Klingebiel

(Address) 2403 Wash. Blvd

15 Filed Nov 29 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 1923, to Nov 29 1925, that I last saw her alive on Nov 28 1925, and that death occurred, on the date stated above, at 2.25 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

causing Left Hemiplegia

(duration) ✓ yrs. ✓ mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 2 yrs. 3 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry E. Bale M. D.

(Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park.	Dec. 2. 1925
20 UNDERTAKER	ADDRESS
Mrs. Mrs. John W. Teufel & Son	811 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 04201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 04201

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 W. 36th St. 13-4 WARD)

2-FULL NAME Vitus O. Lyon

(a) RESIDENCE NO. 825 W. 36 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Lee Lyon

6 DATE OF BIRTH (month, day, and year) Aug. 7, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist 056

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Center Point W. Va

PARENTS

10 NAME OF FATHER Geo. R. Lyon

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Martha Kile

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Carrie Lee Lyon

(Address) 825 W. 36 St.

15 Robert P. Harrison,

DEC 1 1925 19

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24 1925 to Nov. 30th 1925

that I last saw him alive on Nov. 29th 1925

and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.

12/30 1925 (Address) 846 W 36 St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Dec 2 1925

20 UNDERTAKER Mr & Mrs. John W. Tenfel & Son — ADDRESS 801 W. Fayette

E 04202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 04202

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1120 Druid Hill Ave. St.; 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Johnson

(Residence in Baltimore: No. 1120 Druid Hill ave. St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	colored	Single

6-DATE OF BIRTH. July 22 1900
(Month) (Day) (Year)

7-AGE. 24 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General natnre of industry, business, or establishment in which employed (or employer). 070

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Wm. Johnson

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Maria Green

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Johnson

(Address) 1120 Druid Hill Ave

15-

DEC 30 1925 192.. Robert F. Herrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. 29, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd. degree burns of body.
(accidental) (Duration) yrs. 5 mos. minutes ds.
CONTRIBUTORY (Secondary) Clothes caught fire from exploded oil stove.
(Duration) yrs. mos. ds.

(Signed) D. J. Hennessy M. D.
(Coroner)
Nov. 30, 1925 (Address) 202 Courtland

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Olive Cemetery — DATE OF BURIAL. 12-1st 1925

20-UNDERTAKER. George T. Gibson — ADDRESS. 1733 Druid Hill Ave

Cor.—1-12-23—M&T—100 Bks.

E 04203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04203

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2638 Bernard St. 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph T. Johnson

(a) RESIDENCE NO 2638 Bernard St. 12 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced (write the~~ word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jemima Johnson

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83				

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mail Man
(b) General nature of industry, business, or establishment in which employed (or employer) 886
(c) Name of employer

BIRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

Informant Nimrod Johnson
(Address) 2638 Bernard St

Filed 30 1925, 192 Robert P. Harrison Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John H. Morrison M. D.
(Coroner.)

Nov 30, 1925 (Address) 3612 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence Granite Md.

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Granite Md	Dec 2 1925
20 UNDERTAKER	ADDRESS
Chenowith & Son	3617 Chestnut Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~E 04204~~ 18 SE 04204

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ of Maryland ST. 21-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Anderson

(a) RESIDENCE NO. Fulton Road at Forrest ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo L Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ruth L Dawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) University Hosp. Record

DEC 1 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental (Coroner)
Fract of Femur.
Bronchopneumonia (duration) mos 8 ds.
CONTRIBUTORY (Secondary) (duration) mos. ds.

(Signed) J. C. Blades, M. D. (Coroner)
Nov 29/25 1925 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cockeysville Md — DATE OF BURIAL: Dec 1 1925

20 UNDERTAKER: E Ahnemeth & Son — ADDRESS: 3615 Chestnut

Spec.—1-10-21—M&T—1500 Bks.

E 04205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 04205

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 S. Decker ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip T. Fleischman

(a) RESIDENCE No. 1112 S. Decker ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie M. Fleischman

6 DATE OF BIRTH (month, day, and year) Sept. 17th 1882

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
43	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Fleischman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Laura Bradford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Minnie M. Fleischman

(Address) 1112 S. Decker ave.

15 Filed DEC 1 - 1925 19 JOSEPH F. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 27 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/10/ , 1925 , to 11/27 , 1925 ,

that I last saw him alive on November 27 , 1925 ,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

few

(duration) yrs. — mos — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General physical examination

(Signed) Joseph L. Rosenblatt, M. D.

(Address) 3048 O'Donnell St. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Dec 1st 1925

20 UNDERTAKER Lilly & Zeiler — ADDRESS 4033 Wash Ave

Spec.—1-12-23—M&T—500 Blks.

E 04206

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04206

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 42 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Barrett

(a) RESIDENCE NO. 532 S. Belnord ave. ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unkn yrs. 1½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 940

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Bartley Barrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown Mary Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records

(Address)

DEC 1 - 1925 HUBERT F. KRAUSER,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1925, to Nov. 29, 1925, that I last saw him alive on Nov. 29, 1925, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McFane M. D.

11-30-1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Dec 2nd 1925

20 UNDERTAKER Lilly & Zeiler

ADDRESS 4038 Wash Ave

Cor.—1-12-23—M&T—100 Bks.

E 04207

HEALTH DEPARTMENT—CITY OF BALTIMORE

112 E 04207

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 N. Fairmount ST., 4-1 WARD)

2-FULL NAME Hattie Pratt

(a) RESIDENCE NO. 739 N. Fairmount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bane pratt

6 DATE OF BIRTH (month, day, and year) May 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43		6	X	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) dont no
(c) Name of employer dont no

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ethelbert Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) M. D.

12 MAIDEN NAME OF MOTHER Ann Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Clarence Parker
(Address) 1245 Lamberton Pl

15 Filed 192 ROBERT F. KRAUTER, Registrar
Burial Permit Clerk.

DEC 1 - 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Indigestion

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Syphilis — (Duration) yrs. mos. ds.

(Signed) J. C. Wade, M. D.
(Coroner)

Nov 27 25, 192 (Address) 145 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Dec 2 1925

20 UNDERTAKER Leonard Whalen — ADDRESS 708 Myrtle Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04208

CERTIFICATE OF DEATH.

3 E 04208

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1029 Druid Hill St. 14-1 WARD)

2-FULL NAME Winfred C Mason

(a) RESIDENCE No. 1029 Druid Hill St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 9-1880

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School-teacher 068

(b) General nature of industry, business, or establishment in which employed (or employer): Public schools

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Caesius M.C. Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emily R. Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Charity Dept. Trustee (Aunt)

(Address): 1029 Druid Hill Ave.

15 Filed DEC 1 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1925 to Nov. 28 1925

that I last saw her alive on Nov. 27 1925,

and that death occurred, on the date stated above, at 8:54 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tb.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cachexia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. J. Cain, Jr., M. D.

Nov 30 1925 (Address) 5 E 15th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Dec 1st 1925

20 UNDERTAKER: Jno. McJohnston

ADDRESS 1234 Eutaw St.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04209

CERTIFICATE OF DEATH.

E 04209

REGISTERED NO. 26-7 21V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Silverman

(a) RESIDENCE NO. Bay View Asylum ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Luft

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Dorothea Euler

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 DEC 1 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to Nov. 29, 1925, that I last saw her alive on Nov 29, 1925, and that death occurred, on the date stated above, at 7:45 P m.

The CAUSE OF DEATH* was as follows:

Facial Erysipelas

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Miller M. D.

11/30 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec 3 1925
20 UNDERTAKER Wm J. Hickner Sons	ADDRESS North Ave

Spec.—1-12-23—M&T—500 Bks.

E 04210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04210

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Melvale Ave. near Edmondson Ave ST., 7th WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Franklin Yost

(a) RESIDENCE NO. Melvale Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Nellie V. Yost.

6 DATE OF BIRTH (month, day, and year) Oct 28 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Deputy Collector

(b) General nature of industry, business, or establishment in which employed (or employer) Internal Rev.

(c) Name of employer U S Balto 0/2

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John S. Yost

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lancaster Co Pa

12 MAIDEN NAME OF MOTHER Mary Spurrier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bristol England

14 Informant Mrs. Nellie Yost

(Address) Melvale Ave.

15 Filed ....., 19 ..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from April 2 1925 to Nov. 29 1925 that I last saw him alive on Nov 27 1925 and that death occurred, on the date stated above, at 12.25 P m.

The CAUSE OF DEATH* was as follows: Cancer of the Prostate Gland & Neoplasm Stomach.

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs, mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 4 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical Pathology Lab.

(Signed) James S McConnell, M. D.

11-30 1925 (Address) 45 W Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Dec 2 1925
20 UNDERTAKER Wm Pickues Son	ADDRESS Norbeth

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04211 84 E 04211

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 19 E Montgomery St. 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgeanna Merakar

(a) RESIDENCE NO. 19 E Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Christine Merakar

6 DATE OF BIRTH (month, day, and year): Dec 16 1899

7 AGE: Years 27; Months 11; Days 13; If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: George W Merakar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Katherine Eckert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Katherine Merakar (Address): 19 E. Montgomery St.

15 Filed ..... 19[illegible] ROBERT R. NEALLEY Registrar

NOV 1 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29. 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 1- 1924 to Nov. 29 1925, that I last saw him alive on Nov. 26 1925, and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Cyst

CONTRIBUTORY (Secondary) Cardiac Dilatation (duration) 2 yrs. 9 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of July 7-24

Was there an autopsy? Yes. Operation

What test confirmed diagnosis?

(Signed) John C Schwenkenberg M. D.

19[illegible] (Address) 11 E W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Dec 1 19 25

20 UNDERTAKER: F. A. Strauss & Son

ADDRESS: 103 S Howard St

Cor.—1-12-23—M&T—100 Bks.

E 04212

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04212

CERTIFICATE OF DEATH.

87

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Mrs of Maryland ST., 23 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Artis Gibson

(a) RESIDENCE No. 736 N. Franklin ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 2/1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	9	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Pvt
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER William H Gibson

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Millie Mackey

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant William H Gibson
(Address) 709 Franklin St

15 Filed DEC 1 192 1925 ROBT. A. KRAUTH Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic

(Duration) yrs. mos. ds.

(Signed) G C Mady M. D.
(Coroner.)

Nov 29th 192 (Address) 1743 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL Dec 1 1925

20 UNDERTAKER L. P. Brown & Son

ADDRESS 108 N Mont

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04213

CERTIFICATE OF DEATH.

E 04213

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 Calvert Hts ST. 16-5 WARD)

2-FULL NAME Mary E Earl

(a) RESIDENCE. No. 2407 Calvert Hts ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Wht	Mar

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John H Earl

6 DATE OF BIRTH (month, day, and year) Nov 17, 1853

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	-	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calif.

PARENTS

10 NAME OF FATHER Charles Rupp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant J. H. Earl.
(Address) 2407 Calvert

DEC 1 - 1925

ROBERT R. KRAUTER
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1925, to Nov 30, 1925, that I last saw h[er] alive on Nov 30, 1925, and that death occurred, on the date stated above, at 4 20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

(Duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary) Pulm. Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Norwood, M. D.

Nov. 30, 1925 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Dec 3 1925
20 UNDERTAKER George J Smith	ADDRESS 532 Hollins

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04214

CERTIFICATE OF DEATH.

X 101-001

E 04214

1-PLACE OF DEATH

REGISTERED No.

CITY OF BALTIMORE: (No. Hotel Kernan ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm J. Fitzpatrick

(a) RESIDENCE. No. 1059 Union St. Brooklyn, N. York ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Transient visitor yrs. 1 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, divorced~~ HUSBAND of (or ~~WIFE of~~) Frances B. Fitzpatrick

6 DATE OF BIRTH (month, day, and year) Feb. 17. 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	9	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sports writer (N. York Journal)

(b) General nature of Industry, business, or establishment in which employed (or employer) Newspaper. 286

(c) Name of employer New York Evening Journal

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER John Fitzpatrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Hogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Daughter
(Address) 359 Union St. Bklyn N.Y.

15 Filed DEC 1 - 1925 19 Registrar

ROBERT P. KRAUSE, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 27th, 1925, to Nov 30th, 1925, that I last saw h— alive on Nov 30th, 1925, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Left)

(duration) yrs. mos. 3½ ds.

CONTRIBUTORY (Secondary) Pulmonary Edema, Acute Nephritis

(duration) yrs. mos. 1½ ds.

Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings.

(Signed) Michael A Abrams, M.D.

, 19 (Address) 7360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Calvary Cemetery, Brooklyn NY.	12/1, 1925
20 UNDERTAKER	ADDRESS
Henry U. Mears & Son	805 N. Calvert St.

Via Penn. Railroad, Escort—Mrs. Frances V. Fitzpatrick

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 04215

CERTIFICATE OF DEATH

113

REGISTERED NO. C [illegible]

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1852 Penna Ave 14-1 ST.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anetta Brown

(Residence in Baltimore: No. 1852 Penna Ave St.; 6y yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED (Write the word): Sgl

6 DATE OF BIRTH: October 30, 1925 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Herman Matthews

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lillie M. Brown

13 BIRTHPLACE OF MOTHER (State or country): Granville, South Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillie M. Brown

(Address) 1852 Penna Ave.

Filed DEC 1 - 1925 [illegible] A. KRAUTER, Burial Permit [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 11 (Month) 29 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1925 to Nov 29 1925 that I saw her alive on Nov 28 1925 and that death occurred, on the date stated above, at 6 a m.
The CAUSE OF DEATH* was as follows:

Acute Ulcerative Colitis

(Duration) ..... yrs. ..... mos. 2y ds

Contributory (SECONDARY) Pneumonia bronchial

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. Hunkins M. D.

Nov 30, 1925 (Address) 1202 Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: Dec. 1 1925

20 UNDERTAKER: Mrs Katie E Williams — ADDRESS 322 N Schroeder St

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04216

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 04216

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Alicia Thompson St. 17-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME....808 Fessenden St.

(a) Residence No.....808 Fessenden St. St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Thompson

6-DATE OF BIRTH (month, day and year) 1865

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Pratt

PARENTS.

10-NAME OF FATHER, Louis Neal

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Elvina Neal

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Caroline Curry

(Address) 808 Fessenden St

DEC 1 - 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11/28/25

17- I HEREBY CERTIFY, That I attended deceased from 11/26/1925 to 11/28/1925

that I last saw h[illegible] alive on 11/28/1925

and that death occurred, on the date stated above, at 6:15 p.m.

The CAUSE OF DEATH was as follows:

Terminal Bronchopneumonia

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis & Acute Influenza,

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. L. Jackson M. D.

11/30/1925 (Address) 8004 Saratoga

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn DATE OF BURIAL, 12/1, 1925

20-UNDERTAKER, Samuel Kinsley ADDRESS 713 Edn

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04217

100E001 04217

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1623 Orleans St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Dursey

(a) Residence No. 1623 Orleans St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-Single, Married, Widowed or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6-DATE OF BIRTH (month, day and year) March 28. 1925

7-AGE. 0 yrs. 8 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, James Dursey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto city

12-MAIDEN NAME OF MOTHER, Ada Walker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), md

14- (Informant) James Dursey

(Address) 1623 Orleans St

15- DEC 1 - 1925 ROBERT E. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 29/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 29, 1925 to Nov 29 1925 that I last saw h. living on Nov 29 1925 and that death occurred, on the date stated above, at 12.00 m. The CAUSE OF DEATH* was as follows: 1 pm

Broncho-Pneumonia

Ind Gunshot (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) 0 yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher M. D.

11-30. 1925 (Address) 1612 E Monument st

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel cemetery — DATE OF BURIAL, Dec 1, 1925

20-UNDERTAKER. Edward Bryan — ADDRESS 691 orleans st

U.S. ARMY MEDICAL DEPARTMENT

Spec.—1-10-21—M&T—1500 Blks.

E 04218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 04218

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 N. Eden St) 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Dixon

(a) RESIDENCE NO. 531 N. Eden ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Alexander Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sallie Kellam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Alexander Dixon

(Address) 1408 E Madison st

15 Filed DEC 1 - 1925 RUPERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 24, 1925, to Nov 28, 1925, that I last saw him alive on Nov 27, 1925 and that death occurred, on the date stated above, at 1.35 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young, M. D.

Nov 29 1925 (Address) 1424 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Dec 1 1925
20 UNDERTAKER	ADDRESS
Jos. T. H. Rochester	1413 Jefferson St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04219 E 04219

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) 29-12 (Ward)

REGISTERED NO. 40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida V. Carroll

(a) RESIDENCE NO. 125 Hermosa St. Hamilton Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 da. How long in U. S., if of foreign birth? — yrs. — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Sing Co.

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of)

6 DATE OF BIRTH (month, day, and year): November 30 1906 Baltimore

7 AGE: Years 19 Months 11 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk. 069

(b) General nature of industry, business, or establishment in which employed (or employer): Office.

(c) Name of employer: B. & O. R.R.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Robert P. Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Mary C. Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant (Address): Howard D. Carroll. 125 Hermosa Av.

15 Filed DEC 1 - 1925

ROBERT F. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 29, 1925.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1925. to Nov. 29, 1925.

that I last saw her alive on Nov. 29, 1925

and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Acute Salpingitis.

(duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Fibroid Peritonitis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of 11/28/25

Was there an autopsy? No.

What test confirmed diagnosis? Streptococcus

(Signed) Blue Rhodes, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Dec 4 19 25

20 UNDERTAKER: Josiah Syfer ADDRESS: 1007 Druid Park.

E 04220

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 04220

CERTIFICATE OF DEATH.

Registered No. C 183

1-PLACE OF DEATH

City of BALTIMORE: (No. Bay View St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Appell (Apple)

(Residence in Baltimore: No. 830 N. Lombard St. St.; yrs. 22 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced: Married

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1863 (Year)

7-AGE: 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Apple

(Address) 830 N. Lombard

15- Filed DEC 1 - 1925 192 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov (Month) 29th (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and his find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. L. Blades M. D.

Nov 30 1925 (Coroner.) (Address) 143 N Bond

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Hebrew Cem

DATE OF BURIAL: 12-1- 192 5

20-UNDERTAKER: Just Sons

ADDRESS 1499 E. Bala

Spec.—1-10-21—M&T—1500 Bks.

Gessner

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04221

CERTIFICATE OF DEATH.

74 001 E 04221

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 North Washington St WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Gessner

(a) RESIDENCE NO. 2030 N Washington ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married Annie

6 DATE OF BIRTH (month, day, and year) Nov 15 1800

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	75		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Rail road Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) York Pa.

PARENTS

10 NAME OF FATHER Hamilton Gessner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary Zellers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant—(Address) Mrs. Robert Gessner 2030 N Washington St

15 Filed DEC 1 - 1925 ROBERT M. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 28 1925

17 I HEREBY CERTIFY, That I attended deceased from November 1, 1925, to November 28 1925, that I last saw him alive on November 28 1925, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Paralysis

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? at bedside observation

(Signed) D. Darsey Matthews, M. D.

Nov 30 1925 (Address) 1618 Goucher ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Dec.	2 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 04222

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-2001 E 04222

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 Albemarl ST. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leopol Lehingumo

(a) RESIDENCE NO. 243 Albemarl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lehingumo

6 DATE OF BIRTH (month, day, and year) March 27 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Paul Lehingumo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Masala

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mary Lehingumo

(Address) 243 Albemarl

15 Filed DEC 1 - 1925 By ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1925 to Nov. 29, 1925, that I last saw him alive on Nov. 28, 1925, and that death occurred, on the date stated above, at 4.2 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Cassard, M. D.

Nov. 30, 1925 (Address) 614 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents

DATE OF BURIAL Dec 2 1925

20 UNDERTAKER Wendell Dippel & Son

ADDRESS 30 Elm

Spec.—1-12-23—M&T—500 Bks.

E 04223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001 E 04223

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5111 Reisterstown ST. 27-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington Temple

(a) RESIDENCE No. 5111 Reisterstown ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Temple

6 DATE OF BIRTH (month, day, and year): Feb - 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co Md

PARENTS

10 NAME OF FATHER: Frederick Temple

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md.

12 MAIDEN NAME OF MOTHER: Percilla Smithson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant: Mrs Della Gerrlaut

(Address): 5111 Reisterstown Rd

15 Filed ..., 19 ... ROBERT K. KRAUSE, Registrar

DEC 1 - 19 ... Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 10, 1925, to Nov 30, 1925, that I last saw him alive on Nov 29, 1925, and that death occurred, on the date stated above, at 4 05 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Observation

(Signed) A C Smith, M. D.

(Address) 4809 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: Dec 2 1925

20 UNDERTAKER: Jos B Cook — ADDRESS: 1003 W Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04224

143-002

E 04224

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Genl Hospl WARD 27-9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine F Siedeman

(a) RESIDENCE NO 530 Beaumont Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed or divorced, ~~HUSBAND of~~ (or) WIFE of: George M Siedeman

6 DATE OF BIRTH (month, day, and year): Nov 8 1882

7 AGE: Years 43 | Months – | Days 22 | If LESS than 1 day ..... hrs or ..... min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Scotland

PARENTS

10 NAME OF FATHER: William Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Agnes Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Husband

(Address): 530 Beaumont Ave

ROBERT P. KRAUTER, Burial Permit Clerk

DEC 1 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 27 1925 to Nov 30, 1925, that I last saw her alive on Nov 30, 1925, and that death occurred on the date stated above, at 6 00 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Ectopic Pregnancy

Fallopian Tube (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 27-25.

Was there an autopsy? No

What test confirmed diagnosis? Operation.

(Signed) Samuel Nelson, M. D.

19 (Address) 12. 3 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood

DATE OF BURIAL: Dec 5 1925

20 UNDERTAKER: John Leeri

ADDRESS: 2 W Pleasant

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04225 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04225

38

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No 1335 N Stricker St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Allen

(a) Residence No. 1335 N. Stricker St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 26, 1925

7-AGE, ... yrs. ... mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.*

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Ross

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Dolly Allen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14- (Informant).. Dolly Allen
(Address) 1335 N. Stricker St.

15- Filed DEC 1 1925 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year). Nov. 29th 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1925, to Nov. 29, 1925, that I last saw h.j. alive on Nov. 29, 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Maternal syphilis (Wassermann Positive 11-28-25) Duration ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder, M. D.

Nov 29 1925 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL, ... 19....

20-UNDERTAKER ... ADDRESS ...

DEC 1 - 19

Health Commissioner Health.

DEC 1 1925 ... Deputy Clerk.

Cor.—1-12-23—M&T—100 Bks.

E 04226

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 04226

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 N. Arlington St., 4th-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Hardy

(a) RESIDENCE No. 202 N. Arlington St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 19th/25

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
—	—	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Isaiah Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Helen Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Helen Hardy

(Address) 202 N. Arlington Ave

DEC 1 1925 EUGENE F. KRAUTER, Registrar

Health Board Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and (autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows 1

Premature Birth

(duration) — yrs — mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. B. Norton, M. D.
(Coroner.)

Nov 29, 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 192
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

DEC 1 1925

Commissioner Health.

SEE THE MOTHER

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04227

CERTIFICATE OF DEATH.

31 E 04227

1-PLACE OF DEATH

CITY OF BALTIMORE No 622 Gold St 15-13 WARD)

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Johnson

(a) RESIDENCE. No 622 Gold St. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie Johnson

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE: Years 43 Months Days

If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co, Md

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co

14 Informant: Mrs. Annie Johnson

(Address) 622 Gold

15 Filed DEC 7 - 1925

ROBERT F. KRAMER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1925, to Nov 29, 1925, that I last saw h. m. alive on Nov 28, 1925, and that death occurred, on the date stated above, at 4.25 p. m.

The CAUSE OF DEATH* was as follows:

Abcess of lung

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis: Physical symptoms

(Signed) John F. Kemper M. D.

19 (Address) 1908 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bridge Chapel Calvert Co	Dec 2 1925
20 UNDERTAKER	ADDRESS
Samuel E. Wright	664 Mary

Spec.—1-10-21—M&T—1500 Bks.

E 04228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04228

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929. E Eager ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Harms.

(a) RESIDENCE NO. 929 E Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herm H Harms

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Wm H Harms Jr

9 BIRTHPLACE (city or town) Balto Co (State or country) Md.

PARENTS

10 NAME OF FATHER Herman Harms.

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Wm H Harms Jr

(Address) 929 E Eager St

Filed 12-1-1925 Robert F. Arrow

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1925, to Dec 1, 1925, that I last saw him alive on Nov. 30, 1925, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Larynx

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None except symptoms & typical history

(Signed) Thos. F. Harris, M. D.

12/1, 1925 (Address) 3878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Dec. 3, 1925
20 UNDERTAKER	ADDRESS
Elmer W. Conklin	924 E Eager

Spec.—1-10-21—M&T—1500 Blks.

E 04229

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04229

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE, Franklin Square Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Ames Owen

(a) RESIDENCE No. 1615 Park Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas J Owen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emily Jane Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Miss Mazie O. Collins 2413 Birch Disd

15 Filed Nov 30 1925, 19 Robert F. Merriken Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 19 25, to Nov. 30, 19 25.

that I last saw h alive on Nov 30, 19 25.

and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Fracture of Neck Left Femur

(Other)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Accident 11/25/25 Fell in Franklin Square Hospital

Did an operation precede death? Yes Date of Nov 27

Was there an autopsy? No

What test confirmed diagnosis? Clinical - X-Ray

(Signed) Louis Lautenbut, M. D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Mount Cem

DATE OF BURIAL Dec 1st 19 25

20 UNDERTAKER John O. Mitchell

ADDRESS 1304 W Fayette St

Spec.—1-10-21—M&T—1500 Blks.

E 04230

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04230

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Kenoak Road. Mt. Washington ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie C. Griffith

(a) RESIDENCE NO. Kenoak Rad & Pimlico Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard H. Griffith

6 DATE OF BIRTH (month, day, and year) Apr 4 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	73	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Ogle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Priscilla Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Louisa Gwynn

(Address) Chase Home Jamaica Plain Mass

15 Filed DEC 1 1925, 19

Robert A. Harrison

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 25, 1925, to Nov. 30, 1925, that I last saw h[illegible] alive on Nov. 30, 1925, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

acute dilatation of the Heart

(duration) yrs, mos 5 ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Routine

(Signed) S. A. Wantz M. D.

Nov 30 1925 (Address) Manhattan & Rock Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 2 1925

20 UNDERTAKER ADDRESS

John O. Mitchell 1901 W. Fayette St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04231 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04231

CERTIFICATE OF DEATH.

143-003

1-PLACE OF DEATH University Hospital 4-1 Registered No.

City of BALTIMORE: (No. Lombard & Greene St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Elizabeth Jasper

(a) Residence No. 609 W. Redwood St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of (or)~~ WIFE of Laverette Earley Jasper

6-DATE OF BIRTH (month, day and year) Nov. 30, 1889

7-AGE. 36 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer). 037

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. John Chambers

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER. Edith Younger

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md.

14-

(Informant). Leverett Jasper

(Address) 609 W. Redwood St.

15- Filed 1925 Robert F. Garrison, Registrar.

~~Burial Permit Clerk~~

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 30, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1925 to Nov. 30, 1925 that I last saw her alive on Nov. 30, 1925 and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis — bilateral

Abscess Kidney — bilateral

Pregnancy

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis bilateral

(Duration) unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Examination. Autopsy

(Signed) Frederick H. Snyder, M. D.

Nov. 30, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet Cem. DATE OF BURIAL. Dec. 3, 1925

20-UNDERTAKER. George J. Smith ADDRESS 1532 Hollins

Spec.—1-10-21 M&T 1500 Blks.

E 04232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 04232

BALTIMORE CITY HOSPITALS

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16-6 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Edward Green

(a) RESIDENCE NO. 923 North Calhoun ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865 (?)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Not Known

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant City Hospital Records

(Address) Baltimore Maryland

15 Filed Dec 1 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 29 1925

17

I HEREBY CERTIFY, That I attended deceased from October 7, 1925, to November 29, 1925, that I last saw him alive on November 28, 1925, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Syphilis (B.W. & C.R.S)

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? General Laboratory

(Signed) R. Hoopa Smith, M. D.

Dec 1, 1925 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cem. Annapolis — DATE OF BURIAL: Dec 3 1925

20 UNDERTAKER: Ralph D. Normal — ADDRESS: Annapolis

Spec.—1-10-21—M&T—1500 Blks.

E 04233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04233

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Armstrong Ave ST., 26th WARD) Hope

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick J. Barrett

(a) RESIDENCE No. 2 Armstrong Ave ST., F 8 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~and WIFE of~~ Margaret Barrett

6 DATE OF BIRTH (month, day, and year) April 30-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer, Stationary

(b) General nature of Industry, business, or establishment in which employed (or employer) Mt. Hope Retreat for the Insane

(c) Name of employer Mt. Hope Retreat

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Laurence Barrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mc Namara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) John Barrett 2 Armstrong Ave

15 Filed DEC 1 1925, 19 Robert F. Harriden, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1925, to Nov 29, 1925, that I last saw him alive on Nov 29, 1925, and that death occurred, on the date stated above, at 9.35 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chron Ulcerated Endocarditis Chron Rheumatism (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination only

(Signed) C. V. B. Emerson, M. D.

(Address) 5106 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Charles, Pikesville	Dec 2 1925

20 UNDERTAKER H. C. Wedefeld ADDRESS 914 Greenmount Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04234

CERTIFICATE OF DEATH.

99-001 E 04234

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. [illegible] WARD)

2-FULL NAME Frederick Krebs.

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Catherine Dellerman.

6 DATE OF BIRTH (month, day, and year) 15 March 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	89	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Krebs.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Deigle.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sister Florence (Address) Preston & Valley

15 Nov 30 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 27 1925 to ..... 19 .....

that I last saw him alive on Nov 29 1925,

and that death occurred, on the date stated above, at 11:20 a m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) F. A. Warner, M. D.

Nov 30, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Dec 2nd 1925
20 UNDERTAKER	**ADDRESS**
Lilly & Zeile	403 S. Wolfe St

Spec.—1-12-23—M&T—500 Bks.

E 04235

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04235

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals. 26-7 + 38

CITY OF BALTIMORE: (No. Baltimore, Md. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ann Carter

(a) RESIDENCE NO. Garrison P.O., Maryland ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-21-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
9 days			9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Henry Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mabel Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Baltimore City Hospitals, Baltimore, Md.

Filed 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30- 19 25

17 I HEREBY CERTIFY, That I attended deceased from 11-22- 19 25, to 11-30- 19 25, that I last saw h er alive on 11-30- 19 25, and that death occurred, on the date stated above, at 10.30 Am.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (Terminal

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lues?

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopical Findings

(Signed) Harry McDermott, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12-2 1925
20 UNDERTAKER George T. A. Gibson	ADDRESS 1335 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

E 04236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04236

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 W. Franklin ST. 20-3 WARD)

2-FULL NAME Frank Lieb

(a) RESIDENCE NO. 2627 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mamie Hanemeyer

6 DATE OF BIRTH (month, day, and year) Mch. 16 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur 073

(b) General nature of industry, business, or establishment in which employed (or employer) Mat Packers

(c) Name of employer Meaker & Mentz

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Geo. F. Lieb

11 BIRTHPLACE OF FATHER (city or town) N York City
(State or country) N.Y.

12 MAIDEN NAME OF MOTHER Mary Rehm

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Mrs Mamie Lieb
(Address) 2627 W. Franklin St.

15 Filed ..... 19 ..... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 27, 1925, to Dec. 1, 1925, that I last saw him alive on Nov. 30th, 1925, and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:

Paralysis due to Hemorrhage of brain

30 hours. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia broncho

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) Edw. Smith, M. D.

12/1, 1925 (Address) 1608 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dulaney	12/3 1925
20 UNDERTAKER Wm Cook	ADDRESS 502 N Ave

Cor.—1-12-23—M&T—100 Bks.

E 04237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

166E 04237

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hochler.

(a) RESIDENCE NO. 1328 Hanover Street. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

6a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Elizabeth Hochler.

7 DATE OF BIRTH (month, day, and year) February 19, 1859.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	9	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer. O.H.O

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Amelia Krodel.(daughter).

(Address) 3109 Leefs Street.

Filed 1925 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 30, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning.

Suicide.

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt, M. D.

Dec. 1st, 1925 (Address) 1811 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? 1328 Hanover St. November 28, 1925.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Dec 3 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Fayette

Cor.—1-12-23—M&T—100 Bks.

E 04238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04238

CERTIFICATE OF DEATH.

166

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Homewood Hospital 9-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura A. Youngman

(a) RESIDENCE No. 615 Parkwright Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6 If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: Wm J Youngman

7 DATE OF BIRTH (month, day, and year): Jany 23-1853

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	72	10	4	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER Henry J Russell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maine

12 MAIDEN NAME OF MOTHER Mary Uffleman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

Informant Bernard R. Youngman
(Address) 615 Parkwright Ave

Filed DEC 1 - 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.)
find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral Pneumonia
Duration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)
Dec 1 1925 (Address) 903 Robertson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Dec 2 1925

20 UNDERTAKER: Harry W. Ehlen — ADDRESS: 1944 W. Norther

Spec.—1-10-21—M&T—1500 Bks.

E 04239 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04239

CERTIFICATE OF DEATH

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Ellen Cool

(a) RESIDENCE NO. Murphy W Va ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fenal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of John Cool

6 DATE OF BIRTH (month, day, and year) [illegible]64

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) West Va

PARENTS

10 NAME OF FATHER Michael Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Va

12 MAIDEN NAME OF MOTHER Libby Lamb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Va

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed Dec 1 1925, 19 Robert P. Harrison, Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1925, to Dec 1, 1925, that I last saw h[illegible] alive on Dec 1, 1925, and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma Liver (Primary)

(duration) 1½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility a Cause

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? N. C.

Did an operation precede death? Yes Date of Nov 24th 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Path Exam

(Signed) Warfield M Jones M. D.

12, 1925 (Address) J. H. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Murphy W Va — DATE OF BURIAL 12/2/25 19

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Bway

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-01

E 04240

CERTIFICATE OF DEATH

E 04240

1-PLACE OF DEATH Colonial Hospital 754 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McMillan

(a) RESIDENCE: No. 80 Ridgely St. St., Miami Md Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia McMillan

6 DATE OF BIRTH (month, day, and year) Feb 16-1877

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	51	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C. Born S C

PARENTS

10 NAME OF FATHER Mc Mathian

11 BIRTHPLACE OF FATHER (city or town) (State or country) S C

12 MAIDEN NAME OF MOTHER Emma Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S C

14 Informant Pascal McMillan (Address) 80 Ridgely St

15 Filed DEC 2 - 1925 ROBERT F. KRAUTER, Registrar Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30 19 25

17 I HEREBY CERTIFY, That I attended deceased from 11-19 19 25 to 11-30 19 25.

that I last saw him alive on 11-29 19 25.

and that death occurred, on the date stated above, at 12 25 Pm.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (rt Ventricle)

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos 1 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) G. T. Ryton M.D. M.D.

19 (Address) 530 W Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethany MC — DATE OF BURIAL 12/2 19 25

20 UNDERTAKER J. W. Brown & Son — ADDRESS 108 N Mount

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04241

CERTIFICATE OF DEATH

18E 04241

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital, 18-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Mackins Woods

(Residence in Baltimore: No. 823 W. Saratoga St. 9 St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: Dec. (Month) 10 (Day) 1896 (Year)

7-AGE: 28 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): Do

9-BIRTHPLACE, (State or Country): Prince Georges Md.

PARENTS.

10-NAME OF FATHER: Richard Woods

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Fannie Owens

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. L. Woods

(Address) 1820 N. Stricker St.

DEC 2 - 1925 Filed ROBERT P. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 28 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull
(apparently accidental death.)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) accidental accident
(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy, M. D.
(Coroner.)

Dec. 1, 1925 (Address) 2502 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	12/2/25 19

20-UNDERTAKER.	ADDRESS
Mrs R A Elliott	1727 Eastland

Spec.—1-10-21—M&T—1500 Bks.

E 04242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04242

CERTIFICATE OF DEATH.

12 DEC 2 - 1925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 N. Eden ST. 52 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm A. Dockuis

(a) RESIDENCE NO. 436 N. Eden ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bell Dockuis

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer in Lumber yard

(b) General nature of Industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Dockuis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maria Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bellamy Smith

(Address) 426 N. Eden

DEC 2 - 1925 AUGUST A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 1925 to Nov 28 1925 that I last saw h[illegible] alive on Nov 28 1925 and that death occurred, on the date stated above, at 10.07 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Regular

(Signed) H. Leigh M. D.

(Address) 1 North Ave & Lowden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	Dec. 2 1925
20 UNDERTAKER	ADDRESS
Milton Davis	316 N Eden St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04243 11-202 11 E 04243

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No 413 N. Durham ST. 61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adolphus Hosier

(a) RESIDENCE. No. 714 N. Durham ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) No

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hilda Hosier
(Address) 413 N. Durham

15 Filed DEC 2 - 1925 ROBERT F. KRAUSER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30 19 25

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Nov 30, 1925, that I last saw h. alive on Nov 30, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Grippe

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wilbur Burns M. D.

12-1-25 (Address) 2017 E 33

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel	12/3/25

20 UNDERTAKER R. C. Gross ADDRESS 1405 McElderry

E 04244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

184-003

E 04244

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1512 West Baltimore St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H Bowen

(Residence in Baltimore: No. 2012 Westwood Ave) Woodlawn, Md St. 47 yrs. 4 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-DATE OF BIRTH. July (Month) 10 (Day) 1878 (Year)

7-AGE. 47 yrs. 4 mos. 20 ds. If LESS than 1 day, hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Auto Painter
(b) General nature of Industry, business, or establishment in which employed (or employer): D 50

9-BIRTHPLACE. (State or Country). Balto., Md

PARENTS.

10-NAME OF FATHER. John L. Bowen

11-BIRTHPLACE OF FATHER. (State or Country). Missouri

12-MAIDEN NAME OF MOTHER. Mary V. Phillips

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert J. Bowen

(Address) 919 Dukeland St.

15-

Filed DEC 2 - 1925 19.. ALBERT S. KRAUTER, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. (Month) 30, (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatic perforation of small intestines.

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) automobile accident

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. T. Hennessey, M. D.
(Coroner)

Dec. 1, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. 7 ds. In the State 47 yrs. 4 mos. 20 ds.

Where was disease contracted, if not at place of death? 2012 Westwood Ave

Former or usual residence Woodlawn, Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cem.	12/1/25

20-UNDERTAKER. Wm. J. Lickman's Sons

ADDRESS Eastern & Montford

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04245

CERTIFICATE OF DEATH.

74-001 E 04245

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3623 Cedar Ave 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levi E. Gentz

(a) RESIDENCE No. 3623 Cedar Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of: Ida. M. Gentz

6 DATE OF BIRTH (month, day, and year): April 14 1861

7 AGE: Years 64 | Months 7 | Days 16. | If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Patterns Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

086

BIRTHPLACE (city or town) (State or country): Carroll Co Md

10 NAME OF FATHER: Daniel Gentz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md.

12 MAIDEN NAME OF MOTHER: Lucy Yingling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Md

Informant: Ida M Gentz
(Address) 3623 Cedar Ave

ROBERT R. KRAUTER
Burial Permit Clerk

Filed DEC 2 - 1925 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos ds.

(Signed) John J. Morrissey M. D. (Coroner.)

Dec 1, 1925 (Address) 1511 Robert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Frederick md | DATE OF BURIAL: Dec 3 192 31

20 UNDERTAKER: Chenoweth & Son | ADDRESS: 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks.

04246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 36-003 E 04246

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl Friedman

(a) RESIDENCE NO. Whitewater & Richmond Ave ST. Ellwood City WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Isaac Friedman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Yuram

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Isaac Friedman

(Address) Edison Court, Md.

15 Filed DEC 2 - 1925 19 ROBERT A. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-1- 1925

17 I HEREBY CERTIFY, That I attended deceased from 11/27 1925 to 12/1 1925,

that I last saw her alive on 12/1 1925,

and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows

Bronchio-pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Dr. Louis Lurie M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oheb Shalom Cem. DATE OF BURIAL: 12/2 19 25

20 UNDERTAKER: Jack Lewis ADDRESS: 1429 E. Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 04247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04247

CERTIFICATE OF DEATH

51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 E. Pratt St. 37 ST.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Weinberg

(a) RESIDENCE NO. 1113 E Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., If of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Weinberg

6 DATE OF BIRTH (month, day, and year) — 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Henry Weinberg (Address) 1113 E. Pratt St.

15 Filed DEC 2 - 1925 HERMAN A. KRAUTER, Registrar Health Bureau, Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-1- 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30th, 1925, to Dec. 1st, 1925, that I last saw h as alive on -, 1925 and that death occurred, on the date stated above, at 11 45 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jacob L. Weiner, M. D.

12-4 1925 (Address) 30 S. B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rest — DATE OF BURIAL 12 1925

20 UNDERTAKER Jack Levin — ADDRESS 1439 Eutaw St

Cor.—1-12-23—M&T—100 Blks.

Mc Cusker.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04248

74 001 E 04243

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 570 S. Hanover St. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James D. Mc Cusker

(a) RESIDENCE No. 570 S. Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 9 - 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	2	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 062

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER Thomas Mc. Cusker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Mary A. Kerr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

PARENTS

Informant: Mary Mc. Cusker

(Address) 570 S. Hanover St

Filed DEC 2 - 1925

ROBERT F. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1925

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 6 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 1 1925 (Coroner) (Address) 143 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Patricks Lem — DATE OF BURIAL: Dec. 3 1925

20 UNDERTAKER: Jos. J. Hess 156 N. — ADDRESS: Luzerne

Spec—12-23-21—E.B.R.S.—400 Bks.

E 04249

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04249

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 15-649 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Thomas L. Hines

(a) Residence No. 3301 Elgin Ave. City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. T. L. Hines

6-DATE OF BIRTH (month, day and year) May 10th 1855

7-AGE. 70 yrs. 6 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work State Officer 004

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Md (State or Country)

PARENTS

10-NAME OF FATHER Jesse K Hines

11-BIRTHPLACE OF FATHER (city or town) Md (State or Country)

12-MAIDEN NAME OF MOTHER Emily Massey

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country)

14- (Informant) Hester W. Hines

(Address) 3201 Elgin Ave

15- DEC 2 - 1925 CARL L. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 1-1925

17- I HEREBY CERTIFY, That I attended deceased from August 9th, 19 25 to December 1st, 19 25 that I last saw h. alive on Dec 1st, 19 25 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(Duration) yrs. 6 mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiac failure probably c coronary thrombosis (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home ?

Did an operation precede death? Yes Date of 9/12/25

Was there an autopsy?

What test confirmed diagnosis? Histological examination

(Signed) C. Clarke Donovan Jr. M. D.

, 19 (Address) Union Memorial Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge — DATE OF BURIAL. Dec 4 19 25

20-UNDERTAKER. John S. Kitchell — ADDRESS 2211 W. Lafayette

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04250

CERTIFICATE OF DEATH.

101 E 04250

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 th Ave.& 8th.St. Fairfield St. 45-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaw Glodek.

(a) RESIDENCE No. 4th Ave.& 8th.St. Fairfield. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, HUSBAND of Elizabeth Glodek.

7 DATE OF BIRTH (month, day, and year): August 15, 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	3	15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Poland.

10 NAME OF FATHER: Thomas Glodek.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Jadwiga Kuta.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

Informant: Elizabeth Glodek.(wife)
(Address) 4th Ave.& 8th.St. Fairfield.

Filed DEC 2 - 1925 192 ... CARL P. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 30, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Dec, 1, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A.A.Co. DATE OF BURIAL: Dec 3 1925

20 UNDERTAKER: George a Weber ADDRESS 2205 Bank St

Spec.—1-10-21—M&T—1500 Bks.

1868 3 E 04251

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 89 E 04251

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No ..... JOHNS HOPKINS HOSPITAL ST., 71 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Weber

(a) RESIDENCE NO Milwaukee Wis ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Mrs. M. Rich

6 DATE OF BIRTH (month, day, and year): July 18 1893

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	32	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Accountant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Wis.

PARENTS

10 NAME OF FATHER: Henry C Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger

12 MAIDEN NAME OF MOTHER: Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 DEC 2 - 1925

ROBERT A. KRAUTER, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 28, 1925. to Dec 1, 1925.

that I last saw him alive on Dec 1 - , 1925.

and that death occurred, on the date stated above, at 7 00 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - benign

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Post-operative hemorrhage

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? Wis.

Did an operation precede death? Yes Date of Dec 1-1925

Was there an autopsy? Yes

What test confirmed diagnosis? Path Exam

(Signed) Warfield M Firor M. D.

12/5, 1925 (Address) J H H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Milwaukee, Wisc.	Dec. 2, 1925
20 UNDERTAKER	**ADDRESS**
John O. Mitchell	1201 E. Fayette St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1867 98 E 04252 — E 04252 — + 45

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST. 1-1 WARD!

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO)

2-FULL NAME Joseph R Patten

(a) RESIDENCE NO Morgantown N.C. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clara Hodges

6 DATE OF BIRTH (month, day, and year) Nov 1865

7 AGE Years 60 Months 1 Days — If LESS than 1 day ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Ruben S Patten

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Charlotte Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 2 - 1925 GILBERT R. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 24 1925 to Dec 1 - 1925.

that I last saw him alive on Dec 1 - 1925

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? N. C.

Did an operation precede death? Yes Date of Nov. 29, 1925

Was there an autopsy? Yes What test confirmed diagnosis? Path. Exam

Signed Warfield M Theobald, M. D.

12/1, 1925 (Address) J. H Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morgantown N.C. — DATE OF BURIAL Dec 2 1925

20 UNDERTAKER Edw D. Mitchell — ADDRESS 1201 W. Fayette St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04253

CERTIFICATE OF DEATH

74 E 04253

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 424 S 14th St. (Ward) 26

2-FULL NAME Thos. G. Peters

(a) RESIDENCE NO. 424 S. 14th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Elizabeth Peters

6 DATE OF BIRTH (month, day, and year): Oct 26/59

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	66	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Boiler Maker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Capt. Henry Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jane —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Ged. T. Peters

(Address): 424 S. 14th St.

DEC 2 - 1925

C. [illegible] KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/29 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 29 1925 to Nov 29 1925.

that I last saw h[illegible] alive on Nov 29 1925

and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Tod, M. D.

12/1/25 (Address) 4704 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	12/2 1925
20 UNDERTAKER: Philip Herwig	ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

E 04254 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04254

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Burgundy ST. 22-4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James King

(Residence in Baltimore: No. 528 Burgundy St.; 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, Oct (Month) 12 (Day), 1862 (Year)

7-AGE, 63 yrs. 1 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Kent Co. Va

PARENTS.

10-NAME OF FATHER, Henry King

11-BIRTHPLACE OF FATHER (State or Country), Kent Co Va

12-MAIDEN NAME OF MOTHER Rose Riley

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lindsay King

(Address) Richmond Va

15-

Filed DEC 2 - 1925, 191.. CARL F. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 30 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1925, to Nov. 30 1925, that I saw h[illegible] alive on Nov. 30 1925, and that death occurred, on the date stated above, at 3:50 p.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno. L. Whitehead M. D.

DEC 1, 1925 (Address) 655 Washington Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 528 Burgundy St.

19-PLACE OF BURIAL OR REMOVAL: Richmond Va

DATE OF BURIAL, 12/.., 191..

20-UNDERTAKER: [illegible]

ADDRESS: 104 N. Shore 1620 E. Grace St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04255 E 04255

CERTIFICATE OF DEATH.

22-266

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 S. Sharp Street. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Norkewicz.

(a) RESIDENCE No 301 S. Sharp Street. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. -- mos. -- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

6a If married ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary Norkewicz.

7 DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	----	----	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Tailor.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lithuania.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Helen Zagribelney. (daughter).
(Address) 111 S. Ann Street.

Filed DEC 2 - 1925 ROBERT A. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 27, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Leinhardt, M. D. (Coroner.)

Dec. 1st. 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Co. DATE OF BURIAL Dec 2 1925

20 UNDERTAKER F. G. Wanner & Son ADDRESS 703 E. Hamburg St.

Spec.—1-10-21—M&T—1500 Bks.

E 04256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

58-001 E 04256

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 S. First ST., 16-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Jones

(a) RESIDENCE NO. 1113 S. First ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Evan Jones

6 DATE OF BIRTH (month, day, and year) May 9 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or .... min.
	74	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Caroline Schneider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant William Mumford

(Address) 1113 E. First St

DEC 2 - 1925

ROBERT A. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1923, to Dec 1st, 1925, that I last saw her alive on Nov 30th, 1925, and that death occurred, on the date stated above, at 4.30 A.M.

The CAUSE OF DEATH* was as follows:

Progressive Anaemia

(duration) 2 yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscope

(Signed) D W Jones, M. D.

12/2/1925 (Address) 1011 N. Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL Dec 3 1925

20 UNDERTAKER H. Sander Sons Inc — ADDRESS 1210 Hoff Ave

Spec.—1-10-21—M&T—1500 Bks.

Liotti

18675 3

E 04257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 04257

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonardo Liotti

(a) RESIDENCE NO. 119 Augusta Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 12 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced; (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 43 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Factory work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Nicholas Liotti

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Gena ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Records Johns Hopkins Hosp.

15 Filed DEC 2 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 - 1925 to Nov 30 - 1925 that I last saw h[illegible]e on Nov 30 - 1925 and that death occurred, on the date stated above, at 10.50 A. m.

The CAUSE OF DEATH* was as follows:

Subarachnoid hemorrhage ?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Chronic nephritis ?

(duration) [illegible] yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture

(Signed) Chester S. Keefer, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 3 1925

20 UNDERTAKER: Frank V. Pelerton — ADDRESS: 1800 E. 33rd

Spec.—1-10-21—M&T—1500 Blks.

Leon Biagini

E 04258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 04258

1-PLACE OF DEATH 2316 Montgomery Rd Carey Pk

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: NO. ..... ST. 15-5 WARD)

2-FULL NAME Leon Biagini

(a) RESIDENCE NO. 2316 Montgomery Rd ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elezabeth Biagini

6 DATE OF BIRTH (month, day, and year): Feb 3d 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired fr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Italy

PARENTS

10 NAME OF FATHER Davide Biagini

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Italy

12 MAIDEN NAME OF MOTHER Severia Tonei

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Italy

14 Informant (Address) Theresa Pickford 2320 Montgomery rd

Filed DEC 2 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC 2 - 1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1925, to Dec, 1925, that I last saw h alive on Dec 2 - , 1925, and that death occurred, on the date stated above, at 6.10 A m.

The CAUSE OF DEATH was as follows:

Mitral Insufficiency

Chronic Myocarditis

years from this form. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

..... (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physically

(Signed) Daniel J Pezzaglia M. D.

, 19 (Address) 943 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 5 1925

20 UNDERTAKER: Frank U Pepi Torre — ADDRESS: 1800 E Balto

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 04259

CERTIFICATE OF DEATH.

E 04259

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 515 N. Gilmore St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alma Pogue

(a) Residence No. 515 N. Gilmore St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 28, 1925

7-AGE. ..... yrs. ..... mos. 3 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore

(State or Country). Md.

PARENTS.

10-NAME OF FATHER. Virgil Pogue

11-BIRTHPLACE OF FATHER (city or town). (State or Country). W. Va

12-MAIDEN NAME OF MOTHER. Alma Snetters

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). S. C.

14- (Informant) Alma Pogue

(Address) 515 N. Gilmore St.

15- DEC 2 - 1925 ROBERT P. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 1st 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1925, to Dec 1, 1925, that I last saw h[illegible] alive on Dec 1st 1925, and that death occurred, on the date stated above, at 8:20 A.m.

The CAUSE OF DEATH* was as follows:

Congenital syphilis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Maternal syphilis (Wassermann Positive)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frederick A. Snyder M. D.

Dec. 1, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ... 19....

20-UNDERTAKER. Commissioner Health

ADDRESS DEC 2 - 1925

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 04260 X 18 E 04260

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 4 Light St. Wharf. St. 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roger Commodore.(C)

(a) RESIDENCE NO. Sharps Wharf.Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widower.

6a If married, widowed, or divorced, HUSBAND of (or WIFE of): Hattie Commodore.(C)

7 DATE OF BIRTH (month, day, and year): Do not know.

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	----------		

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Stmr.Potomac.
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Virginia.

10 NAME OF FATHER: Thomas Commodore.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Eliza Mason.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia.

Informant: John Commodore.(C)brother.

(Address) 2130-11th.St.N.W.Washington,D.C.

Filed DEC 2 - 1925, 192 HERBERT R. KRAUTER, Registrar

DEC 2 - 1925 SOO THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 16, 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning.

Fall from a wharf.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

Nov. 20, 1925 (Address) 2017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: C. HOPKINS HOSPITAL

DATE OF BURIAL: DEC 2 - 1925 1925

20 UNDERTAKER

ADDRESS

[illegible] Board of Health.

Spec.—1-10-21—M&T—1500 Blks.

E 04261 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04261

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Calvert & Saratoga St. 43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Snive

(a) RESIDENCE No. 207 Elsworth St ST. Laurel Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Snive

6 DATE OF BIRTH (month, day, and year) Oct. 10, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Fred Munk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Harden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John Snive

(Address) Laurel, Md.

DEC 2 - 1925 ROBERT A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1925, to Dec 2, 1925, that I last saw h alive on Dec 2, 1925, and that death occurred, on the date stated above, at 12 M A m.

The CAUSE OF DEATH* was as follows:

Empyhelma Sinus

(duration) yrs. (?) mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? Partial

What test confirmed diagnosis? Physical Signs

(Signed) [illegible], M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md — DATE OF BURIAL 12/5/25

20 UNDERTAKER Geo. E French — ADDRESS Laurel

Spec.—1-10-21—M&T—1500 Bks.

E 04262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 E 04262

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Old Frederick Road 20-1 WARD)

2-FULL NAME Virginia Frances McAleer

(a) RESIDENCE NO. 3417 Old Frederick Road WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 21-1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John J. McAleer,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Clara V. Shelton,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County, Md.

14 Informant (Address) John J. McAleer, 3417 Old Frederick Road

DEC 2 - 1925

ROBERT A. KRAUTER, Registrar

Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1 1925

17

I HEREBY CERTIFY, That I attended deceased from 11/20, 1925, to 12/1, 1925, that I last saw her alive on 12/1, 1925, and that death occurred, on the date stated above, at 1130 P. m.

The CAUSE OF DEATH* was as follows:

Diptheria Nasal & Laryngeal

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Physical & Clinical findings

(Signed) Dan'l P. Alonzo, M. D.

, 19 (Address) 3326 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	12/2/1925.
20 UNDERTAKER	ADDRESS
E. V. Offutt, Jr.	3865 Monastery Ave.

Spec.—1-10-21—M&T—1500 Bks.

04263

HEALTH DEPARTMENT—CITY OF BALTIMORE

123 E 04263

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. North Broadway ST., 8-B WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Eva Wheeler

(a) RESIDENCE NO. 1434 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilbur M. Wheeler

6 DATE OF BIRTH (month, day, and year): Dec 1 - 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50		11	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

037

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John Carre

11 BIRTHPLACE OF FATHER (city or town) (State or country): Island of Guernsey France

12 MAIDEN NAME OF MOTHER: Jennie B. Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Margaret Mc Mahon 1434 N. Broadway

DEC 2 - 1925 [illegible] Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 30, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1925, to Nov. 30, 1925, that I last saw h e alive on Nov. 30, 1925, and that death occurred, on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:

Ulcerative Colitis

Cholecystitis, subacute

Cholelithiasis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Nephritis, chronic acute

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of Nov. 27, 1925 Removal of Vermiform Appendix

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy & Symptoms.

(Signed) Henry J. P. Wilson M.D. (over)

(Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: DEC 3 1925

20 UNDERTAKER: Robt J Turner & Sr — ADDRESS: 1402 N Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 04264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 V 04264

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. 76-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Connie Wilhelm (or) Martha Annie Patterson

(a) RESIDENCE No. 51 S. 11th St ..... ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	~~married~~ Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Patterson

6 DATE OF BIRTH (month, day, and year) 1806 (1860)?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Given	44			
Proven	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work 87

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Burnon

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Balto ?

12 MAIDEN NAME OF MOTHER Mary Mitchell

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Balto. ?

14 Informant City Hospital Records
(Address) Baltimore - Md

15 Filed DEC 2 - 1925 HENRY R. KRAUTH, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 30 1925

I HEREBY CERTIFY, That I attended deceased from November 23, 1925, to November 30, 1925, that I last saw her alive on November 30, 1925, and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis & Hypertension
Residual Hemiplegia, (4 days duration)
Chronic Myocarditis
..... (duration) ? yrs. ? mos ..... ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia
Myocardial Failure (duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? General Laboratory

(Signed) B. Hooper Lovett, M. D.

12 . 1925 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Dec 3 1925
20 UNDERTAKER Robt J Turner Inc	ADDRESS 1442 N Broadway

Spec. 1-10-21 M&T 1500 Blks.

Winters

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-002

CERTIFICATE OF DEATH.

E 04265

E 04265

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Winters

(a) RESIDENCE NO. 605 N Redwood. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Winters.

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Henry Winters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known.

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Miss Marie Ethridge

(Address) Washington D C

15 Filed DEC 2 - 1925 ROBERT A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1st 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1925, to Dec. 1st 1925,

that I last saw h[illegible] alive on Dec. 1st 1925,

and that death occurred, on the date stated above, at 2:30 A/m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Physical Diagnosis

(Signed) W. E. Anderson M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Wash. D.C.	12-2-1925

20 UNDERTAKER Wm. H. Scott ADDRESS 409-8th St. S.E. Washington D C

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04266

CERTIFICATE OF DEATH.

E 04266

1-PLACE OF DEATH

City of BALTIMORE: (No. 5018 Glenwood Ave near Hamilton ave St., 26-2 Ward)

Registered No. 59-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Arthur Clayton Smythe

(a) Residence No. 5018 Glenwood ave St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6-DATE OF BIRTH (month, day and year) Nov 26-25

7-AGE.	If LESS than 1 day,
....yrs. ....mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.... None

(b) General nature of industry, business, or establishment in which employed (or employer)....

(c) Name of employer....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Raymond C Smythe

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Mabel Linzey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Raymond Smythe

(Address) 5018 Glenwood Ave Baltimore

15- Filed DEC 7 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 2. 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1925 to Dec 2 1925

that I last saw h. him alive on Dec 2 1925

and that death occurred, on the date stated above, at 7.50 a. m.

The CAUSE OF DEATH* was as follows:

Spina bifidae

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Meningocele

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) A. Smythe M. D.

12/2, 1925 (Address) 5018 Glenwood Ave Baltimore Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Parkwood Cemetery	Dec. 3rd 1925

20-UNDERTAKER.	ADDRESS
Frederick Sasse & Sons	Fullerton

Spec.—1-10-21—M&T—1500 Blks.

E 04267

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 04267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 S. Luzerne ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James M. Sprague

(a) RESIDENCE NO. 504 S. Luzerne ave ST., 1 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Sprague.

6 DATE OF BIRTH (month, day, and year) Mch. 23 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer) B. O. R.R.

(c) Name of employer Marine Dept. 030

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Sprague

11 BIRTHPLACE OF FATHER (city or town) (State or country) Rhode Island

12 MAIDEN NAME OF MOTHER Ann E. Curtin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Jane Sprague. (Address) 504 S. Luzerne St.

15 Dec 2 - 1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 9 1925 to Nov 30 1925.

that I last saw h alive on Nov 3 1925

and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O. F. Long M. D.

(Address) 201 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL Dec 3d, 25

20 UNDERTAKER Lilly & Zuiler

ADDRESS 403 S. Wolfe

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04268

CERTIFICATE OF DEATH.

146 E 04268

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 E. North Ave. 8-E WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Florence H. Renner

(a) RESIDENCE. No 1801 E. North Ave. ~~St.~~ 8- WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John O. Renner

6 DATE OF BIRTH (month, day, and year) June 19-1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	5	12 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Benj. H. Slagman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sarah E. Flaykart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. J. L. Gehrett (Address) 521 N. Clinton St.

15 Filed DEC 2 - 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1- 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25-, 1925, to Dec. 1-, 1925, that I last saw her alive on Dec. 1-, 1925, and that death occurred, on the date stated above, at 2 47 A. m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia.
Instrumental delivery at full term

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Nov. 25-1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

Dec. 1- 1925 Address 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	Dec 3 1925
20 UNDERTAKER	ADDRESS
M E Gusson	1618 W 31st

(BEVAN)

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 04269

CERTIFICATE OF DEATH

E 04269

1 PLACE OF DEATH — REGISTERED No. C 90

CITY OF BALTIMORE (No. 2307 Adams St St. 9-4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and nnmber and fill out No. 18.)

2 FULL NAME Charles Bevans

(Residence in Baltimore: No. 2307 Adams St St.; 82 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, DIVORCED (If rite the word): Widowed

6 DATE OF BIRTH: Nov. 17, 1840 (Month) (Day) (Year)

7 AGE: 85 yrs. — mos. 14 ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Charles Bevan

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Irish

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bernard Rosenthal

(Address) 1841 W North Ave

15 DEC 2 - 1925 Registered

Robert P. Harrison
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 1, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1910, to Dec 1 1925, that I saw him alive on Nov. 30, 1925, and that death occurred, on the date stated above, at 3 PM m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Chronic Valvular heart disease (Duration) yrs. mos. ds.

(Signed) Melvin S. Rosenthal M. D.

Dec 1 1925 (Address) 30 E. Monument C

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 4, 1925

20 UNDERTAKER: ME Gesson — ADDRESS: 841 W 31st St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 04270

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04270

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 W. Hamburg St.: 23 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Spriggs

(a) RESIDENCE. NO. 139 W. Hamburg St.: 23 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9 / 1 / 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Walter Spriggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Estridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

11 Informant Walter Spriggs
(Address) 139 W. Hamburg St.

15 Filed DEC 3 - 1925 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2/25

17

I HEREBY CERTIFY, That I attended deceased from 11/16/25, 19..., to 12/2/25, 19..., that I last saw h... alive on 12/1/25, 19..., and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Contributory
Diphtheria

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Membranes found

(Signed) J. Ray Bonsley M. D.

12/3/ 19 25 (Address) 908 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn. Crem. DATE OF BURIAL: 12/3/25

20 UNDERTAKER: Adolphus Halsted ADDRESS: 904 Eutaw St.